

Please fill in these forms slowly and legibly.

Form Updated 01/01/2020

Company Name: \_\_\_\_\_

Company EIN Number: \_\_\_\_\_

Have you ever <b>worked for <i>this</i> Employer before? Are you a Re-hire?</b> _____		
<b>Are you under age 40?</b> _____		
Have you been <b>unemployed for at least 27 weeks</b> , and collected Unemployment Insurance? _____		
<b>Are you a Veteran of the US Armed Forces?</b> _____		
If yes:		
Are you a member of a family that received SNAP (Food Stamps Benefits)? _____		
Are you entitled to compensation for a service-connected disability? _____		
Were you discharged from active duty within the last year? _____		
Were you unemployed for a combined total of 6 months before you were hired? _____		
Have you, or your family, received <b>SNAP benefits (Food Stamps)</b> in the <b>6 months</b> before you were hired? _____		
Or received <b>SNAP Benefits</b> for at least a <b>3-month period</b> , but you are no longer receiving it? _____		
If yes to either question, enter Name of Primary Recipient: _____		
And City, State where benefits were received _____		
Are you a member of a family that received TANF assistance for atleast 18 months before you were hired? _____		
Or, did your family stop being eligible for <b>TANF</b> assistance within 2 years before being hired, because you reached the maximum time those benefits can be received? _____		
If yes to either question, enter Name of Primary Recipient: _____		
And City, State where benefits were received _____		
Did you receive Supplemental Security Income ( <b>SSI Benefits</b> ) for any month, ending within the 60 days, before you were hired? _____		
Were you convicted of a <b>Felony</b> during the year before you were hired? _____		
Were you referred to an employer by		
✓ A Vocational Rehab Agency approved by the state? _____		
✓ An Employment Network under the Ticket to Work Program? _____		
✓ The Dept. of Veteran Affairs? _____		
Print Name: _____	Social Security #: _____ - _____ - _____	Date of Birth: _____

By signing this form, I hereby authorize any agency, organization, Social Security Administration, Department of Veterans Affairs, or individuals, to supply verification of information as may be needed to determine tax credit eligibility to my employer, employer representative (TC Services USA, Inc. dba WOTC.com), or the Department of Labor. I also understand that my responses are used, in part or in full, to complete the IRS Form 8850 and any other documents pertaining to the WOTC Program, and that modifications can be made by my employer, or employer representative, in order to enable the verification screening process as required by some states. This information will not in any way affect my employment.

Employment Start Date \_\_\_\_\_ Starting Wage \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

