



**STAFFING & PAYROLL ALTERNATIVE, INC**

118 E Dallas Street  
Canton, Texas 75103

**EMPLOYMENT ACKNOWLEDGMENT**

EMPLOYEE NAME (please print) \_\_\_\_\_

ADDRESS \_\_\_\_\_ SS # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE CONTACT:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

I understand that I am a leased employee and that this acknowledgment is not intended to imply a contract for employment.

\_\_\_\_\_

**EMPLOYEE SIGNATURE**

\_\_\_\_\_

**DATE**

**TO BE COMPLETED BY SUPERVISOR**

CLIENT NAME \_\_\_\_\_

EMPLOYEE # \_\_\_\_\_ HIRE DATE \_\_\_\_\_ RATE OF PAY \_\_\_\_\_

WORK CODE:  Full-Time  Part-Time  Temporary  Seasonal  Other

DEPARTMENT \_\_\_\_\_ DIVISION # \_\_\_\_\_ COMP CLASS CODE \_\_\_\_\_

JOB TITLE \_\_\_\_\_

PAY CYCLE  weekly  bi-weekly  semi-monthly  monthly

\_\_\_\_\_

**SUPERVISOR/AUTHORIZED SIGNATURE**

\_\_\_\_\_

**DATE**

**STAFFING & PAYROLL ALTERNATIVE, INC is an EQUAL OPPORTUNITY EMPLOYER**  
To help us comply with government recordkeeping requirements, we would appreciate your completing the following information. You are not required to provide this information. If you choose not to provide the information, your decision will not affect your application. This data will be kept confidential and will only be used in accordance with applicable state and federal laws and regulations.

DATE OF BIRTH: \_\_\_\_\_ SEX:  M  F

VIETNAM VET:  Yes  No DISABLED:  Yes  No

ETHNIC CODE:  White  Black  Hispanic  
 American Indian, Alaskan Native  Asian, Pacific Islander

A PROFESSIONAL EMPLOYEE ORGANIZATION

## STAFFING & PAYROLL ALTERNATIVE, INC

118 E Dallas Street  
Canton, Texas 75103

TELEPHONE: (903) 567-4500

TOLL-FREE (888) 813-8830

FACSIMILE (903) 567-0468

TOLL-FREE FAX (903) 567-2079

## EMPLOYMENT AT WILL

In order for all personnel to understand the general policies of Staffing & Payroll Alternative, Inc. (hereafter referred to as SPA) the following outline must be read and agreed to. In the event a policy is not covered, the management of SPA and our Client Company will render a decision and determine what discipline will be required for the particular violations. SPA also reserves the right to alter any policy if it so desires.

### DISCIPLINE

The implementation of this policy or procedure should not be construed as preventing, limiting or delaying the company from taking disciplinary action, including immediate discharge in circumstances where the company deems such action appropriate.

Nothing in this policy is intended to alter the "AT WILL" status of each employee's relationship to the company. Either an employee or the company may terminate the employment relationship at any time, with or without prior notice. The company also reserves its right to terminate any employment relationship without resort to the disciplinary procedures set forth below.

Disciplinary action shall be initiated in cases of violation of Company rules and/or standards of behavior. Listed below are some of the rules, regulations or categories of conduct. This list should not be viewed as being all-inclusive or as limiting in any way the Company's right to terminate employment. Types of behavior and conduct that the Company considers inappropriate include but are not limited to the following:

#### CATEGORY A

1. Theft or other acts of dishonesty
2. Falsification of company records including application for employment
3. Unexcused absences (three or more within any six month period)
4. Insubordination or flagrant disobedience to any member of management
5. Reporting for work under the influence of any intoxicants and/or drugs
6. Using or consuming any intoxicants and/or drugs during work hours
7. Possession of intoxicants and/or drugs on the job
8. Assaulting, intimidating, threatening or coercing any member of management, co-employee, customers
9. Commission of any felony
10. Disclosure of confidential company information without express written consent of the company

## EMPLOYMENT AT WILL CONTINUED...

### CATEGORY B

1. Careless or ineffective performance of duties
2. Excessive tardiness or absences
3. Smoking in unauthorized areas
4. Violation of safety rules
5. Leaving assigned work areas without permission
6. Soliciting during working hours (this includes working time of either the individual doing the soliciting or the employee being solicited)
7. Failure to follow orders of superiors

### CATEGORY C

1. Failure to conform to work schedules
2. Improper use of time during work hours
3. Malicious gossip or attacks on company or property
4. Excessive or unauthorized personal use of telephone

The following lists the various categories and the degree of discipline subsequent to the violation. However, these are guidelines only and the company may initiate discipline, including immediate termination, at any time without notice or advance disciplinary warnings.

---

CATEGORY	FIRST OFFENSE	SECOND OFFENSE	THIRD OFFENSE
A	Discharge and/or Prosecution		
B	Warning	Discharge	
C	Warning	Warning	Discharge

---

EMPLOYEE SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

A PROFESSIONAL EMPLOYEE ORGANIZATION

**STAFFING & PAYROLL ALTERNATIVE, INC**

118 E Dallas Street  
Canton, Texas 75103

**COMPANY STATEMENT REGARDING:  
ILLEGAL DRUGS, ALCOHOLIC BEVERAGES, FIREARMS AND WEAPONS**

It is our Company policy to maintain a work environment that is safe for all employees and conducive to attaining high work standards. As part of this policy no illegal drugs, inhalants, related drug paraphernalia, intoxicating beverages, firearms or weapons are allowed on company property, including offices or other work locations of the company, or in company vehicles at any time, or in the vehicles of employees while such vehicles are located on company property (including parking lots, garages, etc.), or while such vehicles are being used in company business by the employee. In addition, no employee shall report to work under the influence of illegal drugs, inhalants and/or intoxicating beverages.

The manufacturing, distribution, dispensation, presence or use of controlled substances in or around Company property which includes any Company vehicles or employees vehicles used in whole or part in the course of an employee's employment by the Company is prohibited. Employees violating this policy will be disciplined, which discipline will include termination, and may be subject to criminal investigation or prosecution. As further precaution, entry into or upon any vehicle, office or other work location of the Company is conditioned upon the Company's right to search the person and personal effects of any entrant for illegal drugs, inhalants, intoxicating beverages, firearms or weapons.

It is the policy of Staffing & Payroll Alternative, Inc to protect the health and safety of our employees by identifying and removing the adverse affects of intoxicating beverages, inhalants and/or drugs on job performance and the work environment in general. Urine, breath, hair, blood and/or saliva testing to determine the use of intoxicating beverages, inhalants, drugs and/or other controlled substances will be conducted under the following circumstances:

Post Accident Drug Screening - at the time of primary medical treatment when an employee sustains an accidental bodily injury or illness arising out of or in the course of employment with Staffing and Payroll Alternative, Inc.

No part of this policy is intended to affect the Company's right to manage its workplace or establish terms and conditions of employment. The Company reserves the right to alter or amend this policy at any time in its sole discretion. Violations of this policy or refusal to submit to search will be cause for disciplinary action up to and including immediate discharge. By your signature, you acknowledge your understanding of this policy and agree to comply with the stated policies and procedures.

Additional alcohol and/or drug testing may occur as authorized by the Staffing & Payroll Alternative, Inc Drug and Alcohol Policy. Refusal to cooperate with or consent to drug and alcohol testing, or positive results on a drug and alcohol screen, may result in disciplinary action up to and including discharge from employment with Staffing & Payroll Alternative, Inc.

I consent to the release of the drug screen authorizing Staffing & Payroll Alternative, Inc. representatives for appropriate review. I release and agree to hold harmless Staffing and Payroll Alternative, Inc and its employees and its agents from liability to include any liability stemming from negligence, to me based on the results of the drug screening.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**A PROFESSIONAL EMPLOYEE ORGANIZATION**

**STAFFING & PAYROLL ALTERNATIVE, INC**

**118 E Dallas Street  
Canton, Texas 75103**

**WAGE DEDUCTION AUTHORIZATION AGREEMENT**

I understand and agree that my employer, \_\_\_\_\_ (the Company), may deduct money from my pay from time to time for reasons that fall into the following categories:

1. my share of the premiums for the Company's group medical/dental plan;
2. any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by the Company;
3. installment payments on loans or wage advances given to me by the Company, and if there is a balance remaining when I leave the Company, the balance of such loans or advances;
4. installment payments on loans based upon store credit that I use for my own personal purchases, including the value of merchandise or services that I purchase or have purchased for personal, non-business reasons using my employee charge account, an account assigned to another employee, or a general company account, regardless of whether such purchase was authorized, and if there is a balance remaining when I leave the Company, the balance of such store credit or charges;
5. if I receive an overpayment of wages for any reason, repayment to the Company of such overpayments (the deduction for such a repayment will equal the entire amount of the overpayment, unless the Company and I agree in writing to a series of smaller deductions in specified amounts);
6. the cost to the Company of personal long-distance calls I may make on Company phones or on Company accounts, of personal faxes sent by me using Company equipment or Company accounts, or of non-work related access to the Internet or other computer networks by me using Company equipment or Company accounts;
7. the cost of repairing or replacing any Company supplies, materials, equipment, money, or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the Company during my employment (except in the case of misappropriation of money by me, I understand that no such deduction will take my pay below minimum wage, or, if I am a salaried exempt employee, reduce my salary below its predetermined amount);
8. the cost of Company uniforms and of cleaning the uniforms;
9. the reasonable cost or fair value, whichever is less, of meals, lodging, and other facilities furnished to me by the Company in connection with my employment;
10. administrative fees in connection with court-ordered garnishments or legally-required wage attachments of my pay, limited in extent to the amount or amounts allowed under applicable laws;
11. if I take paid vacation or sick leave in advance of the date I would normally be entitled to it and I separate from the Company before accruing time to cover such advance leave, the value of such leave taken in advance that is not so covered;
12. the value of any time off for absences to which paid leave is not applied (non-exempt salaried employees will have all such unpaid leave deducted from their salary, while exempt salaried employees will experience salary reductions only in units of a full day at a time, unless partial-day deductions are specifically allowed under federal law); and
13. if my employer pays any insurance premiums or retirement system contributions ("payments") on my behalf that I would normally make under the applicable Company benefit plan, the amount of such payments made by the Company, such payments being an advance of future wages payable to me.
14. (any other items appropriate for your company's situation - go over this with your attorney).

I agree that the Company may deduct money from my pay under the above circumstances, or if any of the above situations occur. I further understand that the Company has stated its intention to abide by all applicable federal and Texas wage and hour laws and that if I believe that any such law has not been followed, I have the right to file a wage claim with appropriate Texas and federal agencies.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

A PROFESSIONAL EMPLOYEE ORGANIZATION

**STAFFING & PAYROLL ALTERNATIVE, INC**

118 E Dallas Street  
Canton, Texas 75103



**ACKNOWLEDGEMENT OF NOTICE AND RECEIPT  
THE ADR PROGRAM  
BOOKLET AND INFORMATION**

I acknowledge receiving the notice that **THE ADR PROGRAM** covers me.

I have also received a copy of **THE ADR PROGRAM** booklet containing a description of the Company Policy regarding the application of **THE ADR PROGRAM** to both the Company and myself. I also acknowledge receiving a copy of the Arbitration Agreement and Rules contained in **THE ADR PROGRAM** booklet and understand that **THE ADR PROGRAM**, Company Policy, Arbitration Agreement and Rules apply to me should I chose to voluntarily accept employment or continue my current employment subsequent to receiving this notice and personal copy of **THE ADR PROGRAM** booklet.

---

**DATE**

---

**APPLICANT/EMPLOYEE SIGNATURE**

---

**PRINTED NAME**



For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

### Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
  1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
  2. Record the document title, document number, and expiration date (if any) in Block C; and
  3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

### What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### USCIS Forms and Information

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

### Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

---

---

### **Paperwork Reduction Act**

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

**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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date <i>(month/day/year)</i>
----------------------	------------------------------

**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

**Section 2. Employer Review and Verification** *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

**Section 3. Updating and Reverification** *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
------------------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
-----------------------	-------------------	---

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	Date <i>(month/day/year)</i>
--	------------------------------

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization	
<b>OR</b>		<b>AND</b>	
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States	
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)			
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)	
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	5. U.S. Military card or draft record		
	6. Military dependent's ID card		
	6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
		8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
		9. Driver's license issued by a Canadian government authority	
<b>For persons under age 18 who are unable to present a document listed above:</b>		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security	
	11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record		

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

**Individual Characteristics Form  
Work Opportunity Tax Credit**

**U.S. Department of Labor  
Employment & Training Administration**

1. CONTROL NO. (For Agency Use Only)	<b>Individual Information</b> (Instructions on the Back)	OMB No. 1205-0371 Expires: 8/31/09  2. DATE RECEIVED (For Agency Use Only)
---	---	---

3. EMPLOYER NAME/ADDRESS:	4. EMPLOYER FEDERAL ID NO.	5. EMPLOYMENT START DATE::  Starting Wage:  \$ _____ per hour  POSITION:
6. Have you worked for the above employer before?  Yes _____ No _____  If Yes, enter date and year: _____		

7. NAME OF INDIVIDUAL (Last, First, Middle):	8. SOCIAL SECURITY NUMBER:
--	----------------------------

**The above named individual is determined to have the following characteristics for WOTC target group certification:**

9. Is your age between 18 but <b>not</b> age 40 or older?  Yes _____ No _____  If YES, indicate your "Date of Birth" below: Date of Birth: _____	10. Is a veteran and a member of a family that received Food Stamps for a period of at least 3 months in the last 15 months.  Yes _____ No _____  If YES, also complete Box 17.	11. Is a member of a family that received TANF benefits for any 9 months in the last 18 months.  Yes _____ No _____  If YES, also complete Box 17.
---	---	--

12. Is a member of a family that received Food Stamps for the last 6 months.  Yes _____ No _____, or  for at least a 3-month period within the last 5 months, BUT is no longer receiving them.  Yes _____ No _____  If YES to either, also complete Box 17.	13. In the past year, individual has been <u>convicted</u> of a felony or <u>released</u> from prison after a felony conviction.  Yes _____ No _____  If YES, complete below:  Date of Conviction _____  Date of Release _____	14. Lives and plans to continue living in a federal Empowerment Zone, Enterprise Round II or Renewal Community.  Yes _____ No _____  16. Received Supplemental Security Income (SSI) benefits for any month ending within the last 60 days.  Yes _____ No _____
---	--	---

15. Is receiving or has received Rehabilitation Services through a State Rehabilitation Services' program or the Veterans' Administration.  Yes _____ No _____	17. If individual is not a primary recipient of benefits, please provide the following:  _____  Name of Primary Recipient  _____  City/State of Benefits	
--	--	--

18. Is a "ticket holder" under the Ticket to Work Program  Yes _____ No _____	19. The "ticket holder" has an Individual Work Plan (IWP) from an Employment Network (EN).  Yes _____ No _____
---	--

20. Is a member of a family that::

- Has received/is receiving TANF payments for at least the last 18 consecutive months; Yes \_\_\_\_\_ No \_\_\_\_\_ or
- Has received/is receiving TANF payments for any 18 months starting after August 5, 1997; and the earliest 18-month period beginning after August 5, 1997, and ended within the last 2 years; or Yes \_\_\_\_\_ No \_\_\_\_\_ or
- Stopped being eligible for TANF payments within the last 2 years because Federal or state law limited the maximum time those payments could be made, and having a hiring date not more than 2 years after the date of cessation of TANF benefits. Yes \_\_\_\_\_ No \_\_\_\_\_

21. SOURCES USED TO DOCUMENT ELIGIBILITY:

Note: 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. The signature of the party completing this form is required below. If applicant is a minor, the parent or guardian should sign this box.

22. SIGNATURE:	23. DATE:
----------------	-----------

**INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL CHARACTERISTICS FORM (ICF), ETA 9061.** This form is used together with IRS Form 8850 to help SWAs determine eligibility for the consolidated Work Opportunity Tax Credit Program. The form may be completed by the applicant, the employer or employer representative/consultant, the SWA/DLA or the Participating Agency and signed by the person or agency filling out this form. This form is required to be used, without modification, by all employers and/or their representatives seeking the WOTC.

- Box 1: Control Number (for agency use only).** The SWA/DLA or participating agency determines the Control Number. It may be a Social Security Number, case number, or other appropriate designation which permits easy filing, identification and retrieval of forms. Enter this number here.
- Box 2: Date (for agency use only).** Enter the month, day, and year when the form is received.
- Box 3: Employer Name/Address.** Enter the name and address including zip code and telephone number of the employer applying for a WOTC Employer Certification.
- Box 4: Employer Federal ID No.** Enter employer's federal taxpayer identification number.
- Box 5: Employment-Start Date/Wage/Position or Title.** Enter the employment start date, the starting hourly wage, that the employee will be paid. If not known, enter an estimated wage. Also, enter the job or position title, under which the individual or prospective employee will be performing for this employer.
- Box 6: Previous Employment for This Employer.** This requires a YES or NO answer. Enter a check mark (✓) in the corresponding blank. If Yes, enter date and year.
- Box 7: Name of Individual.** Enter full name of Individual or prospective employee.
- Box 8: Social Security Number.** Enter individual's social security number here.
- Boxes 9 through 20 (Read each box carefully).** Enter a check mark (✓) to indicate if your answer is a YES or a NO. Provide additional information where requested for the WOTC target group eligibility.

**Box 21. Sources to Document Eligibility.** List or describe the documentary\* evidence or sources of collateral contacts that are attached to the ICF form or that will be provided. Indicate in parentheses, next to each document listed, whether it is attached or forthcoming. Some examples are provided below. Employers may also obtain a letter from the agency that administers a relevant program, stating that the employee or a member of his/her household meets one of the eligibility requirements.

**Examples of Documentary Evidence or Collateral Contacts:**

**AGE/BIRTHDATE:**  
(Required for High-Risk Summer Youth & Food Stamp)

- Birth Certificate
- Driver's License
- School I.D. Card\*
- Work Permit
- Federal/State/Local Gov't I.D.\*
- Hospital Record of Birth

**FAMILY INCOME:**  
(Required for Ex-felon)

- Pay Stubs
- Employer Contacts
- W-2 Forms
- UI Documents
- Public Assistance Records of No. of Months Benefits Were Received.
- Family Members' Statements
- Parole Officer's Name
- Parole Officer's Statements

**SSI RECIPIENT:**

- SSI Record or Authorization
- SSI Contact
- Evidence of SSI Issuance

**EX-FELON STATUS:**

- Parole Officer's Name
- Correction Institution Records
- Court Record, Extracts

**TANF (IV-A) RECIPIENT:**

- TANF Benefit History
- Signed Statement from Authorized Individual w/ Specific Description of Months Benefits Were Received.
- Case Number Identifier

**NUMBER IN FAMILY**

- Public Assistance
- Social Services Agencies

**VETERANS' STATUS:**

- DD-214
- Reserve Unit Contacts
- Discharge Papers\*

**VOCATIONAL REHABILITATION REFERRAL:**

- Voc. Rehab. Agency Contact

**VOC REHAB (Continued)**

- Signed statement from authorized individual w/specific description of months benefits received
- Veterans Administration Records

**LONG-TERM FAMILY ASSISTANCE RECIPIENT**

- TANF Benefits History
- Signed Statement from authorized individual with specific description of months benefits received
- Case Number Identifier

**EMPOWERMENT ZONES/ENTERPRISE/RENEWAL COMMUNITIES:**

- Driver's License
- Work Permit
- Utility Bills
- Signed Statement From Authorized Individual w/ Specific Description
- Lease Document
- Voter Registration Card
- Food Stamp Award

**EZ/EC/RCs (Continued)**

- Letter
- Social Security Agency Letter
  - Library Card\*\*
  - Landlord's Statement
  - Letter From Social Service Agencies
  - School Records
  - Medicaid/Medicare Card
  - Property Tax Record
  - Public Assistance Record
  - Rent Receipts
  - School I.D. Card\*\*
  - W-4
  - Selective Service Registration Card

**TICKET HOLDER (Ticket to Work Program)**

- SWAs must establish applicant's eligibility by calling MAXIMUS to verify if applicant: 1) is a ticket holder and 2) has and IWP from an Employment Network (EN).

**NOTE:** This list is not an exhaustive list. For more information, contact your WOTC public State Workforce Agency.

\*Where any item of documentation such as a Federal I.D. Card does not contain age or birth date, the SWA/DLA must obtain another documentary source to verify the individual's age.

\*\*Where any item of documentary evidence, such as library card does not contain the holder's address, the SWA/DLA must obtain documentary evidence issued in the jurisdiction where the EZ/EC or RC is located showing the holder's address.

22. **Signature.** Affix your signature.

23. **Date.** Enter the month, day and year when the form was completed.

---

Persons are not required to respond to this collection of Information unless it displays a currently valid OMB Control number. Respondent's obligation to reply to these requirements is required to obtain and retain benefits per P.L. 104-184. Public reporting burden for this collection of information is estimated to average .33 minutes per response, including the time for reading instructions, searching existing data sources, gathering and maintaining the data needed; and completing and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Division of Adult Services, Room C-4514, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).

---

.....  
**(Cut along dotted line and keep in your files)**

TO THE JOB APPLICANT OR EMPLOYEE:

THE INFORMATION AND THE SUPPORTING DOCUMENTATION YOU HAVE PROVIDED IN COMPLETING THIS FORM —OR IN SOME CASES OTHER INFORMATION THAT COULD VERIFY THE RESPONSES YOU HAVE GIVEN TO THE ITEMS/QUESTIONS IN THIS FORM— WILL BE DISCLOSED BY YOUR EMPLOYER TO THE STATE WORKFORCE AGENCY (SWA) [ENTER CORRESPONDING SWA NAME BELOW:

---

IN ORDER TO QUALIFY FOR A FEDERAL EMPLOYER TAX CREDIT, PROVISION OF THIS INFORMATION IS VOLUNTARY. HOWEVER, THE INFORMATION IS REQUIRED FOR YOUR EMPLOYER TO RECEIVE THE FEDERAL TAX CREDIT. IF THE INFORMATION YOU PROVIDE IS ABOUT A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.