



Metro



HENSEL PHELPS
Plan. Build. Manage. HERZOG

Apprentice
Journeyman
Core Employee
New Hire
Union Local #

Disadvantaged Worker Certification Form

(Contractor Name)
Return Certified Form to:
(Fax/Email)

I, (Print Full Name) reside at (Street Address), (City), CA (Zip Code)

I can be reached at (Phone Number and/or email)

and I hereby declare that I currently experience at least two of the following circumstances (required proof included in parenthesis):

- I am homeless (Letter from Homeless Shelter Organization)
I am a custodial single parent (Proof from Agency or income tax return showing single custodial parent status)
I am receiving public assistance (Proof from Agency or LA County Department of Public Social Services Notice of Action)
I do not have a high school diploma or General Equivalency Degree (GED) (Self-Certification)
I have a criminal justice record (Release Record; or Record of Arrest; or probation or parole documentation)
I have been unemployed for at least the last 27 weeks (Letter from Employment Development Department; or Unemployment Insurance Benefits Printout; or Layoff Letter)
I have been emancipated from the Foster Care System (Document of record from county where foster care took place or letter from foster care agency)
I am a veteran of the Iraq/Afghanistan war (Form DD214 showing service in Iraq or Afghanistan)
I am an apprentice with less than 15% of journey-level hours (Apprentice Certification or Dispatch showing hours completed)
None of the above applies to me

I understand that this certification is subject to audit by Los Angeles County Metropolitan Transportation Authority (LACMTA) or their designee and that all statements made herein are true and correct. Attached is a copy of my proof of residency in the zip code I have listed above and documents showing that I meet the disadvantaged criteria checked above. I further understand that if I falsify or misrepresent information on this form, LACMTA may, in its sole discretion, disqualify me from participating as a Disadvantaged Local Worker on this project.

I certify that the foregoing is true and correct under penalty of perjury of the laws of the State of California.

Signature: Social Security # XXX-XX-

Executed in the City of in the County of Los Angeles on: (Date)

Certifying Official Use Only
THE SOLIS GROUP
This applicant is approved for certification as a Disadvantaged Worker
(Print Name)
(Signature) (Date)
Certified form Returned to Contractor?

Applicant's Checklist
I HAVE:
Filled out and signed the Disadvantaged Worker Certification Form
Attached a copy of proof of residency in the zip code listed above
Attached is a copy of documentation showing proof that I meet the criteria