

WOTC (Work Opportunity Tax Credit) Questionnaire

iSearch Partners Inc. is participating in the WOTC (Work Opportunity Tax Credit) 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 iSearch Partners Inc. in qualifying individuals for the WOTC. This program will not affect any hiring decisions. Thank you for your participation.

Applicant's Name _____
Last Name
First Name
Middle Initial

Please circle ID type: Driver's License State ID Birth Certificate 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. Have you worked for this employer before?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you between the ages of 16-39? If YES , 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 NO , go to Question # 4) If YES , 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? If YES , please provide name of <i>primary recipient</i> : _____ and <i>City and State</i> where benefits were received: _____ <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? Were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? 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, Discharge Papers, or Letter of Separation, 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? 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? If YES to either question , please provide name of <i>primary recipient</i> : _____ <i>City & State</i> where benefits were received: _____ <i>Case ID #</i> : _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? <i>Agency Contact Name</i> : _____ <i>Contact Phone Number</i> : _____ OR , by an Employment Network under the Ticket to Work Program? OR , by the Department of Veterans Affairs?	<input type="checkbox"/>	<input type="checkbox"/>

