

You just completed a Work Opportunity Pre-Screening Notice. We request that you answer the following questions in order to supply supplemental information to determine if the Company is eligible for certain tax credits. Completion is completely voluntary and will be used solely to determine whether the Company qualifies for certain tax credits. The information you provide below will not affect your personal taxes and will not be used in making any decisions about your employment. All information will be kept STRICTLY CONFIDENTIAL.

Your Name _____ Social Security No. _____ - _____ - _____ Date of Birth ____/____/____

Have you ever worked for this company before? ___yes___no (Do not include time working for a temporary agency for the company)

To be completed by your employer

Starting Wage _____ Title _____ Date Started ____/____/____

Please check yes or no to ALL questions. It is very important that you answer honestly.

___Y___N	Are you a member of a family that has received Public Assistance (from any government agency) for any nine months during the 18 months prior to hire? If Yes, which program _____
___Y___N	Are you a member of a family that received public assistance for at least 18 months, or received public assistance benefits for any 18 months beginning after August 5, 1997, or stopped being eligible for public assistance after August 5, 1997 because Federal or State Law limited the maximum time those payments could be made?
___Y___N	Are you a Veteran? (Thank you for your service!), please provide your: branch of service _____ and years that you served on active duty: _____ to _____ and answer the following questions:
	Are you a Veteran who was unemployed for more than 4 weeks in the year before working here? If yes, have you been unemployed (Check one): _____ less than 4 weeks _____ 4 weeks to 6 months _____ more than 6 months
	Are you a Veteran and a member of a family who has received food stamps for at least 3 months out of the 15 months preceding your hire date? ___Y___N
	Are you a Veteran with a Service Connected Disability with at least a 10% rating? ___Y___N
___Y___N	Are you currently receiving unemployment benefits? If yes, for how many months? _____
___Y___N	Have you been released from Federal or State prison within the last year? Or, have you participated in a Work Release program? If yes, please provide your Conviction Date _____ Release Date _____ Which State (or Federal)? _____ Parole Officer (if any) _____
___Y___N	Are you receiving any Social Security Administration Disability Benefits (SSDI or SSI) for yourself (not for your children)? If yes, please provide your employer with a copy of your Benefit Verification Letter.
___Y___N	Are you a member of a family that has received food stamps for 6 months before your hire date OR an able bodied adult without dependents that has received food stamps for at least 3 of the 5 months before your hire date AND is no longer receiving food stamps?
___Y___N	Were you referred to your employer by a Vocational Rehabilitation Agency approved by the state? OR, by an Employment Network under the Ticket to Work Program? OR by the Department of Veterans Affairs? If yes, please provide your employer with a copy of your referral.

Participant's Authorization for disclosure of information and declaration: Under penalty of perjury, I declare that the above information is true and correct to the best of my knowledge. I also hereby authorize CFO Resources, Inc., my employer, employer representative, or the State Department of Labor to obtain information from my records to determine eligibility for the Work Opportunity Program.. I also authorize the Department of Social Services, Bureau of Rehabilitation Services, Board of Education and Services for the Blind, Department of Veteran's Affairs, Department of Corrections, and Social Security Administration to release the requested information from my records to CFO Resources, Inc., my employer, employer representative or the Department of Labor for that purpose.

Employee Signature _____ Date _____

***If under 18 years of age, requires witness (parent or guardian) signature:

Print Name _____ Signature _____ Relationship _____