## **WORKFORCE INVESTMENT BOARD OF TULARE COUNTY**

I. PARTICIPANT RELEASE OF INFORMATION AUT For purposes of eligibility verification, I authorize the re		shacked below:
☐ Health and Human Services Agency ☐ Education Institutions	☐ Law Enforcement ☐ Correctional/Probation Office	☐ Employment Development Dept UI ☐ Other
I authorize any and all agencies/businesses/employers to release information to verify employment, salary, school, vocational training, college enrollment, and military affiliation.		
Allow WIB and service provider staff to photograph or v in print and/or electronic and social media for the purp		vided. I also authorize WIB to use and publish the same ing of the program.
II. NEPOTISM  Is a member of your immediate family (spouse, parent an elected City or County official?  ☐ Yes ☐ No If yes, what is his/her name, elected		t, nephew, niece, first cousin, step-parent, step-child)
Is a member of your immediate family (spouse, parent an employee of a City, County or WIOA funded organi ☐ Yes ☐ No If yes, what is his/her name, title a	zation?	t, nephew, niece, first cousin, step-parent, step-child)
all provisions found in Section 188 of WIOA and 29 the United States, on the basis of race, color, relig transgender status, and gender identity); national o	CFR Part 38, which prohibits discrimingion, sex (including pregnancy, childbir rigin (including limited English proficier in programs financially assisted under T	portunity in all services and activities and comply with ation on the following bases: against any individual in th, and related medical conditions, sex stereotyping, ncy), age, disability, or political affiliation or belief, or, itle I of the Workforce Innovation and Opportunity Act, y assisted program or activity.
WIOA Title I Programs must not discriminate in any financially assisted program or activity; providing opposition of the administration of, or in	portunities in, or treating any person wit	h regard to, such a program or activity; or making
WIOA Title I Programs must take reasonable steps to communication with others. This means that, upon re aids and services to qualified individuals with disabilit	equest and at no cost to the individual, re	
WIOA Title I program or activity, you may file a comp Officer, Laura Castanon, 309 W. Main St., Ste. 120	laint within 180 days from the date of the last of the	hat you have been subjected to discrimination under a ne alleged violation with either the <b>Equal Opportunity</b> ewib.org, (559)713-5252; California Relay Service: f Labor 200 Constitution Avenue NW, Room N-4123,
have passed (whichever is sooner), before filing with the of the day on which you filed your complaint, you CRC complaint within 30 days of the 90-day deadl I program. If the WIOA Title-I program, does give you	the CRC. If the recipient does not give may file a complaint with CRC before ine (within 120 days after the day on a written Notice of Final Action on your	issues a written <i>Notice of Final Action</i> , or until 90 days you a written <i>Notice of Final Action</i> within 90 days receiving that notice. However, you must file your which you filed your complaint) with the WIOA Title-complaint, but you are dissatisfied with the decision or of the date on which you received the <i>Notice of Final</i>
By signing below, I certify that I have read the above, application in CalJOBS dated this date.	understand its content and I have review	red the Workforce Innovation and Opportunity Act
Print Applicant Name		Date
Applicant Signature	 Parent/G	Suardian Signature (if under 18 yrs. of age)