

**Individual Characteristics Form (ICF)  
Work Opportunity Tax Credit**

**U.S. Department of Labor**  
Employment and Training Administration

1. Control No. (For Agency use only)	<b>APPLICANT INFORMATION</b> (See instructions on reverse)		OMB No. 1205-0371 Expiration Date: November 30, 2011 2. Date Received (For Agency Use only)
<b>EMPLOYER INFORMATION</b>			
3. Employer Name	4. Employer Address and Telephone	5. Employer Federal ID Number (EIN)	
<b>APPLICANT INFORMATION</b>			
6. Applicant Name (Last, First, MI)	7. Social Security Number.	8. Have you worked for this employer before? Yes ____ No ____  If YES, enter last date of employment: _____	
<b>APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION</b>			
9. Employment Start Date	10. Starting Wage	11. Position	
12. Are you at least age 16, but under age 40? Yes ____ No ____ If YES, enter your <i>date of birth</i> _____			
13. Are you a Veteran of the U.S. Armed Forces? Yes ____ No ____ If NO, go to Box 14. If YES, are you a member of a family that received Food Stamps for at least 3 months during the 15 months before you were hired? Yes ____ No ____ If YES, enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____. OR, are you a veteran entitled to compensation for a service-connected disability? Yes ____ No ____ If YES, were you discharged or released from active duty within a year before you were hired? Yes ____ No ____ OR, were you unemployed for a combined period of at least 6 months during the year before you were hired? Yes ____ No ____			
14. Are you a member of a family that received Food Stamps for the 6 months before you were hired? Yes ____ No ____ OR, received Food Stamps for at least a 3-month period within the last 5 months But you are no longer receiving them? Yes ____ No ____ If YES to either question, enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____.			

