

TEXAS WORKFORCE COMMISSION  
 CERTIFICATE OF  
 SUITABLE EMPLOYMENT OR INTERVIEW  
 TRADE ACT OF 1974, AS AMENDED

Texas Workforce Commission  
 Trade Adjustment Assistance  
 101 E. 15th Street, Room 506-T  
 Austin, TX 78778-0001

Worker Name (Last, First, Middle)		Social Security No.	LO NO.	Date of Certification
Address (No., Street, City, State, Zip Code)			Local Office Name/Board	Petition No.
Worker DOT Code No.	Worker's Trade Affected Job Title			Petition Name

A. State Employment Service Certification – Area of Residence---**To be completed by local workforce area indicated above.**

This is to certify that the named worker has been totally separated within the past year from adversely affected employment, is registered for work, and cannot reasonably be expected to secure suitable employment within commuting distance of his/her regular place of residence.

**The worker indicates that he/she has:**

1. Obtained an appointment for a job interview or already had a job interview with a representative of the company named below and is requesting **Job Search Allowances.**

2. Obtained suitable employment or a bona fide offer of employment with the company named below affording a reasonable expectation of long term duration in the relocation labor market area and is requesting **Relocation Allowances.**

Please contact the company and person indicated below to verify the appointment or job offer and payment or non payment relocation expense.

Name and Address of Expected Employer (include zip code)		Job Title of Expected Employment	
Tel #:		Date Scheduled to Report for Work	Date of Interview
Name of Employer Representative		Signature of WorkSource Representative (include phone number/extension)	

B. State Employment Service Reply – Area of Expected Relocation –(**Section-B**) **to be completed by State Office in Austin,TX**

TO: NOTE: After completion of this form, please return to the address shown at the top right corner.

This is to certify that verification has been completed for the above worker, and he/she has:

been interviewed by or obtained a job interview with the above named company.

obtained suitable employment or a bona fide offer of employment with the above named company.

Name and Address of Expected Employer		Job Title of Expected Employment	
		Date Scheduled to Report for Work	Date of Interview
		Expenses to be Paid by Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount to be Paid
Signature of Relocation Representative in State Office			Date Completed by State Office