

## EMPLOYMENT APPLICATION

EMPLOYMENT, PERSONAL				EVALUATION RESULTS				
LAST NAME, FIRST NAME		PHONE #	MESSAGE #	SOCIAL SECURITY #	DATE		SKILLS	
ADDRESS		CITY	STATE	ZIP	YES	RESULTS	EVALUATION RESULTS	
PERMANENT ADDRESS (if different)		CITY	STATE	ZIP		OSHA POLICIES	_____	MATH I _____
EMAIL						WC-R	_____	MATH II _____
						STATE IDAHO	_____	FILING _____
EDUCATION / TRAINING SUMMARY							CLERICAL _____	
College / Graduate School	Dates	Skills/Trade/License	Completed Degree/Certificate			PQA	_____	COMPARISON _____
College / Graduate School	Dates	Skills/Trade/License	Completed Degree/Certificate			DRUG TEST	_____	GRAMMAR/PUNCT _____
						I9	_____	SPELLING _____
						W4	_____	DATA ENTRY _____
EMPLOYMENT, GENERAL		EMPLOYMENT, TRANSPORTATION					WINDOWS _____	
Are you currently employed?		How will you get to work?				APPEARANCE	WORD _____	
Employment desired?		Do you have a valid drivers license?				OUTSTANDING, GROOMING	BOOKKEEPING I _____	
Salary Requirements:		Class:				AVERAGE ATTIRE, GROOMING	BOOKKEEPING II _____	
Minimum Acceptable:		State:				POOR, HYGIENE, GROOMING	TYPING _____	
Are you at least 18 years old?		Number:		Expiration:		PERSONALITY	10 KEY _____	
Are you authorized to work in the United States?		Auto Liability Insurance:				OUTGOING & PLEASANT	FORKLIFT _____	
When are you available?		How far are you willing to commute?				LIKEABLE	CASHIER _____	
Have you been convicted of a felony?						OBJECTIONABLE	OTHER _____	
Additional Information:						ATTITUDE	INACTIVATED DATE _____	
						FLEXIBLE & CONFIDENT	COMMENT: _____	
						POLITE		
						NERVOUS		
						IRRITATED		
						UNCOOPERATIVE		
						INITIATIVE		
						ASSERTIVE		
						CONTRIBUTES WILLINGLY		
						NEEDS PROMPTING		
						INDECISIVE		

EMPLOYMENT SKILLS INVENTORY - LABOR / INDUSTRIAL / CLERICAL / PROFESSIONAL
EMPLOYMENT HISTORY (Begin with most recent) (DO NOT WRITE IN SHADED AREAS)

Work Record, Most Recent:				Duties	Pay	Reason for leaving	Checked
SUPERVISOR	EMPLOYER	PHONE					
FROM	ADDRESS	STATE					
TO	CITY	ZIP					
Work Record, Second Most Recent:				Duties	Pay	Reason for leaving	Checked
SUPERVISOR	EMPLOYER	PHONE					
FROM	ADDRESS	STATE					
TO	CITY	ZIP					
Work Record, Third Most Recent:				Duties	Pay	Reason for leaving	Checked
SUPERVISOR	EMPLOYER	PHONE					
FROM	ADDRESS	STATE					
TO	CITY	ZIP					
EMERGENCY CONTACT INFORMATION			<p align="center"><b>APPLICANT AGREEMENT</b></p> <p>I affirm that the statements made on this application are true and complete. I authorize Personnel Plus to investigate any statement contained in any part of this application, and I understand that any false statement, omission of fact, or misrepresentation of facts on this application or other forms provided to Personnel Plus will be grounds for termination and recovery of potential damages from me. I hereby authorize Personnel Plus and also authorize and request each former Employer, (except as indicated) and any person, firm or corporation given as a reference, to answer all questions that may be asked and to give all information that maybe sought concerning me, my work, habits, character, skills, or actions in any transaction.</p> <p>I understand that completing this application does not constitute an employment agreement between me and Personnel Plus. If I do receive a conditional offer of employment, I agree to answer a physical qualifications assessment to determine my ability to perform the essential functions of jobs in the categories for which I am applying, and I understand that I will not be accepted for employment until successful completion of this assessment. If I am accepted for employment with Personnel Plus, I agree to submit to a drug/alcohol screening test.</p> <p>NOTICE: This employment application form will remain effective for one month.</p>				
In case of emergency, notify:							
Address	Telephone						
Doctor to Notify	Telephone						

<div style="text-align: right;">Signature</div>				<div style="text-align: right;">Date</div>			
DO NOT WRITE BELOW THIS LINE							
Conditional job offer not extended due to:				Availability	Skills	Other	
CONDITIONAL OFFER OF EMPLOYMENT This person Is eligible for Job assignments In the following categories:				POST-OFFER ELIGIBILITY DETERMINATION This person Is eligible for Job assignments In the following categories:			
Clerical I	Light Labor	Medical	Sales	Clerical I	Light Labor	Medical	Sales
Clerical II	Medium Labor	Management	Technical /Professional	Clerical II	Medium Labor	Management	Technical /Professional
Bookkeeper	Heavy Labor	CDL	Other	Bookkeeper	Heavy Labor	CDL	Other
<div style="text-align: right;">Applicant</div>		<div style="text-align: right;">Date</div>		<div style="text-align: right;">Personnel Plus</div>		<div style="text-align: right;">Date</div>	
<b>ORIENTATION:</b> During my orientation with the Personnel Plus representative. I received the following: Initial_____							Personnel Plus, Inc. is an EQUAL OPPORTUNITY EMPLOYER
Policies & Procedures Statement		Welcome brochure	OSHA Orientation	Time Card	Drug & Alcohol Testing Policy Statement		
<b>EMPLOYEE AGREEMENT</b> I agree that my employment with Personnel Plus may be terminated at any time without liability to me for wages or salary exceed such as may have been earned at the date of such termination; I understand that my compensation from Personnel Plus shall be limited to the duration of any temporary assignment hereunder; I agree that if at any time I sustain a work-related injury, I will submit myself to a drug/alcohol test and to an examination by a physician of the company's selection.							
Signature		Date					
							PLUS E Rev 12/25/08 Electronic Personnel Plus, Inc. - Application

Department of Homeland Security  
U.S. Citizenship and Immigration Services

# Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

## Section 1. Employee Information and Verification.

Print Name: Last		First	Middle Initial	Maiden Name
Address (Street Name and Number)			Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #	
<b>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</b>		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____		

Employee's Signature	Date (month/day/year)
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**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

## Section 2. Employer Review and Verification.

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

## Section 3. Updating and Reverification.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

### Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent .....	<b>A</b>	
	• You are single and have only one job; or		
<b>B</b>	Enter "1" if: • You are married, have only one job, and your spouse does not work; or .....	<b>B</b>	
	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.		
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) .....	<b>C</b>	
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return .....	<b>D</b>	
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) .....	<b>E</b>	
<b>F</b>	Enter "1" if you have at least \$1,500 of <b>child or dependent care expenses</b> for which you plan to claim a credit .....	<b>F</b>	
	( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)		
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child. • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have 4 or more eligible children.	<b>G</b>	
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) .....	<b>H</b>	
	For accuracy, <b>complete all worksheets that apply.</b> • If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.		

Cut here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b>		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
		Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		<b>2008</b>
<b>1</b> Type or print your first name and middle initial.		Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>		
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)				<b>5</b>
<b>6</b> Additional amount, if any, you want withheld from each paycheck				<b>6</b>
<b>7</b> I claim exemption from withholding for 2008, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here .....				
<b>7</b>				
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
<b>Employee's signature</b> (Form is not valid unless you sign it.)				
<b>Date</b>				
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)		<b>10</b> Employer identification number (EIN)

See separate instructions.

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Telephone number \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- 1 ☐ Check here if you are completing this form **before** August 28, 2007, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.  
\_\_\_\_\_
- 2 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received food stamps for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a** Received food stamps for the past 6 months, **or**
    - b** Received food stamps for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
- Discharged or released from active duty in the U.S. Armed Forces, **or**
  - Unemployed for a period or periods totaling at least 6 months.
- 5 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months, **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

**Signature—All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

**Job applicant's signature** \_\_\_\_\_**Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**For Employer's Use Only**Employer's name Personnel Plus, Inc. Telephone no. (208) 733 7300 EIN .....Street address 111 Filer Ave NorthCity or town, state, and ZIP code Twin Falls, Idaho 83301

Person to contact, if different from above \_\_\_\_\_ Telephone no. ( ) - \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) \_\_\_\_\_

Date applicant:	Gave information	Was offered job	Was hired	Started job
	/ /	/ /	/ /	/ /

**Complete Only If Box 1 on Page 1 is Checked**

State and county or parish of job \_\_\_\_\_

☐ Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant completed this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature \_\_\_\_\_

Title \_\_\_\_\_

Date / / \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice**

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

**Recordkeeping** ..... 5 hrs., 30 min.

**Learning about the law or the form** ..... 24 min.

**Preparing and sending this form to the SWA** ..... 30 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

**IDAHO STATE POLICE  
BUREAU OF CRIMINAL IDENTIFICATION**

**NON-CRIMINAL JUSTICE CRIMINAL HISTORY RECORDS CHECK REQUEST  
of the Idaho Central Repository of Criminal History Records**

*A separate form must be used for each request. Do not use staples on the forms. A \$10 processing fee must be included. Make checks payable to the Idaho State Police. A \$20.00 fee will be charged for any returned checks. Please Print clearly in **blue** or **black** ink only.*

<b>REQUEST</b>				
Please provide an Idaho Criminal History on the individual named below.				
Last Name	First Name	Middle Name		
Alias Names (Include Maiden/prior Married Names)	Date of Birth (Month/day/year) / /	Sex	Race	Social Security Number (optional) - -
Address	City	State	Zip	
<b>WAIVER</b>				
Idaho law does <b>not</b> require a waiver. However, without a signed waiver from the subject of the record, any arrest more than 12 months old, <b>without</b> a disposition, cannot be given to a non-criminal justice agency.				
I hereby give permission for the requester, named below, to receive any information maintained by the Idaho Bureau of Criminal Identification concerning myself.				
_____ Signature		_____ Date		
<i>The signature date on the waiver must be within 180 days of the name check submission.</i>				

**TO BE COMPLETED BY COMPANY OR PERSON REQUESTING BACKGROUND INFORMATION**

Requesting Person or Company  Personnel Plus, Inc.	Address of Requester (Results will be mailed to this address)  _____
Signature of Requester or Representative of Requesting Company  _____	Request Date  _____

**Results of Non-Certified Record Search**

Record attached	<input type="checkbox"/>	No Record Found	<input type="checkbox"/>	BCI Initials _____	Date _____
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**General Information:**

Idaho law does **not** require a person to give consent, however, without a signed release from the subject of the record, any arrest more than 12 months old, **without** a disposition, cannot be given to a non-criminal justice agency.

Criminal history record information furnished as a result of a non-fingerprint based computerized search is based solely on a search of identifiers provided in the request. Be aware it is not uncommon for criminal offenders to use alias names and false dates of birth, which would adversely affect the completeness and accuracy of a non-fingerprint based search of the Idaho Central Repository of Criminal History Records. No other state or federal agency records can be searched under current law. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho code 67-3008 (6) states, "A person or private agency, or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or a court without a signed release of the subject of record or unless otherwise provided by law."

**P.O. BOX 700 MERIDIAN, ID 83680-0700 - (208) 884-7130 - FAX 884-7193**

## **AUTHORIZATION TO RELEASE CLAIMS HISTORY**



In accordance with the provisions of Idaho Code § 9-340B(9)(c), the undersigned worker hereby authorizes the release of a copy of a computer claims history search of the last five (5) years of their workers' compensation claims from the records of the Idaho Industrial Commission to the employer, prospective employer or employer's agent identified below. The employer, prospective employer or agent, by their signature below, agrees to pay all billable costs incurred in responding to this request under the Idaho Public Records Law.



Worker's Full Name:\*

Other Names Used:

Worker's Address:\*

Worker's Home Phone #: (\_\_\_\_) \_\_\_\_\_

Worker's Social Security Number:\*

I.C. RESPONSE/NOTE AREA:

**Authorizing Individual Worker's Signature:**\*

**Date Signed:**\*

**Employer/Prospective Employer or Agent:**\*

Mailing

Address:

**Employer's Representative or Agent's Signature:**\*

Printed Name & Title:

Representative's or Agent's Phone Number: \* (\_\_\_\_) \_\_\_\_\_

(\* = Completion mandatory)

**SEND COMPLETED REQUEST TO: IDAHO  
INDUSTRIAL COMMISSION, ATTN: RECORDS  
MANAGEMENT, PO BOX 83720, BOISE, ID  
83720-0041**

State of Idaho  
Industrial Commission  
State House Mail  
P.O. Box 83720  
Boise, Id. 83720-0041

Attention Records Department:  
Fax: 208-334-2321

### Consent Release

I, \_\_\_\_\_ also known as \_\_\_\_\_  
(Print full name) (Include maiden / prior married)

Date of Birth: \_\_\_\_\_, Social Security Number: \_\_\_\_\_,

hereby authorize Personnel Plus, Inc. to receive any and all information  
(Company name)

concerning myself during the past five years, contained within the files of the  
State of Idaho Industrial Commission.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please remit to:

Personnel Plus  
Tony Mayer  
111 Filer Ave.  
Twin Falls, Id. 83301  
Phone: (208) 733-7300  
Fax: (208) 733-7362



# Individual Characteristics Form Work Opportunity Tax Credit

## U.S. Department of Labor Employment & Training

1. CONTROL NO. (For Agency Use Only)		Individual Information on the Back		OMB No. 1205-0371 Expires: 8/31/09
3. EMPLOYER NAME/ ADDRESS:		4. EMPLOYER FEDERAL ID NO.	2. DATE RECEIVED (For Agency Use Only)	
		6. Have you worked for the employer before? Yes _____ No _____ If Yes, enter date and year: _____	5. EMPLOYMENT START DATE: Starting Wage: \$ _____ per hour POSITION:	
7. NAME OF INDIVIDUAL (Last, First, Middle):		8. SOCIAL SECURITY NUMBER:		
The above named individual is determined to have the following characteristics for WOTC target group certification:				
9. Is your age between 18 <u>not</u> yet 40? but Yes _____ No _____ If YES, indicate your "Date of Birth" Date of Birth: _____		10. Is a veteran and a member of family that received Food Stamps for a period of 6 months in the last 15 months. Yes _____ No _____ If YES, also complete Box 17.		11. Is a member of a family that received benefits for any 9 months in the last 18 months. Yes _____ No _____ If YES, also complete Box 17.
12. Is a member of a family that received Food Stamps for the last 6 months. Yes _____ No _____, or for at least a month period within the last 5 months BUT is no longer receiving them. Yes _____ No _____ If YES to either, also complete Box 17.		13. In the past year, individual has been convicted of a felony or released from prison after a felony conviction. Yes _____ No _____ If YES, complete below: Date of Conviction _____ Date of Release _____		14. Lives and plans to continue living in federal Empowerment Zone or Enterprise Round II or Renewal Community. Yes _____ No _____ 16. Received Supplemental Security Income benefits for any month ending within the last 60 days. Yes _____ No _____
15. Is receiving or has received Rehabilitation through a State Rehabilitation Services or the Veterans' Administration. Yes _____ No _____		17. If individual is not a primary recipient, please provide the following: _____ Name of Primary Recipient _____ City/State of Benefits		
18. Is a "ticket holder" under the Ticket to Work Yes _____ No _____		19. The "ticket holder" has an Individual Work Plan (IWP) from an Network (EN). Yes _____ No _____		

20. Is a member of a family that:

- Has received/is receiving TANF payments for at least the last 18 consecutive months; Yes \_\_\_\_\_ No \_\_\_\_\_
- Has received/is receiving TANF payments for any 18 months starting after August 5, 1997; and the earliest 18-month period beginning after August 5, 1997, and ended within the last 2 years; or Yes \_\_\_\_\_ No \_\_\_\_\_
- Has been eligible for TANF payments within the last 2 years because Federal or state law limited the maximum time those payments could be made, and having a hiring date not more than 2 years after the date of cessation of TANF benefits.

21. SOURCE(S) USED TO DOCUMENT ELIGIBILITY:

Note: I certify that the information is true and correct to the best of my knowledge. I understand that the information above may be subject to audit of the data by the Department of Labor. If applicant is a minor, the parent or guardian should sign and provide the following:

22. SIGNATURE: \_\_\_\_\_ 23. DATE: \_\_\_\_\_

