

## Work Opportunity Tax Credit

This questionnaire will assist The Greer Group, Inc. in qualifying individuals for the WOTC. This program is on a voluntary basis and will not affect any hiring decisions. Thank you for your participation.

Government Identification Number: \_\_\_\_\_

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Have you ever been employed by The Greer Group, Inc. ?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you between the ages of 16-39?<br>If <b>YES</b> , please provide your <i>date of birth</i> : _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a Veteran of the U.S. Armed Forces? ( If <b>NO</b> , go to Question # 4)  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>YES</b> , are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (Food Stamps) for at least 3 months during the 15 months before you were hired? | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>YES</b> , please provide name of <i>primary recipient</i> : _____<br><br>and <i>City and State</i> where benefits were received: _____<br><br><i>Case ID Number</i> : _____                    |                          |                          |
| Are you a Veteran entitled to compensation for a service-connected disability?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you discharged or released from active duty within 1 year before you were hired?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a Veteran unemployed for a combined period of at least 4 weeks but less than 6 months (whether or not consecutive) during the year before you were hired?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| * If you have your DD-214 readily available, please provide a copy to your Employer *  |                          |                          |
| 4. Are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) benefits for the 6 months before you were hired?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive SNAP benefits (Food Stamps) for at least a 3-month period within the last 5 months, but you are no longer receiving them?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>YES to either question</b> , please provide name of <i>primary recipient</i> : _____<br><br>and <i>City and State</i> where benefits were received: _____<br><br><i>Case ID Number</i> : _____ |                          |                          |

	YES	NO
<p>5. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State?  <b>OR</b>, by an Employment Network under the Ticket to Work Program?  <b>OR</b>, by the Department of Veterans Affairs?</p> <p><i>Voc Rehab Agency Contact Name:</i> _____</p> <p><i>Voc Rehab Agency Phone Number:</i> _____</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>6. Are you a member of a family that received Temporary Assistance to Needy Families (TANF) assistance for at least the last 18 months before you were hired?</p> <p>Are you a member of a family that received TANF 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?</p> <p>Did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or State law limited the maximum time those payments could be made?</p> <p>Are you a member of a family that received TANF assistance for any 9 months during the 18-month period before you were hired?</p> <p><b>If YES to any question</b>, please provide name of <i>primary recipient</i>: _____</p> <p>and <i>City and State</i> where benefits were received: _____</p> <p><i>Case ID Number:</i> _____</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>7. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired?</p> <p>If <b>YES</b>, please enter <i>date of conviction</i>: _____ and <i>date of release</i>: _____</p> <p>Was this a <i>Federal or a State conviction</i>? _____ Which <i>State</i>: _____</p> <p><i>Department of Corrections ID Number</i>: _____</p> <p><i>Date Probation Began</i>: _____ <i>Date Probation Expires</i>: _____</p> <p><i>Parole Officer's Name</i>: _____ <i>Parole Office's Phone Number</i>: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired?</p> <p><i>SSI Contact Name</i>: _____</p> <p><b>and</b> <i>SSI Contact Phone Number</i>: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>

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**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Phone Number**