

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

► Information about Form 8850 and its separate instructions is at 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 _____

Please fill in these forms slowly and legibly.

(no script) Rev. 2/25/16

Company Name: _____

Company Code for Online Users: _____

Have you worked for this Employer before? Are you a Re-hire? Yes ___ No ___
If Yes, enter last day of employment: _____

Are you under age 40? Yes ___ No ___

Have you been unemployed for at least 27 weeks, and collected Unemployment Insurance? Yes ___ No ___

Are you a Veteran of the US Armed Forces? Yes ___ No ___

If yes:

Are you a member of a family that received SNAP (Food Stamps Benefits)? Yes ___ No ___

Are you entitled to compensation for a service-connected disability? Yes ___ No ___

Were you discharged from active duty within the last year? Yes ___ No ___

Were you unemployed for a combined total of 6 months before you were hired? Yes ___ No ___

Have you, or your family, received SNAP benefits (Food Stamps) in the 6 months before you were hired? Yes ___ No ___

Or received SNAP Benefits for at least a 3 month period, but you are no longer receiving it? Yes ___ No ___

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 at least 18 months before you were hired? Yes ___ No ___

Or, did your family stop being eligible for TANF assistance within 2 years before being hired, because you reached the maximum time those benefits can be received? Yes ___ No ___

If yes to either question, enter Name of Primary Recipient: _____

And City, State where benefits were received _____.

Did you receive Supplemental Security Income (SSI Benefits) for any month, ending within the 60 days, before you were hired? Yes ___ No ___

Were you convicted of a Felony during the year before you were hired? Yes ___ No ___

Were you referred to an employer by:

• A Vocational Rehab Agency approved by the state? Yes ___ No ___

• An Employment Network under the Ticket to Work Program? Yes ___ No ___

• The Dept. of Veteran Affairs? Yes ___ No ___

Print Name: _____

Social Security #: _____ - _____ - _____

Date of Birth: _____

This company participates in various federal and state tax credit programs. This information in no way will negatively impact any hiring, retention decision. Your responses to the questions will only be shared with your employer's management and federal, state, or local governmental agencies as needed in administration of these programs. By completing this form, you knowingly and voluntarily waive any objection to providing your social security number. Any information provided will be used in a manner consistent with the American Disability Act. Under penalty of perjury, I certify that this information is true and correct to the best of my knowledge. I hereby authorize this company's management, and federal, state, and local government agencies to provide information to TC Services USA, Inc., and/or SWA, to determine eligibility. I understand that the information above may be subject to verification.

Employment Start Date _____ Starting Wage _____ Position _____

Signature _____ Today's Date _____

