

# WOTC QUESTIONNAIRE



COMPANY: \_\_\_\_\_ LOCATION PHONE # (\_\_\_\_) \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

LOCATION # \_\_\_\_\_ START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ RATE OF PAY: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

NAME		SSN	BIRTH DATE ____/____/____
HOME ZIP CODE	STATE	COUNTY	
Have you ever worked for this company before? <input type="checkbox"/> YES <input type="checkbox"/> NO YES, enter last date of employment: ____/____/____		Are you between the ages of 18 to 39? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**A. BENEFITS RECIPIENT:** YES NO NOT SURE

1. Are you a member of a family that:

a) Received TANF for any 9 months of the last 18 months? ☐ YES ☐ NO ☐ NOT SURE

b) Has been receiving TANF for at least 18 months? ☐ YES ☐ NO ☐ NOT SURE

c) Stopped being eligible for TANF within the last 2 years because a federal or state law limited the maximum time those payments could be made? ☐ YES ☐ NO ☐ NOT SURE

2) Are you between the ages of 18 to 39 and a member of a family that:

a) Received SNAP (Food Stamps) benefits for at least 3 of the last 5 months, but no longer receiving the benefit? ☐ YES ☐ NO ☐ NOT SURE

b) Received SNAP (food stamps) benefits for the last 6 months? ☐ YES ☐ NO ☐ NOT SURE

If YES to any of the above, please enter **Name of Primary Recipient:** \_\_\_\_\_ **City/State of Benefits:** \_\_\_\_\_

**B. VETERAN (Circle YES or NO, if NO, Skip to Section C):** YES NO NOT SURE

1. Are you a veteran of the U.S. Armed Forces that:

a) Is a member of a family that received SNAP (food stamps) for at least a 3-month period in the last 15 months? ☐ YES ☐ NO ☐ NOT SURE  
 If YES, please enter **Name of Primary Recipient:** \_\_\_\_\_ **City/State of Benefits:** \_\_\_\_\_

b) Received unemployment compensation? ☐ YES ☐ NO ☐ NOT SURE  
 If YES, please enter **Dates Received** \_\_\_\_/\_\_\_\_/\_\_\_\_ **to:** \_\_\_\_/\_\_\_\_/\_\_\_\_

c) Is entitled to compensation for a service-connected disability and was released/discharged from active duty in the last 12 months? ☐ YES ☐ NO ☐ NOT SURE

d) Is entitled to service-connected disability compensation and was unemployed for a combined period of at least six months in the last year? ☐ YES ☐ NO ☐ NOT SURE

If YES to any of the above, please enter **Branch of Service:** \_\_\_\_\_ **Dates of Service:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **to:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**C. SSI & VOCATIONAL REHABILITATION:** YES NO NOT SURE

1. Did you receive Supplemental Security Income (SSI) benefits within the last 60 days? ☐ YES ☐ NO ☐ NOT SURE

2. Are you in receipt of a "Ticket To Work" from the Social Security Administration? ☐ YES ☐ NO ☐ NOT SURE

3. Have you received any type of vocational rehabilitation in the past 2 years? ☐ YES ☐ NO ☐ NOT SURE  
 If YES, where is the agency located? **City/State** \_\_\_\_\_

4. Were you referred to this job by the Department of Veteran Affairs? ☐ YES ☐ NO ☐ NOT SURE

**County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Counselor's Name & Phone #:** \_\_\_\_\_

**D. CONVICTION:** YES NO NOT SURE

1. Have you ever been convicted of or released from prison for a misdemeanor or felony? ☐ YES ☐ NO ☐ NOT SURE  
 If YES, please enter **City/State** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Level of Offense:** Misdemeanor ☐ Felony ☐

**Conviction date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Release date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**E. UNEMPLOYMENT:** YES NO NOT SURE

1. Were you unemployed in the last 27 weeks (6 months & 1 week)? ☐ YES ☐ NO ☐ NOT SURE  
 Please enter **Dates of Unemployment:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **to:** \_\_\_\_/\_\_\_\_/\_\_\_\_

a) Did you receive unemployment compensation? ☐ YES ☐ NO ☐ NOT SURE

**\*\* If you answered YES to either question regarding unemployment, please fill out the Self-Attestation Form in this New Hire Packet. \*\***

**PLEASE READ, SIGN AND DATE:**  
 I hereby authorize any agency, organization, or individuals to supply such verification or information as may be needed to determine tax credit eligibility to my employer, employer representative CCG, or the Department of Labor.

<b>New Hire Signature:</b> _____	<b>Date:</b> _____
----------------------------------	--------------------

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

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

**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.
- 7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

## 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. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

**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. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

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. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

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** . . . . . 24 min.

**Preparing and sending this form  
to the SWA** . . . . . 31 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. You can send us comments from [www.irs.gov/formspubs](http://www.irs.gov/formspubs). Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service  
Tax Forms and Publications  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

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



**LONG-TERM UNEMPLOYMENT RECIPIENT SELF-ATTESTATION FORM**  
**Work Opportunity Tax Credit (WOTC) Program**

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with IRS Form 8850 or if filed separately, with ETA Form 9061 (or ETA Form 9062) for each certification request filed for the new target group.

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

New Hire's Signature: \_\_\_\_\_ Date \_\_\_\_\_

New Hire Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - □ □ □ □  
(Enter last four digits)

Employer Name: \_\_\_\_\_

**Please check the statements below if they apply to you.**

☐ I declare that I was in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period I received unemployment compensation.

☐ I declare that I have been in a period of unemployment since \_\_\_\_\_.  
(Enter start date)

---

**Privacy Act Notice:**

The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

---

**Public Burden Statement:**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of National Programs Tools Technical Assistance, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.

---

## REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>  
To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

### SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH			
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE	-			<input type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE	-			<input type="checkbox"/>	<input type="checkbox"/>	
c. STATE NATIONAL GUARD	-			<input type="checkbox"/>	<input type="checkbox"/>	

6. IS THIS PERSON DECEASED? ☐ NO ☐ YES - **MUST** provide Date of Death if veteran is deceased: \_\_\_\_\_

7. DID THIS PERSON RETIRE FROM MILITARY SERVICE? ☐ NO ☐ YES

### SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

#### 1. CHECK THE ITEM(S) YOU ARE REQUESTING:

☐ **DD Form 214 or equivalent.** Year(s) in which form(s) issued to veteran: \_\_\_\_\_  
This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.  
**An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box:** ☐ I want a **DELETED** copy.

☐ **Medical Records** Includes Service Treatment Records, Health (outpatient) and Dental Records. **IF HOSPITALIZED (inpatient)** the **FACILITY NAME** and **DATE** (month and year) for **EACH** admission **MUST** be provided: \_\_\_\_\_

☐ **Other** (Specify): \_\_\_\_\_

2. **PURPOSE:** (Providing information about the purpose of the request is **strictly voluntary**; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

☐ Benefits (explain) ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☒ Other (explain)

Explain here: Solely to identify potential credits due to the veteran's employment

### SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER NAME:** \_\_\_\_\_

2. ☒ I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.

☐ I am the DECEASED VETERAN'S NEXT-OF-KIN (**MUST submit Proof of Death.** See item 2a on instruction sheet.) \_\_\_\_\_  
(Relationship to deceased veteran)

☐ I am the VETERAN'S LEGAL GUARDIAN (**MUST submit copy of Court Appointment**) or AUTHORIZED REPRESENTATIVE (**MUST submit copy of Authorization Letter or Power of Attorney**) \_\_\_\_\_  
☐ OTHER \_\_\_\_\_  
(Specify type of Other)

3. **SEND INFORMATION/DOCUMENTS TO:**  
(Please print or type. See item 4 on accompanying instructions.)

CCG

Name  
251 S LAKE AVE, SUITE 400  
Street Apt.  
PASADENA CA 91101  
City State Zip Code

4. **AUTHORIZATION SIGNATURE:** I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

Signature Required - Do not print	Date
Daytime phone (626) 584-9800	Fax Number
Email address	