



Providing this information does not effect your work opportunities.
 This information is only to assist your employer with Tax Credits for hiring you.

WOTC Employee Information

Work Location: _____ Date of Birth: _____ SSN: _____

Name: _____

Hire Date: _____ Starting Wage: _____ Job Title: _____

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you OR any member of your household received Supplemental Nutrition Assistance Program (SNAP) benefits (formerly Food Stamps) for at least 3 months during the 15 months before you were hired?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you OR any member of your household received Supplemental Nutrition Assistance Program (SNAP) benefits (formerly Food Stamps) for the 6 months before you were hired? OR received SNAP benefits for at least a 3-month period within the last 5 months BUT are no longer receiving them?
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you OR any member of your household received TANF, AFDC, Welfare or any other government assistance within the last 5 years?
<input type="checkbox"/>	<input type="checkbox"/>	4. Have you OR any member of your household received TANF, AFDC, Welfare or any other government assistance that ended 2 years BUT was for at least 18 months, or ended because state or federal law limited the time payments could be made?
<input type="checkbox"/>	<input type="checkbox"/>	5. Have you OR any member of your household received TANF, AFDC, Welfare or any other government assistance within the last 18 months?
<input type="checkbox"/>	<input type="checkbox"/>	6. Have you OR any member of your household received TANF, AFDC, Welfare or any other government assistance for any 9 month period within the last 18 months?
<input type="checkbox"/>	<input type="checkbox"/>	7. Are you a veteran of the United States Military?
<input type="checkbox"/>	<input type="checkbox"/>	Branch of Service: _____ Enlistment Date: _____ Discharge Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	8. Are you entitled to compensation for a military service connected disability?
<input type="checkbox"/>	<input type="checkbox"/>	9. Are you a veteran unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired?
<input type="checkbox"/>	<input type="checkbox"/>	10. Are you a veteran unemployed for a combined period of at least 4 weeks but less than 6 months (whether or not consecutive) during the year before you were hired?

If any questions above (1-6) were answered "Yes" complete section A:

CITY & COUNTY WHERE BENEFITS WERE RECEIVED	STATE	APPROX DATE FIRST RECEIVED	APPROX DATE LAST RECEIVED	NAME/SSN OF PRIMARY RECIPIENT (IF NOT SELF)
AGENCY NAME				CITY & COUNTY WHERE BENEFITS WERE RECEIVED
AGENCY NAME				CITY & COUNTY WHERE BENEFITS WERE RECEIVED

Yes No
 12. Have you received Supplemental Security Income- SSI (not retirement or survivor benefits) at any time in the last 3 months?
 City and State where benefits were received: _____

Yes No
 13. Have you been convicted or released from prison for a felony in the last year OR are you in a work release program?

If the answer is "YES" please complete the below section

PAROLE OR PROBATION (CIRCLE ONE), OFFICER'S NAME & ADDRESS		PAROLE/PROBATION OFFICER'S PHONE NUMBER	
CITY AND COUNTY OF CONVICTION / INCARCERATION	STATE	DATE CONVICTED	DATE RELEASED

PLEASE READ, SIGN AND DATE

I hereby authorize the Department of Social Service, Social Security Administration for Supplemental Security Income, Military Records, Vocational Rehabilitation, Veterans Administration or Department of Corrections to provide the verification or information requested by The Corporate Advocate or State Workforce Agencies (SWA) and release the information to those entities as requested. This information will be used for the sole purpose of determining my eligibility for Federal and State Tax Credits, including the Work Opportunity Tax Credit Program.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge

APPLICANT SIGNATURE	DATE
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Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job Applicant: Fill in the lines below and check any boxes that apply.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

2 Check here if **any** of the following statements apply to you.

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a** Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
- During the past year, I was convicted of a felony or released from prison for a felony.
- I received supplemental security income (SSI) benefits for any month ending during the past 60 days.

- I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

6 Check here if you are a member of a family that:

- Received TANF payments for at least the past 18 months, **or**
- Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
- Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____