



Our company participates in the Work Opportunity Tax Credit Program. Your responses to the following questions will be confidential and used only to assist us in complying with the requirements of this program. Your answers will not affect your employment or any benefits you may be receiving.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_ Wage: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Please read each statement below and check "YES" to any statement that applies to you:

#	Question	Yes	No
1	Have you worked for this employer before?	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you, or any immediate member of your family, <b>EVER</b> received Temporary Assistance to Needy Families (TANF, Welfare)?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you, or a member of your family, received Supplemental Nutrition Assistance Program (SNAP) benefits (FOOD STAMPS) <b>ANYTIME</b> over the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you been <b>UNEMPLOYED</b> the last 6 months and at <b>ANYTIME</b> received unemployment compensation?	<input type="checkbox"/>	<input type="checkbox"/>
5	I personally received Supplemental Security Income (SSI) or (SSDI) Supplemental Security Disability Income anytime during the last 2 months.	<input type="checkbox"/>	<input type="checkbox"/>
6	I participated in a rehab program approved by the state, the Ticket to Work program, or the Department of Veterans Affairs.	<input type="checkbox"/>	<input type="checkbox"/>
7	I am a <b>VETERAN</b> of the United States Armed Forces. <b>IF NO SKIP TO #13</b>	<input type="checkbox"/>	<input type="checkbox"/>
8	I am a Veteran who received Supplemental Nutrition Assistance Program (SNAP) benefits (FOOD STAMPS) <b>ANYTIME</b> over the last 6 months.	<input type="checkbox"/>	<input type="checkbox"/>
9	I am a Veteran who was unemployed for more than 4 weeks, but less than 6 months, during the past year.	<input type="checkbox"/>	<input type="checkbox"/>
10	I am a Veteran who was unemployed for more than 6 months during the past year.	<input type="checkbox"/>	<input type="checkbox"/>
11	I am a Veteran discharged from active duty within the last 12 months and entitled to compensation for a service connected disability.	<input type="checkbox"/>	<input type="checkbox"/>
12	I am a Veteran receiving compensation for a service connected disability who was unemployed for at least 6 months during the last 12 months.	<input type="checkbox"/>	<input type="checkbox"/>
13	During <b>LAST 12 MONTHS</b> , I was convicted of a felony or released from prison for a felony.	<input type="checkbox"/>	<input type="checkbox"/>

I agree that I am voluntarily providing the information on this form and it is not a condition of employment my signature authorizes release of information to Department of Veterans Affairs, Department of Health and Human Services, Social Security Administration, and other Federal state, and local governments agencies to release information to client., to verify my eligibility for WOTC. I authorize this form to assist in completion of IRS Form 8850 and ETA Form 9061. Under penalties of perjury, I declare I provided the information on this form on or before the day a job was offered and that the information I have furnished is, to the best of my knowledge, true, correct, and complete.

Signature: \_\_\_\_\_