

**WOTC (Work Opportunity Tax Credit) Questionnaire**

K&S Staffing Solutions Inc. is participating in the WOTC program offered by the government. The program has been designed to promote the hiring of individuals who qualify as a member of a target group and to provide a Federal Tax Credit to employers who hire these individuals. This questionnaire will assist K&S Staffing Solutions Inc. in qualifying individuals for the WOTC. This program will not affect any hiring decisions. Thank you for your participation.

Start Date	_____
Pay Rate	_____
Job Title	_____
Branch	_____

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Last Name First Name Middle Initial

**Please circle ID type:** Driver's License State ID US Passport Federal/State Government ID

\*Government Identification #: \_\_\_\_\_ State: \_\_\_\_\_ (ID must contain Age & Birthdate)

**Please answer YES or NO to the following questions:**

	YES	NO
1. Are you a <b>Veteran</b> of the U.S. Armed Forces? (If <b>NO</b> , go to Question # 2) Are you a Veteran entitled to compensation for a service-connected disability? Were you discharged or released from active duty within 1 year before you were hired? Were you unemployed for a combined period of at least 6 months during the year before you were hired? Were you unemployed for at least 4 weeks but less than 6 months during the year before you were hired? * If you have your <b>DD-214, Discharge Papers, or Letter of Separation, please provide a copy to your Employer</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Are you a member of a family that received <b>SNAP</b> (Food Stamps) benefits for the <b>6 months</b> before you were hired? Did you receive <b>SNAP</b> benefits (Food Stamps) for at least a <b>3-month period within the last 5 months</b> , but you are no longer receiving them? Are you a member of a family that received <b>SNAP</b> benefits (Food Stamps) for at least <b>3 months during the 15 months</b> before you were hired? Name of <i>primary recipient</i> : _____ City & State where benefits were received: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Were you referred to an employer by a <b>Vocational Rehabilitation Agency</b> approved by a State? Name of Agency: _____ City and State: _____ Were you referred by an Employment Network under the <b>Ticket to Work</b> Program? Were you referred by the <b>Department of Veterans Affairs</b> ?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Are you a member of a family that received <b>Temporary Assistance to Needy Families (TANF)</b> assistance for at least the last 18 months before you were hired? Are you a member of a family that received <b>TANF</b> benefits for <b>any</b> 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? Did your family stop being eligible for <b>TANF</b> assistance within 2 years before you were hired because a Federal or State law limited the maximum time those payments could be made? Are you a member of a family that received <b>TANF</b> assistance for any 9 months during the 18-month period before you were hired? If yes to ANY, Name of <i>primary recipient</i> : _____ City & State where benefits were received: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Were you convicted of a felony or released from prison after a felony conviction <b>during the year before you were hired</b> ? If <b>YES</b> , please enter <i>date of conviction</i> : _____ and <i>date of release</i> : _____ <input type="checkbox"/> Federal <input type="checkbox"/> State / What State _____ Dept. of Corrections ID # _____ Date Probation began: _____ *Name of Facility: _____ City: _____ State: _____ Parole Officer's Name: _____ Parole Officer's Phone Number: _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you receive <b>Supplemental Security Income (SSI)</b> benefits for any month ending within 60 days before you were hired?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you been <b>unemployed for a period of 27 consecutive weeks</b> or more? <b>AND</b> Did you receive unemployment compensation for all or part of that period? Which State? _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Employee Release: I certify that the information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification. I hereby authorize agencies, organizations, or individuals to release requested information to MJA & Associates. I understand that this information will be used solely for the purpose of qualifying my employer for the Work Opportunity Tax Credit program.

Signature

Print Name

Date