



## Selective Service Exemption Request

**Instructions:** This exemption request is for staff use to determine whether an individual knowingly failed to register for Selective Service. In interview fashion, ask the individual the questions below and note which of them are applicable by clicking the checkmark at the end of the question. Record in detail why the individual met the checked questions in the Applicant Statement field provided on page two. Allow individuals to read Applicant Statement and have them sign and date.

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

All male applicants who were born on or after January 1, 1960, must be registered with the Selective Service **before** they can access WIOA Title I program services. (TEGL 11-11, change 2).

In determining whether the failure was **“knowing”**, the following questions should be answered if appropriate and attach any evidence to support your statement.

Yes No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Were you aware of the requirement to register?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did you know the military registration requirements in the U.S.?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. If you knew about the requirement to register, were you misinformed about the applicability of the requirement to you (e.g., veterans who were discharged before their 26 <sup>th</sup> birthday were occasionally told that they did not need to register)? |
|                          |                          | 4. On what date did you first learn that you were required to register? _____   |
|                          |                          | 5. Where did you live when you were between the ages of 18 and 25? _____  |
|                          |                          | 6. What was your legal status when you were between the ages of 18 and 25? _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Does your status information letter indicate that Selective Service sent letters to your address, and they did not receive a response?   |
|                          |                          | 8. Provide details to the questions below when you were between the ages of 18 and 25:  |
| <input type="checkbox"/> | <input type="checkbox"/> | • Did you attend school?  |
| <input type="checkbox"/> | <input type="checkbox"/> | o Did you drop-out of school?   |
| <input type="checkbox"/> | <input type="checkbox"/> | o Did you graduate from school?   |
| <input type="checkbox"/> | <input type="checkbox"/> | • Were you working?   |
| <input type="checkbox"/> | <input type="checkbox"/> | o Were you working as a seasonal farmworker?  |
| <input type="checkbox"/> | <input type="checkbox"/> | • Were you monolingual when you entered the U.S.?   |
| <input type="checkbox"/> | <input type="checkbox"/> | o Are you still monolingual?  |
| <input type="checkbox"/> | <input type="checkbox"/> | o Were you living in monolingual household?   |

### Interviewer:

In determining whether the failure was **“willful”**, the following question should be answered if appropriate:

1. Was the applicant aware of Selective Service, however, decided not to register?
2. Did he have Selective Service information on whether to register and decided not to register?
3. What actions, if any, did he take when he learned of the requirement to register?

The applicant's circumstances field below should reflect the answers to the questions above when considering whether the failure to register was knowing and willful. If the failure to register was not knowing and willful and the individual is otherwise eligible under WIOA Title 1, services may be provided. The applicant must complete the Selective Service Waiver and attach any evidence. Documentation may include self-attestation letters and/or letter from parent/guardian or local/state official of individuals situation, i.e., immigration status, incarceration, foster care, etc.

**Description of applicant circumstances:**

**The information provided is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**For Official Use Only**

☐ **Eligible:** I have evaluated the **evidence presented** by the applicant and determined that the applicant's failure to register was not knowing and willful.

☐ **Not Eligible:** I have evaluated the **evidence presented** by the applicant and determined that the applicant's failure to register was knowing and willful. The applicant has been determined ineligible for WIOA Title I services and has been provided with Complaint and Grievance Procedures and the ineligible determination has been case noted in the Management Information System (MIS).

\_\_\_\_\_  
OWDC Program Supervisor Signature

\_\_\_\_\_  
Date

Updated and adopted by OCB January 22, 2022