



## Application for Employment

NAME - LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

What prompted you to apply to us?  Advertisement  Sign  Employee referral  Other \_\_\_\_\_

Position desired \_\_\_\_\_ Wage or salary expected \_\_\_\_\_ Date available to start work \_\_\_\_\_

Schedule preferred:  Full time  Part time  Days  Evenings  
If part time, indicate hours/days available \_\_\_\_\_

If you are not a citizen of the United States of America, do you have documentation that allows you to work in this country?  Yes  No

*An affirmative answer on the following two questions does not bar you from consideration for employment.*

Have you ever been convicted of a felony?  Yes  No

If yes, explain fully \_\_\_\_\_

Have you previously worked for us?  Yes  No If so, when? \_\_\_\_\_ Position title \_\_\_\_\_

Are any of your relatives employed at this property?  Yes  No If yes, names \_\_\_\_\_

Do you expect to have other employment if hired?  Yes  No If yes, explain \_\_\_\_\_

*If you are applying for a position which requires serving liquor, please respond to the following.*

Are you over the age of 18?  Yes  No If hired, can you furnish proof of age?  Yes  No

### EDUCATIONAL DATA

Name and Location of School	List Diploma or Degree	Circle Last Year Completed	Major or Principal Courses Studied
High School		1 2 3 4	
College or University		1 2 3 4	
Graduate School, Trade, Business, Correspondence, Night School		1 2 3 4	

Scholastic honors, extracurricular activities: \_\_\_\_\_

What machines or office equipment can you operate? \_\_\_\_\_

List any experience, skills or interests that would be helpful on the job \_\_\_\_\_

### FOR PERSONNEL DEPARTMENT USE

Disposition:  Hired  Not hired  Hold for future Date employed \_\_\_\_\_ Starting rate \_\_\_\_\_ Per \_\_\_\_\_

Position title \_\_\_\_\_ Department \_\_\_\_\_

Department Head signature \_\_\_\_\_ Personnel Director signature \_\_\_\_\_

## EMPLOYMENT DATA

Please list all employment starting with present or most recent employment. Under comments, give reasons for any gaps in employment. Use additional sheets if necessary.

COMPANY NAME ADDRESS	TELEPHONE NUMBER	
IMMEDIATE SUPERVISOR (NAME AND POSITION)	DATE HIRED	STARTING RATE
YOUR JOB TITLE AND DUTIES	DATE LEFT	LAST RATE

REASON FOR LEAVING	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
COMPANY NAME ADDRESS	TELEPHONE NUMBER

IMMEDIATE SUPERVISOR (NAME AND POSITION)	DATE HIRED	STARTING RATE
YOUR JOB TITLE AND DUTIES	DATE LEFT	LAST RATE

REASON FOR LEAVING	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
COMPANY NAME ADDRESS	TELEPHONE NUMBER

IMMEDIATE SUPERVISOR (NAME AND POSITION)	DATE HIRED	STARTING RATE
YOUR JOB TITLE AND DUTIES	DATE LEFT	LAST RATE

REASON FOR LEAVING	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Comments: \_\_\_\_\_

Please list any other name under which you have been employed, and the relevant employer: \_\_\_\_\_

## REFERENCES

LIST THREE PERSONS WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES (OTHER THAN RELATIVES)

Name	Address	Telephone	Occupation
1.			
2.			
3.			

I certify that the information on this Application for Employment is correct and complete. I understand that LM Services may obtain information from any law enforcement agency, any credit reporting agency or any other company, individual or agency concerning my personal background or history. I hereby release said companies or persons from all liability for any damage related to the issuance of this information. I understand that if any information I have provided to LM Services during the employment process, or at any time during my employment, conflicts with any information obtained by LM Services, I will be subject to termination when so discovered. I further understand that my employment can be terminated at any time at the option of either LM Services or myself.

I agree to abide by all rules of the Company. Company policy prohibits the abuse of alcohol and drugs, as well as the use of, or trafficking in illegal drugs. I understand that at any time during my employment, I may be subject to drug and alcohol testing; any positive test results will be cause for immediate disciplinary action up to and including termination of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

PRE-EMPLOYMENT DRUG AND /OR ALCOHOL TESTING  
CONSENT FORM

I hereby agree, upon a request made under the drug/alcohol testing policy of LM Services, In, Hilton St. Louis at the Ballpark, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and /or blood for analysis. I understand and agree that if I refuse to submit to a drug or alcohol test under company policy, or if I otherwise fall to cooperate with the testing procedures, I will not be offered employment. I further authorize and give full permission to have the Company and/or its company physician to send the specimen or specimens so collected to laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I will hold harmless the Company, it's company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing even if a Company or laboratory reprehensive makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, it's company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

I must report the Laboratory within 24 hours of the time in which this policy and authorization have been explained to me in a language I unde4rstand and I have been told that if I have any questions about the test or the policy they will be answered.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Company Representative Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time Given to Applicant

\_\_\_\_\_  
Date Given to Applicant

**AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION**

PLEASE TYPE OR PRINT

I, \_\_\_\_\_  
 LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work") **LM Services - Lodging Hospitality Management** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **LM Services - Lodging Hospitality Management**. **LM Services - Lodging Hospitality Management** uses **Abso**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

**Abso** will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **LM Services - Lodging Hospitality Management** and **Abso**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. I understand and agree that where applied an electronic signature filed in electronic form shall have the same legal force and effect as my hand written signature. According to the Fair Credit Reporting Act, I will be notified by **LM Services - Lodging Hospitality Management** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **LM Services - Lodging Hospitality Management**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Abso**, 5750 West Oaks Blvd, Ste 100, Rocklin, CA 95765 Phone #: 800-943-2589, option 1, Website: www.abso.com. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S.§148

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.**

Signed _____						Today's Date _____	
Name as it appears on your driver's license _____						Position Applied For _____	
Social Security Number _____			Date of Birth _____		Driver's License Number _____		State _____
Other names you have used or are also known as, including maiden name, name changes and any aliases							
PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS							
						Mo./Yr. / Mo./Yr.	
Current Address:							
Street _____		Apt.# _____	City _____	State _____	Zip Code _____	From _____	
Former Address:							
Street _____		Apt.# _____	City _____	State _____	Zip Code _____	From _____	/ To?
Former Address:							
Street _____		Apt.# _____	City _____	State _____	Zip Code _____	From _____	/ To?
Former Address:							
Street _____		Apt.# _____	City _____	State _____	Zip Code _____	From _____	/ To?

PLEASE READ CAREFULLY  
APPLICANT AUTHORIZATION AND CONSENT FORM FOR  
PAYMENT OF PRE-EMPLOYMENT SCREENING FEES

I authorize the Hilton St. Louis at the Ballpark Hotel to deduct the fee(s) associated with verifying my background and the accuracy of the information on my employment application. The background verifications are conducted for the hotel by Abso Hire. Favorable results are required to qualify for a position with the hotel. The amount of the fee(s) is shown below. **I understand the fees will be deducted from my first paycheck (or second if necessary).**

<b>NAME, ADDRESS AND SOCIAL SECURITY VERIFICATION FEE</b>	<b>\$5.00</b>
<b>MISSOURI STATEWIDE CRIMINAL HISTORY FEE</b>	<b>\$15.50</b>
<b>ILLINOIS STATEWIDE CRIMINAL HISTORY FEE</b>	<b>\$17.00</b>

<b>MISSOURI STATEWIDE HISTORY DEDUCTION FROM CHECK</b>	<b>\$20.50</b>
<b>ILLINOIS STATEWIDE HISTORY DEDUCTION FROM CHECK</b>	<b>\$22.00</b>

The statewide criminal history verification will be completed for the state of Missouri unless the applicant has lived in Missouri for less than six months. If the applicant has lived in Missouri less than six months, a statewide check will be run on the applicant's former State of Residence. We reserve the right to also run a statewide check for Missouri if more than one statewide check is necessary, the applicant t will only pay for One statewide criminal history verification.

I \_\_\_\_\_ understand the above policy and approve for the appropriate deduction from my first or second (if necessary) payroll check

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# Pre-Screening Notice and Certification Request for the Work Opportunity Credit

▶ 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 \_\_\_\_\_

County \_\_\_\_\_ 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, 2009, 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 Supplemental Nutrition Assistance Program (SNAP) benefits (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 SNAP benefits (food stamps) for the past 6 months, **or**
    - b Received SNAP benefits (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.
  - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
  - I am at least age 16 but **not** age 25 or older, **and**:
    - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
    - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
    - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 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 LM Services Corporation Telephone no. ( 314 ) 683 - 2346 EIN ▶ 43 | 1724712

Street address 111 West Port Plaza, Suite 500

City or town, state, and ZIP code St. Louis, MO 63146

Person to contact, if different from above Rebecca Burrell- BKD LLP 44-0160260 Telephone no. ( 317 ) 383 - 3675

Street address 201 N. Illinois St., Suite 700

City or town, state, and ZIP code Indianapolis, IN 46204

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 provided the information on 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 . . . . . 3 hrs., 16 min.
Learning about the law or the form . . . . . 46 min.
Preparing and sending this form to the SWA . . . . . 42 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-6526, Washington, DC 20224.

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

**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)	
LM Services Corporation	111 West Port Plaza, Suite 500 St. Louis, MO 63146 Ph. 314.683.2346	43-1724712	
<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 SNAP (Food Stamps) benefits the 15 months for at least 3 months during 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 the 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 Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) benefits for the 6 months before you were hired?			Yes ___ No ___
OR, received SNAP benefits 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 _____.			

15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? <b>OR</b> , by an Employment Network under the Ticket to Work Program? <b>OR</b> , by the Department of Veterans Affairs?	Yes ___ No ___ Yes ___ No ___ Yes ___ No ___
16. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? <b>OR</b> , are you a member of a family that received TANF benefits for <b>any</b> 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? <b>OR</b> , did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? <b>If NO</b> , are you a member of a family that received TANF assistance for any 9 months during the 18 month period before you were hired? <b>If YES, to any question</b> , enter name of <i>primary recipient</i> _____ and The <i>city and state</i> where benefits were received _____.	Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___
17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired? <b>If YES</b> , enter <i>date of conviction</i> _____ and <i>date of release</i> _____. <b>Was this a Federal</b> _____ <b>or a State conviction</b> _____? (Check one)	Yes ___ No ___
18. Do you live, and plan to continue living, in an Empowerment Zone or Renewal Community? <b>OR</b> , in a Rural Renewal County (RRC)? <b>If YES</b> , enter <i>name of the RRC</i> : _____	Yes ___ No ___ Yes ___ No ___
19. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired?	Yes ___ No ___
20. Are you an unemployed veteran who served on active duty (other than active duty for training) in the Armed Forces of the United States for a period of more than 180 days? <b>OR</b> were you discharged or released from active duty in the Armed Forces for a service-connected disability? If YES, where you discharged or released from active duty in the Armed forces at any time during the 5-year period ending on the hiring date? If YES, did you receive unemployment compensation for not less than four weeks during the one-year period ending on your hiring date?	Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___
21. Are you at least age 16 but under age 25? <b>If YES</b> , did you <b>not</b> regularly attend any secondary, technical, or post-secondary school during the 6-month period before your hiring date? <b>If YES</b> were you not regularly employed during that 6-month period? <b>If YES</b> , were you not employable because you lacked basic skills?	Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___
22. Sources used to document eligibility: ( <b>Employers/Consultants</b> : List all documentation provided or forthcoming. <b>SWAs</b> : List all documentation used in determining target group eligibility and enter your initials and date when determination was made.)	
<b>I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.</b>	
23(a). Signature: (See instructions in Box 23b for who signs this signature block)	23. (b) Indicate with a ✓ who signed the form: <input type="checkbox"/> Employer, <input type="checkbox"/> Consultant, <input type="checkbox"/> SWA, <input type="checkbox"/> Participating Agency, <input type="checkbox"/> Applicant, or <input type="checkbox"/> Parent/Guardian (if applicant is a minor)
24. Date:	



## YOUTH SELF-ATTESTATION FORM Work Opportunity Tax Credit Program

**Instructions:** This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with Form ETA 9061 for each certification request filed.

New Hire Name: \_\_\_\_\_

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

Employer Name: LM Services Corporation

Employer Federal ID (EIN) Number: 43-1724712

**Please check all the statements that apply to you. Sign and date this form where indicated below.**

- In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations.
- I do not have a High School Diploma or GED certificate.
- I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school. I also have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

New Hire's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Privacy Act Notice:**  
The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form, including the Social Security Number, will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

**Public Burden Statement:**  
Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.

VOLUNTARY DISCLOSURE FORM

Government agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment or later advancement in employment.

Sex:  Male  Female

Race/Ethnicity:

Hispanic or Latino-A person of Cuban, Mexican, Puerto Rican, South or Central American, ore other Spanish Culture or origin regardless of race.

White (Not Hispanic or Latino)-A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino)-A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa. Or other Pacific Islands

Asian (Not Hispanic or Latino)-A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example; Cambodia, China, Indian, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More races (Not Hispanic or Latino)-All person who identify with more than one of the above five races.

Veteran  Non-Veteran

Pleas identify where you learned about an employment opportunity with this organization.

Newspaper Ad  Employee Referral  Recruiter  
 Temporary Service  State Employment office  Tech school/college placement  
 Other (please specify): \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_