

## WORK OPPORTUNITY TAX CREDIT (WOTC)

Name:		
Address:		
City:	State:	Zip:
Phone #:	SSN #:	Date of Birth:

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

Under penalties of perjury, I declare the above information is, to the best of my knowledge, true, correct, and complete. I agree that I am voluntarily providing the information on this form and it is not a condition of employment with StaffCo. My signature authorizes release of information to the appropriate government agency, such as Motor Vehicles, Unemployment Insurance or Veterans, to verify my eligibility under WOTC. StaffCo utilizes a third party named Tax Credit Management Group, LLC located in Dubuque, Iowa to process this form required for the WOTC program. By signing below, you agree to allow Tax Credit Management Group, LLC to process your WOTC form on behalf of Staffco.

First Name:	Last Name:
Signature:	
Date:	

### FOR OFFICE USE ONLY

Job Title:	Pay Rate:	Hire Date:
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