

ALL TEMPS 1 Personnel**Employment Application**

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodations for the application or interview.

APPLICANT DATA**AVAILABLE TO WORK:** YES NO

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Primary Phone	E-mail Address		
Secondary Phone	State of TX ID or Drivers Lic. #	Reliable Transportation:	
Date Available to Work:	Social Security No.	Desired Salary	

LIST PREVIOUS ADDRESS FOR PAST 5 YEARS

Street Address	Apartment/Unit #
City	State ZIP
Street Address	Apartment/Unit #
City	State ZIP

Are you under 18? YES NO

Position Applied for:

Type of Employment Desired: Full Time Part time Temporary Seasonal Available to Work: Day Night Weekend ALL ShiftsAre you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO Have you ever worked for this company? YES NO If so, when?

How do you know about ALL TEMPS 1 Personnel?

Have you ever pled guilty, no contest or been convicted of a crime or pending trial? YES NO Felony? Misdemeanor? If yes, explain:Would you like to schedule a web interview? YES NO If yes, select: SKYPE OOVVOO FACETIMEAre you Bilingual? YES NO What Language(s) are you proficient?English Spanish Portuguese Other/Specify: READ WRITE SPEAK **EDUCATION**

High School	City:	State:
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Diploma/GED?
College	City	State
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree:
Other	City:	State:
From	To	Completed? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree/Certificate?

REFERENCES

Please list three professional references (may include teachers, clergy, business leaders, etc. Please do not include relatives)

Full Name	Relationship
Company	Phone
E-mail Address	
Full Name	Relationship
Company	Phone
E-mail Address	
Full Name	Relationship
Company	Phone
E-mail Address	

PRE-SCREENING NOTICE AND CERTIFICATION REQUEST FOR THE WORK

OPPORTUNITY CREDIT (IF ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU COMPLETE IRS FORM 8850)

- You received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- You are 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.
- You are 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.
- You were 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.
- You are at least age 18 but **not** age 40 or older and 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.
 - c. During the past year, you were convicted of a felony or released from prison for a felony.
- You received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- You are a veteran and were unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- You are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 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.
- 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.
- You are a member of a family that:
 - a. Received TANF payments for at least the past 18 months, **or**
 - b. 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**
 - c. 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.

MILITARY SERVICE (COMPLETE "PRE-SCREENING WORK OPPORTUNITY CREDIT FORM" AND SUBMIT WITH THE APPLICATION)

Branch _____ From _____ To _____

Rank at Discharge _____ Type of Discharge _____

If other than honorable, explain _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process may result in my application being rejected, or if I am hired, in my employment being terminated.

Furthermore, I voluntarily give the company permission to investigate all statements contained in this application. I further release from all liability or responsibility, persons or companies conducting or responding to such inquiries.

I understand that in accepting this application, All TEMPS 1 Personnel is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered.

If employed by All TEMPS 1 Personnel, I will comply with all rules, regulations, policies and procedures of the company. I understand that if hired, my employment will be "at will". I will remain free to resign my employment at any time. All TEMPS 1 Personnel may likewise terminate my employment at any time with or without cause of notice.

I understand that no manager or representative of the Company other than the Executive Leadership has the authority to enter into any agreement for employment for any specified time, or to make any agreement contrary to the foregoing.

I understand that I may be required to work overtime which would include hours and days not regularly scheduled.

I understand that signing a confidentiality and non-disclosure agreement may be a condition of employment.

I also understand that any offer of employment is conditioned on the completion of pre-employment tests, background checks and verification of documentation. I will, upon request, sign all necessary consent forms.

Signature _____

Date _____

Print or Type Name _____

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**

▶ **Give Form W-4 to your employer.**

▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____		
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ _____		
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ _____		
	(c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$ _____		

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ Employee's signature (This form is not valid unless you sign it.)		▶ _____ ▶ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR	<small>QR Code - Section 1 Do Not Write In This Space</small>
2. Form I-94 Admission Number: _____ OR	
3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px; min-height: 150px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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ALL TEMPS 1 Personnel

OFFICE 2606 Martin Luther King BLVD. Dallas, TX. 75215 Suite# 222 PH: (214) 426-0091 Fax: (214) 426-2861 www.alltemps1.com

EMPLOYEE AUTHORIZATION AGREEMENT

PLEASE READ CAREFULLY AND SIGN BELOW

I authorize the investigation of all statements contained in this application for employment, which may be necessary in arriving at an employment decision. An investigation of my character, general reputation, personal reputation, and mode of living, may be conducted. This investigation may include, but not be limited to, criminal history, worker's compensation, retail credit, and the like. I may obtain a disclosure of the nature and scope of the investigation upon written request. All applicants hired by ALL TEMPS1 Personnel will be required to serve a ninety-day (90) probation period.

The facts provided in my application for employment are true and complete to the best of my knowledge. I understand that if employed, any false statement entered in this application, receipt of unsatisfactory references, failure to pass a prescribed physical examination, psychological examination, drug screen, or failure to provide proof of legal status, may result in termination of my employment. This is without liability to me for salary, except such as had been earned at the time of my termination. I also understand that if I am hired and paid an amount over and above the quoted salary for the current assignment, and I do not notify my representative, I authorize ALL TEMPS 1 to deduct the amount from my current paycheck.

I release all parties who have assisted in the investigation or verification of my application for employment from liability and any damages, which may result from obtaining or using that information.

In consideration of my employment, I agree to conform to the rules and regulations of ALL TEMPS 1 Personnel. My employment and compensation can be terminated with or without clause and with or without notice, at any time, at the option of either the Company or myself. I understand that this document does not constitute a contract of my employment and that no supervisor, official, or representative of this company has authority to enter into an agreement for employment of any specific period, or to make any agreement, orally or in writing, contrary to the foregoing. I understand and agree that if hired, my employment is for no definite period and may be terminated at any time, regardless of the date of payment of my wages and salary.

Applicant's Signature

Date

Employer's Representative

Date

TEMPORARY EMPLOYEE WORK AGREEMENT

As part of my employment acceptance, I have read, agreed and accepted (verified by signature) the following terms and conditions herein and I have viewed the **ALL TEMPS 1 Personnel** orientation and safety films (if applicable).

Because I take pride in my work performance, I may be assigned to represent **ALL TEMPS 1 Personnel** on various temporary assignments. In return, I hereby agree and accept the following **ALL TEMPS 1 Personnel** employment terms and conditions:

ATTENDANCE: I must demonstrate regular attendance and must notify **ALL TEMPS 1 Personnel** prior to being late, absent or if I wish to terminate my assignment. I am required to contact my direct supervisor. If I fail to do so (not call/not show), it will result in the immediate termination of my employment with **ALL TEMPS 1 Personnel**. *Special note: All Frito-Lay employees are required to call (214) 331-7098 to report being late or absent at least two hours before the assigned shift begins.*

- I will arrive 10-15 minutes before the stated start time of each new assignment and will demonstrate regular attendance.
- I will always **call ALL TEMPS 1 Personnel PRIOR TO BEING LATE OR ABSENT OR IF I MAKE A DECISION TO TERMINATE MY ASSIGNMENT.**
- I understand that excessive tardiness or absences will terminate my assignment.

PAYROLL: Paydays are each Friday. Paychecks are directly deposited into employee bank accounts (i.e. employees who have direct deposit) or mailed to the address on file. **ALL TEMPS 1 Personnel** encourages its employees to sign up for "direct deposit" to avoid the possibility of a paycheck being lost in the mail system.

- In order to receive a paycheck by Friday, I will have my signed time card in by 5:00 p.m. the **preceding** Monday.

LOST PAYCHECK: A written request to **ALL TEMPS 1 Personnel** is "required" to stop payment on lost/missing paychecks.

- There is a \$30 charge (to the employee) for this service and a ten (10) day waiting period from the date a stop payment affidavit request is completed and, before issuance of a replacement paycheck.
- If the check in question has cleared an **ALL TEMPS 1 Personnel** account, a replacement check will not be issued and the employee will need to resolve the paycheck issue with the police department.
- **Remember: Lost paychecks can be avoided by signing up for direct deposit.**

PAYCHECK ERROR: If I am paid an amount over what I am quoted for the current assignment and I do not notify my representative, I hereby authorize **ALL TEMPS 1 Personnel** to deduct the overpaid dollar amount from my payroll check(s).

TIME CARDS: Time cards are the employee's responsibility.

- **ALL TEMPS 1 Personnel** will not call employees to make sure time cards are turned in.
- **ALL TEMPS 1 Personnel** will not process time cards which are not complete/correct or do not contain the supervisor's signature/approval.
- **ALL TEMPS 1 Personnel** will not make special provisions for those who turn their time cards in after 5:00 p.m. on Mondays.
- Employees who fail to turn in time cards in a timely manner (by 5:00 p.m. each Monday) may risk having their assignments terminated by **ALL TEMPS 1 Personnel**.

VACATION/HOLIDAY PAY:

- To qualify for Vacation & Holiday pay, I **must** have **completed one year of service** and worked **1500 regular hours** within a **One (1) Year** Service Period.

CODE OF CONDUCT:

- I will perform to the best of my ability; be pleasant and cordial to fellow employees, clients and customers.
- I will dress in acceptable business attire appropriate to each assignment. If client has requested assigned work attire, that request must be adhered to.
- The use of any abusive, foul or profane language will terminate my assignment.
- I will not discuss personal problems or my "pay" (salary) with anyone at a client's facility.
- Personal calls should be limited to lunch or break times. If an approved cellular phone is part of the job requirement, it will be provided.
- *Cellular phones, blue tooth devices, laptops, CD or other personal entertainment devices* should NOT be used on the client site.
- If harassment of any kind, including sexual, has occurred, I will immediately notify my **ALL TEMPS 1 Personnel** representative.
- In the event I am involved in an accident while on my assignment, I will immediately notify my manager/supervisor and the **ALL TEMPS 1 Personnel** representative.
- If I am caught stealing in any manner, including, yet not limited to forgery or theft, I hereby authorize **ALL ALL TEMPS 1 Personnel** to deduct the forged or stolen dollar amount from my payroll check(s).

VOLUNTARY/INVOLUNTARY TERMINATION: If the client company desires to hire me on a permanent basis, I agree to notify **ALL TEMPS 1 Personnel** of this intent.

- I will remain on **ALL TEMPS 1 Personnel** payroll for a period of three (3) months from the date of notification.
- I will not voluntarily or involuntarily terminate my employment with **ALL TEMPS 1 Personnel** and register with another agency for the same position, at the same company, until one (1) year has passed.
- I will notify **ALL TEMPS 1 Personnel** when my assignment is ending and when I am available to work a new assignment.

UNEMPLOYMENT COMPENSATION: If I do not notify **ALL TEMPS 1 Personnel** when my assignment has ended, and I do not make myself available once a week until I have been reassigned, I understand the results may be that I **may not** be eligible for unemployment compensation.

DRUG TESTING: I understand I may be required to submit to a drug test per the assignment and I will not be charged for said drug test unless I do not meet my probationary requirements.

- If I am terminated by **ALL TEMPS 1 Personnel** due to negligence prior to meeting my probationary period or if I end my assignment prior to completing the probationary period, **ALL TEMPS 1 Personnel** will deduct the charge for drug testing from my paycheck (no exceptions).

COMPANY-OWNED PROPERTY: I understand that company provided equipment (including uniforms) is the property of **ALL TEMPS 1 Personnel** and I must return the property upon request of the company or when my assignment ends.

- I understand that I may be responsible for the replacement of equipment that is lost or damaged by abnormal use.
- I understand that the equipment is to be used for business purposes only.
- I understand that violation of this policy may result in consequences including termination of employment with **ALL TEMPS 1 Personnel**.
- I understand that if I am terminated by **ALL TEMPS 1 Personnel** due to negligence or if I end my assignment I must return all Company-issued property or I authorize **ALL TEMPS 1 Personnel** to deduct the value of the property (not returned) from my paycheck (no exceptions).

Applicant's Signature

Date

ALL TEMPS 1 PERSONNEL Representative

Date

Applicant (Print name)

EMPLOYEE EMERGENCY NOTIFICATION FORM

In the event of an emergency, I, _____ (print name), the undersigned employee authorize **ALL TEMPS | 1 Personnel** (the "Company") to notify the following person(s):

Emergency Contact Name:	
Phone Number:	
Address:	
Relationship to Employee:	
In the event you or the company are unable to notify such person, the Company is authorized to notify:	
Alternate Emergency Contact Name:	
Phone Number:	
Address:	
Relationship to Employee:	

I understand and agree that the Company will have no obligation or liability to notify such person(s).

Date: _____

Employee Signature

DECLINATION OF COVERAGE FORM

I certify that I have been given the opportunity to participate in the group health insurance plan, offered by my employer, and have declined to participate. I have declined to participate for the following reason (circle one):

1. I have coverage from another plan
2. I am just not interested in insurance coverage
3. The current plans is too expensive or cost prohibitive

I understand that if I elect to apply for coverage for myself, my spouse, and/or my dependent children through this employer health benefit plant at a later date, the application may be subject to an extended waiting period for preexisting conditions of I may be delayed until the employer's open enrollment period.

Employee Signature

Date

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

OMB No. 1545-1500

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

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 _____

For Employer's Use Only

Employer's name Telephone no. EIN

Street address

City or town, state, and ZIP code

Person to contact, if different from above Telephone no.

Street address

City or town, state, and ZIP code

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6)

Date applicant: Gave information Was offered job Was hired Started job

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete.

Employer's signature Title Date

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer.

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping 6 hr., 27 min.
Learning about the law or the form 30 min.
Preparing and sending this form to the SWA 37 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you.

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.

Section 1: Please print carefully in black or blue ink

First Name: [Grid of boxes for name entry]

Last Name: [Grid of boxes for name entry]

Home Address: _____ City: _____ State: _____

Job Title: _____

Starting Hourly Wage: _____

Section 2: Provide the following information by completing the boxes and filling in the corresponding circles

Social Security Number: [Grid of boxes and circles for SSN entry]

Birth Date (mm-dd-yyyy): [Grid of boxes and circles for birth date entry]

Zip Code: [Grid of boxes and circles for zip code entry]

Job Start Date (mm-dd-yyyy): [Grid of boxes and circles for job start date entry]

Under penalty of perjury, I state that the information I provided is, to the best of my knowledge, true, correct and complete. I hereby authorize this company's management, and federal, state, Tribal, and local government agencies to provide information to ADP and/or State Workforce Agencies (SWA), to determine and document eligibility for federal and state tax credit programs.

Employee Signature: _____ Date: _____

Are you a veteran of the U.S. Armed Forces? Branch: _____	Yes <input type="radio"/> No <input type="radio"/>	V
If yes: Are you entitled to receive monthly payments for a service-connected disability?	Yes <input type="radio"/> No <input type="radio"/>	DV
Have you been discharged or released from active duty within the last five years?	Yes <input type="radio"/> No <input type="radio"/>	
If yes: Have you been discharged or released from active duty within the last year?	Yes <input type="radio"/> No <input type="radio"/>	
Were you unemployed for 6 or more months within the last year, whether or not consecutive?	Yes <input type="radio"/> No <input type="radio"/>	
Have you received unemployment compensation under federal or state law for 4 or more weeks within the last year?	Yes <input type="radio"/> No <input type="radio"/>	UV
If yes: In what state did you receive the benefits? _____		
Have you or a family member (while living in your household) received Food Stamps anytime within the last 15 months?	Yes <input type="radio"/> No <input type="radio"/>	FS
If yes: Primary Recipient: _____ City: _____ State: _____		
Have you participated in a vocational rehabilitation program?	Yes <input type="radio"/> No <input type="radio"/>	VR
If yes, select one: State/Local Agency: <input type="radio"/> Veteran Administration: <input type="radio"/> Ticket to Work: <input type="radio"/>		
Employer Network: _____ Counselor's Name: _____		
City: _____ State: _____		
Are you a member of a family that received Welfare (AFDC or TANF) or Assistance (child care, housing or transportation) in the last 24 months or is no longer eligible for Welfare because you have collected for the maximum time period?	Yes <input type="radio"/> No <input type="radio"/>	W
If yes: Primary Recipient: _____ City: _____ State: _____		
Did you receive Supplemental Security Income (SSI) within the last 90 days?	Yes <input type="radio"/> No <input type="radio"/>	SSI
Are you currently receiving Social Security Administration disability benefits (SSDI)?	Yes <input type="radio"/> No <input type="radio"/>	SSDI
Have you been convicted of a felony or have you received deferred adjudication for a felony?	Yes <input type="radio"/> No <input type="radio"/>	F
If yes: Were you released, or starting a work release program or a transition center within the past 12 months?	Yes <input type="radio"/> No <input type="radio"/>	
If yes, was this a Federal or State conviction? Federal: <input type="radio"/> State: <input type="radio"/> None: <input type="radio"/> (Deferred Adjudication)		
If yes: Conviction Date: _____ Release Date: _____		
Inmate #: _____ City: _____ State: _____		
Probation Officer: _____ Probation Officer Phone #: _____		
Are you 16 to 24 years of age? If yes, please complete a Youth Self-Attestation Form and answer the following questions:	Yes <input type="radio"/> No <input type="radio"/>	DY
Have you attended school, for an average of 10 hours a week, in the past six months, not counting holidays or vacations?	Yes <input type="radio"/> No <input type="radio"/>	
Do you have a high school diploma or GED?	Yes <input type="radio"/> No <input type="radio"/>	
If yes: Did you receive the diploma or GED during the last six months?	Yes <input type="radio"/> No <input type="radio"/>	
Have you attended or been admitted to a technical or post-secondary school?	Yes <input type="radio"/> No <input type="radio"/>	
Have you held a job (other than occasionally) since receiving your diploma or GED?	Yes <input type="radio"/> No <input type="radio"/>	

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