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20FGADP Tax Credit Services
RFV (Rev. 0F/FG)[illegible]

Job Title:

Starting Hourly Wage:

Home Address: _____ City: _____ State: _____

Social Security Number: - -

Birth Date (mm-dd-yyyy): - -

Zip Code:

Job Start Date (mm-dd-yyyy): - -

Employee Signature _____ Date _____

Are you a veteran of the U.S. Armed Forces? Branch: _____	Yes <input type="radio"/> No <input type="radio"/>	V
If yes: Are you entitled to receive monthly payments for a service-connected disability?	Yes <input type="radio"/> No <input type="radio"/>	DV
Have you received unemployment compensation for a combined total of 4 weeks or more in the past year?	Yes <input type="radio"/> No <input type="radio"/>	UV
Have you received unemployment compensation for a combined total of 6 months or more in the past year?	Yes <input type="radio"/> No <input type="radio"/>	
If yes: In what state did you receive the benefits? _____		
Have you or a family member (while living in your household) received Food Stamps anytime within the last 15 months?	Yes <input type="radio"/> No <input type="radio"/>	FS
If yes: Primary Recipient: _____ City: _____ State: _____		
Have you participated in a vocational rehabilitation program?	Yes <input type="radio"/> No <input type="radio"/>	VR
If yes, select one: State/Local Agency: <input type="radio"/> Veteran Administration: <input type="radio"/> Ticket to Work: <input type="radio"/>		
Counselor's Name: _____ City: _____ State: _____		
Are you a member of a family that received Welfare (AFDC or TANF) or Assistance (child care, housing or transportation) in the last 24 months or is no longer eligible for Welfare because you have collected for the maximum time period?	Yes <input type="radio"/> No <input type="radio"/>	W
If yes: Primary Recipient: _____ City: _____ State: _____		
Did you receive Supplemental Security Income (SSI) within the last 90 days?	Yes <input type="radio"/> No <input type="radio"/>	SSI
Are you currently receiving Social Security Administration disability benefits (SSDI)?	Yes <input type="radio"/> No <input type="radio"/>	SSDI
Have you been convicted of a felony or have you received deferred adjudication for a felony?	Yes <input type="radio"/> No <input type="radio"/>	F
If yes: Were you released, or did you start a work release program or transition center within the past 12 months?	Yes <input type="radio"/> No <input type="radio"/>	
If yes, was this a Federal or State conviction? Federal: <input type="radio"/> State: <input type="radio"/> None: <input type="radio"/> (Deferred Adjudication)		
If yes: Conviction Date: _____ Release Date: _____		
Inmate #: _____ City: _____ State: _____		
Probation Officer: _____ Probation Officer Phone #: _____		