

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.

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

Last Employed Full Time—more than 30 hrs/wk) __/__/____. Have you ever worked for this company before? __yes __no

Employment Start Date* __/__/____ Starting Wage* _____ Job Title* _____

*To be completed by your employer

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

Are you a member of a family who has received Public Assistance (from any government agency) for ANY NINE MONTHS DURING THE 18 MONTHS PRIOR TO HIRE?
__Y __N

Are you a veteran AND member of a family who has received food stamps for at least three consecutive months within 15 months preceding the date of hire
__Y __N

Are you a veteran who was discharged from active duty within the past 5 years and received unemployment payments for 4 or more weeks during the year prior to date of hire?
__Y __N

Have you recently been released from federal or state prison (within the last year)? Or, have you participated in a Work Release program? Conviction Date: _____ Release Date: _____
__Y __N

Are you an individual with physical or mental disabilities who has completed or is completing rehabilitation services under a state rehabilitation plan or a program approved by the US Department of Veteran's Affairs.
__Y __N

Are you a member of a family that has received food stamps for six months before the date of hire OR an able bodied adult without dependents that has received food stamps for at least three months of the five months before the date of hire AND is no longer receiving food stamps?
__Y __N

Are you an individual who has received supplemental security income benefits (SSI) at any point sixty days before date of hire.
__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

Disconnected Youth – please read carefully -

I am between the ages of 16 and 25 _____ True _____ False

I am NOT currently attending a secondary, technical or post secondary school _____ True _____ False

I have NOT regularly attended (more than 10 hours per week) a secondary _____ True _____ False

Technical or post-secondary school during the past 6 months _____ True _____ False

Self Attestation I do NOT have a high school diploma or General Equivalency Diploma (GED) _____ True _____ False

I DO have a certification of graduation from a secondary school or GED _____ True _____ False

Date GED or Diploma awarded _____

I have not been able to find work due to lack of basic skills for the job. _____ True _____ False

I have not worked full time (30 hours per week) during the past 6 months _____ True _____ False

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