Welcome to Baylor Scott and White Health!

New Hire Packet
Central Division
New Hire Packet Details

We are excited to have you start employment with us! Your next step is to complete the forms in this packet and attend your Pre-Employment Appointment. This packet contains necessary onboarding documents and information on the following:

A. Pre-Employment Appointment Information
B. New Hire Orientation Details
C. New Hire Packet- Paperwork

Pre-Employment Appointment

The pre-employment appointment includes:

1. Badge Photo/ Forms of Identification
2. Health Assessment

1 Badge Photo/ Forms of Identification

Report to your Regional Human Resources Department. Here is where you will take a badge photo and provide forms of identification.

What to Bring?

FORMS OF IDENTIFICATION:

- **Personal Identification** - Please read carefully acceptable forms of ID listed on the I-9 Form document.

- **NOTE**: Expired ID’s and copies are NOT accepted; we must have the original. In the event of a lost Social Security card or expired driver’s license, ID paper receipts from the DPS and Social Security Administration Office are acceptable.

What to Expect?

**BADGE PHOTO**:

- Your badge photo will capture you from the neck up, so plan your clothing and grooming for a professional look you’ll be proud to display. Don’t forget to smile!

- **NOTE**: APP’s (PA’s, NP’s and CRNA’s) will have their professional photo taken at orientation.
Health Assessment

Please report to Staff Health Services at your scheduled time and date. If you are unable to keep your scheduled appointment contact your recruiter at the HR number below to re-schedule.

<table>
<thead>
<tr>
<th>Human Resources</th>
<th>Staff Health Services</th>
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<tbody>
<tr>
<td>HR Location</td>
<td>Phone</td>
</tr>
<tr>
<td>Temple:</td>
<td>254-724-3772</td>
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<tr>
<td>Round Rock:</td>
<td>512-509-0009</td>
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<tr>
<td>College Station:</td>
<td>979-207-4524</td>
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<td>Hill Country:</td>
<td>830-201-7301</td>
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<tr>
<td>Hillcrest:</td>
<td>254-202-3551</td>
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</table>

What to Bring?

- Photo ID
- All available immunization records- Including proof of influenza, MMR, Chicken Pox vaccination or documentation of past disease, hepatitis B vaccine or proof of positive antibody, and tetanus (DT or Tdap) vaccine.
- Current medications you are on or have taken within the past thirty (30) days.
- Post-Offer Health Assessment form- Submitted electronically.

What to Expect?

- FIT FOR DUTY TEST
  General Health Assessment

- DRUG SCREEN:
  You must provide a urine specimen at your appointment, and will not be able to leave until you are able to do so. It may be helpful to drink 1- 2 glasses of water before arriving. Drug screen will include nicotine testing as we are a Tobacco Free campus.

- Please allow 30 to 90 minutes for your health assessment appointment.

- NOTE: All new employees will be required to present proof of influenza immunization, or will be given the influenza vaccine at their health screening, if the hire date is between September 1 and March 31. Failure to comply can result in offer being rescinded.

On your first day of employment you will attend New Hire Orientation in the areas designated in the email provided to you. Please reference the following for orientation days, times, and campus locations.
1. Print the required forms
2. Fill out ALL applicable fields
3. Review ALL documents for accuracy
4. Turn documents into the HR front desk during your HR/Employee Health visit.
# POST-OFFER HEALTH ASSESSMENT

Last Name:  
First Name:  
MI:  
Home Address:  
City:  
State:  
Zip:  
Telephone #:  
Social Security #:  
Job Title/Duty Hours:  
Start Date:  
Dept/Supervisor:  
Campus/Location:  

## MEDICAL HISTORY

In order to safely and accurately complete your post-offer drug screening, administer any necessary vaccinations or other testing, and carefully assess your ability to perform key job functions, please list any medications taken during the past 30 days that you believe may interfere with your ability to perform essential job functions or successfully complete the drug screening process (including any over-the-counter medications):

List any allergies or sensitivities you have, including food, medications, latex/powdered gloves or other:

Do you have any of the following medical conditions that are relevant to the essential job functions of this position?

- [ ] Epilepsy or Convulsions
- [ ] Fainting/Dizzy Spells
- [ ] Impaired Hearing
- [ ] Abnormal Color Vision
- [ ] Asthma/Shortness of Breath
- [ ] Problems working in High
- [ ] Hernia
- [ ] Chronic Headaches / Migraines
- [ ] Chronic Infection
- [ ] Back Pain or Spinal Disorders
- [ ] Back Surgery
- [ ] Bone or Joint Problems: surgeries or sports injuries
- [ ] High Blood Pressure or Other Cardiac Issues
- [ ] Chronic Skin Problems
- [ ] Diabetes
- [ ] Chronic Pain
- [ ] Vision Problems
- [ ] Other (please describe below)

Do you affirm that you will be able to perform the job duties of the position you are being evaluated for without need for restriction or accommodation? **Yes No** (please circle)

If needed, what restrictions do you feel you will need?

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### FOR STAFF HEALTH USE ONLY

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<td>Tdap</td>
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JOB RISK LEVEL CATEGORIES

**Category 1:** Employees with job responsibilities that include tasks involving exposure to blood, body fluids, tissues, or other potentially infectious materials. (Examples: physicians, nurses, laboratory, dental, dialysis, and environmental services staff, etc.)

The risk level requires proof of vaccination and/or immunity for the following:

- Hepatitis B (Hep B)
- Measles, Mumps, and Rubella (MMR)
- Varicella (Chicken Pox)
- Tetanus, Diphtheria, Acellular Pertussis (Tdap)
- Influenza (Flu)
- Tuberculosis Assessment (TB Screening)

**Category 2:** Employees with job responsibilities that do not routinely include tasks that may involve exposure to blood, body fluids, tissues, or other potentially infectious materials, but that may require performing unplanned tasks involving exposure to these materials as a condition of employment. (Examples: Health Unit Coordinators, clinic desk, pharmacy staff, and facilities maintenance, etc.)

The risk level requires proof of vaccination and/or immunity for the following:

- Hepatitis B (Hep B)
- Measles, Mumps, and Rubella (MMR)
- Varicella (Chicken Pox)
- Tetanus, Diphtheria, Acellular Pertussis (Tdap)
- Influenza (Flu)
- Tuberculosis Assessment (TB Screening)

**Category 3:** Employees with job responsibilities that do not include tasks that may involve exposure to blood, body fluids, tissues, or other potentially infectious materials, and performing unplanned tasks involving these materials is not a condition of employment. (Examples: medical records, administrative/secretarial, and Information Systems staff, receptionists, PSS, etc.)

The risk level requires proof of vaccination and/or immunity for the following:

- Influenza (Flu)
- Tuberculosis Assessment (TB Screening) Upon Hire

PLEASE BRING THE FOLLOWING IMMUNIZATION/VACCINE RECORDS WITH YOU TO YOUR SCHEDULED APPOINTMENT AT EMPLOYEE HEALTH

- Hepatitis B (Hep B)
- Measles, Mumps, and Rubella (MMR)
- Varicella (Chicken Pox)
- Tetanus, Diphtheria, Acellular Pertussis (Tdap)
- Meningitis
- Influenza (Flu)
- TB Skin/Blood Test (within the past year)

I have reviewed the above risk level categories and understand I must meet the above minimum requirements for the appropriate risk level associated with my position in order to be compliant with the Baylor Scott & White Pre-Employment Screening Policy and agree to obtain the necessary vaccination or complete the necessary blood test to meet the minimum requirements.

I also understand that Baylor Scott & White Employee health will provide any vaccinations and/or blood tests necessary for the minimum policy requirements at no cost if I’m unable to produce valid documentation for the appropriate risk level category that has been assigned to my job description.

By my signature I affirm that the above information is true and complete to the best of my knowledge. I acknowledge understanding that omission or misrepresentation of any of the facts stated on this form may be considered an act of dishonesty and grounds for dismissal from Baylor Scott & White.

Employee/Applicant Signature                                  Date

CONFIDENTIAL MEDICAL INFORMATION – FILE IN EMPLOYEE/STAFF HEALTH SERVICES MEDICAL RECORD ONLY
CENTRAL TEXAS DRUG SCREENING CERTIFICATION AND WAIVER

I authorize the release of drug screening results to Baylor Scott & White and also authorize blood, urine or other specimens to be collected and analyzed to determine the presence of narcotics, marijuana, cocaine, and other recreational drugs or substances or their derivatives. I agree to provide the Baylor Scott & White Employee Health department or the MRO with evidence of a valid prescription upon request.

Any questions or concerns I had about this procedure have been fully answered and I voluntarily consent to this employment application and processing request. I further release Baylor Scott & White and its testing laboratory, their employees, agents, and contractors from all liability relating to this testing regimen and the decisions made pursuant thereto regarding my application for or determination of continuing employment.

If I am an applicant completing post-offer, pre-employment screening, in the event I should be employed by Baylor Scott & White, this authorization will be retained throughout my employment tenure.

__________________________________________  ______________________________________
Signature/Date/Time                        Social Security Number

__________________________________________  ______________________________________
Print Applicant Name                        Driver’s License Number and State
# Data Capture Form

## Employee’s General Data

<table>
<thead>
<tr>
<th>First and Last Name: (Must Match SS card)</th>
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<table>
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<tr>
<th>Date of Birth:</th>
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<tbody>
<tr>
<td>Street Name/ Number:</td>
</tr>
<tr>
<td>City:</td>
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| Mobile Phone: | Home Phone: |

## Employee’s Citizenship Information

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<th>Country of Citizenship:</th>
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<th>Do you have a work VISA?</th>
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<tbody>
<tr>
<td>☐ Yes ☐ No</td>
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<table>
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<tr>
<th>If Yes, state country:</th>
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</table>

## EEOC Race- Ethnicity Identification

(Check all that apply)

| ☐ White |
| ☐ Hispanic or Latino |
| ☐ Asian |
| ☐ Black or African American |
| ☐ Native Hawaiian or Pacific Islander |
| ☐ American Indian or Alaska Native |

*During new hire orientation you will be referred to our internal website to verify and complete some onboarding action items. These action items will include the voluntary self-identification of disability and veteran status information.*

Employee Signature: ____________________________

Date: ____________________________

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Name: ________________________________
Start Date: __________________________

Please Rate Your Computer Skills (check one)

☐ No Experience: Never used a computer

☐ Beginner: I can use a mouse and do a few things

☐ Medium: I can handle most things on the computer with no problem

☐ Advanced: I am comfortable working on computers

☐ Expert: I am proficient working on computers and can teach others

*This form allows Human Resources the ability to accommodate you during the New Hire Orientation computer training.

Dietary Restrictions
For Orientation locations that provide a working lunch and light breakfast items, please list any dietary restrictions we should be aware of:

______________________________________________________________________
Online Physician/Provider Profile*

(This page applies to Physician Assistants & Nurse Practitioner’s only)

The most popular pages on our website, sw.org, are the physician/provider directory profiles pages. Each day hundreds of patients search for a provider at Scott & White Healthcare. Not only does your profile information display on our website, it is also included on the S&W Mobile iPhone App. Most importantly, search engines like Google crawl our web pages daily so that your information shows up when a patient is searching for a provider.

To start the process- you will soon receive an email in GroupWise providing you with a excel spreadsheet (see below). **Please complete the form in five business days.** Some of your information may already be pre-populated by the Medical Credentialing office. Once completed, email the spreadsheet to Providerdirectory@swmail.sw.org. Any questions regarding updates or to make changes on should be directed to the same email address. This email address is in GroupWise as “Provider Directory”.

* Please note that per Scott & White policy not all APP’s are currently added to the directory.
Parking Information
Frequently Asked Questions (FAQ’s)

Parking:
Scott & White staff are required to park in designated Staff Parking Lots. Please do NOT park in patient parking areas. Staff who park in patient parking are subject to any of the following: parking tickets, a boot placed on your vehicle, towing of your vehicle, and counseling up to termination.

Off-Duty Staff going to any Scott & White facilities for personal or patient care needs must leave a written note with date, time, and summary of business on the dashboard of vehicle if they park in patient parking areas. Forms are available on InSite (at the Security Services page).

Staff Parking Locations:
Temple Main: (see Temple main campus map)
Children’s Hospital: (see Children’s Hospital campus map)
Continuing Care Hospital: (see CCH campus map)
Round Rock: (see Round Rock campus map)
Santa Fe: (see Santa Fe campus map)
Scott & White Health Plan (see SWHP campus map)
West Campus: (see West campus map)
All other sites: Your supervisor will show you where to park for your building

Handicap Parking Staff:
May park in handicap parking spaces with appropriate placard or license plate. Please park in the appropriate type space (no cars in van accessible spaces).

Vehicle Parking Exception:
Staff with borrowed vehicles, rental vehicles, or new vehicles without plates must park in designated Staff Parking and leave a written note on the dashboard (name, date, time, work phone number). Forms are available on InSite (at the Security Services page).

Vehicle Registration:
All staff working must register their vehicles for employee parking.

Vehicle Sticker Placement:
Attach registration sticker to the outside of the lower left (driver’s side) rear window of your vehicle. Convertibles may attach the sticker to the lower right (passenger’s side) of the front window of the vehicle.

Instructions for Employment Eligibility Verification

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

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 no later than the first day of employment. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.
All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. **A citizen of the United States**

2. **A noncitizen national of the United States**: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. **A lawful permanent resident**: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. **An alien authorized to work**: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

- **a.** Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- **b.** Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).
  - **(1)** If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
  - **(2)** If you obtained your admission number from USCIS within the United States, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

**Preparer and/or Translator Certification**

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

**Minors and Certain Employees with Disabilities (Special Placement)**

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include **(1)** the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and **(2)** the employer writing "minor under age 18" or "special placement" under List B in Section 2.
Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A OR a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should not present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.

2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

   If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:
   a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); and the program end date from Form I-20 or DS-2019.

3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.

4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.

5. Sign and date the attestation on the date Section 2 is completed.

6. Record the employer's business name and address.

7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for ALL new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.
Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the Handbook for Employers: Instructions for Completing Form I-9 (M-274) or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.

2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.

3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.

2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.

2. Record the number and other required document information from the actual document presented.

3. Initial and date the change.

See the Handbook for Employers: Instructions for Completing Form I-9 (M-274) at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.
Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
   a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
   b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:
   a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
   b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

**What Is the Filing Fee?**

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

**USCIS Forms and Information**

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.
You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the Handbook for Employers, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

### USCIS Privacy Act Statement

**AUTHORITIES:** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

**PURPOSE:** This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

**DISCLOSURE:** Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**
Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services  

START HERE. 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-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.  

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)  

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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.  

I attest, under penalty of perjury, that I am (check one of the following):  

☐ A citizen of the United States  

☐ A noncitizen national of the United States (See instructions)  

☐ A lawful permanent resident (Alien Registration Number/USCIS Number): ____________________________  

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) ______________________. Some aliens may write “N/A” in this field. (See instructions)  

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:  

1. Alien Registration Number/USCIS Number: ____________________________  

OR  

2. Form I-94 Admission Number: ____________________________  

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:  

Foreign Passport Number: ____________________________  

Country of Issuance: ____________________________  

Some aliens may write ”N/A” on the Foreign Passport Number and Country of Issuance fields. (See instructions)  

Signature of Employee: ____________________________  

Date (mm/dd/yyyy): ____________________________  

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.  

Signature of Preparer or Translator: ____________________________  

Date (mm/dd/yyyy): ____________________________  

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3-D Barcode  
Do Not Write in This Space  

Employer Completes Next Page
Section 2. Employer or Authorized Representative Review and Verification

Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee’s first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the “Lists of Acceptable Documents” on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing Authority:</td>
<td>Issuing Authority:</td>
<td>Issuing Authority:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Number:</td>
<td>Document Number:</td>
<td>Document Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Document Title: | Document Title: |
| Issuing Authority: | Issuing Authority: |
| Document Number: | Document Number: |
| Expiration Date (if any) (mm/dd/yyyy): | Expiration Date (if any) (mm/dd/yyyy): |

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee’s first day of employment (mm/dd/yyyy): (See instructions for exemptions.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name) First Name (Given Name)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer’s Business or Organization Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Street Number and Name)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2401 S. 31st Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City or Town</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temple</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State TX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip Code 76508</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee’s previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below:

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Document Number:</th>
<th>Expiration Date (if any) (mm/dd/yyyy):</th>
</tr>
</thead>
</table>

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative:</th>
<th>Date (mm/dd/yyyy):</th>
<th>Print Name of Employer or Authorized Representative:</th>
</tr>
</thead>
</table>
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>LIST B</th>
<th>Documents that Establish Identity AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td></td>
<td>1. Driver’s license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
<td>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td></td>
<td>3. School ID card with a photograph</td>
<td>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td></td>
<td>4. Voter’s registration card</td>
<td>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien’s nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td></td>
<td>5. U.S. Military card or draft record</td>
<td>5. Native American tribal document</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td></td>
<td>6. Military dependent’s ID card</td>
<td>6. U.S. Citizen ID Card (Form I-197)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
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<tr>
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<td>8. Native American tribal document</td>
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<tr>
<td></td>
<td></td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
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<tr>
<td></td>
<td></td>
<td>10. School record or report card</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
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</tr>
</tbody>
</table>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.
Pre-Screening Notice and Certification Request for the Work Opportunity Credit

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 received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

2 □ 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 unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

3 □ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

4 □ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

5 □ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

6 □ 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.

7 □ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

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 Privacy Act and Paperwork Reduction Act Notice, see page 2.
**Individual Characteristics Form (ICF)**

**Work Opportunity Tax Credit**

### APPLICANT INFORMATION (See instructions on reverse)

1. **Control No.** (For Agency use only)  
2. **Date Received** (For Agency Use only)

### EMPLOYER INFORMATION

3. **Employer Name**  
4. **Employer Address and Telephone**  
5. **Employer Federal ID Number (EIN)**

### APPLICANT INFORMATION

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: ________________

### APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION

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 date of birth ________________

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 Supplemental Nutrition Assistance Program (SNAP) benefits (Food Stamps) for at least 3 months during the 15 months before you were hired? Yes____No____  
    If YES, enter name of primary recipient ________________ and city and state 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 (whether or not consecutive) during the year before you were hired? Yes No

14. **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?** 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 primary recipient ________________ and city and state where benefits were received ________________.

15. **Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State?** Yes____No____  
    OR, by an Employment Network under the Ticket to Work Program? Yes____No____  
    OR, by the Department of Veterans Affairs? 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?  
   OR, are you a member of a family that received TANF benefits for any 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?  
   OR, 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?  
   If NO, are you a member of a family that received TANF assistance for any 9 months during the 18-month period before you were hired?  
   If YES, to any question, enter name of primary recipient ___________________________ and the city and state where benefits were received ___________________________.  

17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired?  
   If YES, enter date of conviction _______________ and date of release _______________.  
   Was this a Federal _____ or a State conviction _____? (Check one)  

18. Do you live in a Rural Renewal County or Empowerment Zone?  
   Yes ___ No ___  

19. Do you live in an Empowerment Zone and are at least age 16, but not yet 18, on your hiring date?  
   Yes ___ No ___  

20. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired?  
   Yes ___ No ___  

21. Are you a veteran unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired?  
   Yes ___ No ___  

22. 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?  
   Yes ___ No ___  

23. Sources used to document eligibility: (Employers/Consultants: List all documentation provided or forthcoming. SWAs: List all documentation used in determining target group eligibility and enter your initials and date when the determination was made.)  

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.  

24(a). Signature: (See instructions in Box 24(b) for who signs this signature block)  

24. (b) Signatory Options: Indicate with a ✓ mark who signed this form:  
   ☐ Employer, ☐ Consultant, ☐ SWA, ☐ Participating Agency, ☐ Applicant, or ☐ Parent/Guardian (if applicant is a minor)  

25. Date:
INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL CHARACTERISTICS FORM (ICF), ETA 9061. This form is used together with IRS Form 8850 to help state workforce agencies (SWAs) determine eligibility for the Work Opportunity Tax Credit (WOTC) Program. The form may be completed, on behalf of the applicant, by: 1) the employer or employer representative, the SWA, a participating agency, or 2) the applicant directly (if a minor, the parent or guardian must sign the form) and signed (Box 24a) by the individual completing the form. This form is required to be used, without modification, by all employers (or their representatives) seeking WOTC certification. Every certification request must include an IRS Form 8850 and an ETA Form 0061 or 9002, if a Conditional Certification was issued to the individual pre-certifying the new hire as "eligible" under the requested target group.

Boxes 1 and 2. SWA. For agency use only.

Boxes 3-5. Employer Information. Enter the name, address including ZIP code, telephone number, and employer Federal ID number (EIN) of the employer requesting the certification for the WOTC. Do not enter information pertaining to the employer’s representative, if any.

Boxes 6-11. Applicant Information. Enter the applicant’s name and social security number as they appear on the applicant’s social security card. In Box 8, indicate whether the applicant previously worked for the employer, and if Yes, enter the last date or approximate last date of employment. This information will help the “48-hour” reviewer to, early in the verification process, eliminate requests for former employees and to issue denials to these types of requests, or certifications in the case of “qualifying rehires” during valid "breaks in employment" (see pages III-12 and III-13, Nov. 2002, Third Ed., ETA Handbook 405) during the first year of employment.

Boxes 12-22. Applicant Characteristics. Read questions carefully, answer each question, and provide additional information where requested.

On January 2, 2013, President Obama signed into law the American Taxpayer Relief Act of 2012 retroactively authorizing the Empowerment Zones (EZs) and WOTC non-veteran groups from December 31, 2011 through December 31, 2013. This Act also authorized continuation of the Vocational Rehabilitation Act of 2011 expanded veterans and provisions through December 31, 2013. Form Updates. "Empowerment Zones" was added to Box 18 to capture data for Designated Community Residents who must reside in a Rural Renewal County or EZ to be determined eligible for WOTC certification. A new Box 19 was added to this form to capture information on the Summer Youth group activated when the EZs were reauthorized. Members of the Summer Youth group must reside in an EZ to be determined eligible for WOTC certification. Boxes 19-21 were renumbered and are now Boxes 20-22. Box 22 became Box 23, Sources to Document Eligibility.

Box 23 Sources to Document Eligibility. The applicant or employer is requested to provide documentary evidence to substantiate the YES answers in Boxes 12 through 22. List or describe the documentary evidence that is attached to the ICF or that will be provided to the SWA. Indicate in parentheses next to each document listed whether it is attached (A) or forthcoming (F). Some examples of acceptable documentary evidence are provided below. A letter from the agency that administers a relevant program may be furnished specifically addressing the question to which the applicant answered YES. For example, if an applicant answers YES to either question in Box 14 and enters the name of the primary recipient and a copy of the agency letter stating to whom SNAP benefits were paid, the months for which they were paid, and the walls of the individuals included on the grant for each month.

Examples of Documentary Evidence and Collateral Contacts. Employers/Consultants: You may check with your SWA to find out what other sources you can use to prove target group eligibility. (You are encouraged to provide copies of documentation or names of collateral contacts for each question for which you answered YES.)

**QUESTION 12**
- Birth Certificate
- Driver’s License
- School I.D. Card
- Work Permit
- Federal/State/Local Gov’t I.D.
- Copy of Hospital Record of Birth

**QUESTION 13**
- DD-214 or Discharge Papers
- Reserve Unit Contacts or Letters of Separation
- Letter issued only by the Department of Veterans Affairs (VA) on VA Letterhead or bearing the Agency Stamp, with signature, certifying Veteran status or that the Veteran has a service-connected disability.

**QUESTIONS 14 & 16**
- TANF/SNAP (Food Stamp) Benefit History
- Signed statement from Authorized Individual with a specific description of the months benefits that were received
- Case number identifier

**QUESTION 15**
- Vocational Rehabilitation Agency Contact
- Veterans Administration for Disabled Veterans

- Signed Letter of Separation or related document from authorized Individual on DVA letterhead or agency stamp with specific description of months benefits were received.
- For SWAs: To determine Ticket Holder (TH) eligibility. Fax page 1 of Form 8850 to MAXIMUM at: 703-683-1051 to verify if applicant: 1) is a TH, and 2) has an Individual Work Plan from an Employment Network.

**QUESTION 17**
- Parole Officer’s Name or Statement
- Correction Institution Records
- Court Records Extracts

**QUESTIONS 18 & 19**
- To determine if a Designated Community Resident (DCR) lives in a Rural Renewal County, visit the site: www.usps.com. Click on Find Zip Code; Enter & Submit Address/Zip Code; Click on Mailing Industry Information; Download and Print the Information, then compare the county of the address to the list in the Instructions to IRS Form 8850.
- If DCR is a Summer Youth in an Empowerment Zone, check the Instructions to IRS Form 8850, or visit the U.S. Department of Housing and Urban Development’s “locator” at: http://egis.hud.gov/ezrolocator.
TO: THE JOB APPLICANT OR EMPLOYEE,

Privacy Act Statement: 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 will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary. However, the information is required for your employer to receive the federal tax credit. IF THE INFORMATION YOU PROVIDE IS ABOUT A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.

1. Where a Federal/State/Local Gov’t., School I.D. Card, or Work Permit does not contain age or birth date, another valid document must be obtained to verify an individual’s age.

2. ESPL No. 05-98, dated 3/18/98, officially rescinded the authority to use Form I-9 as proof of age and residence. Therefore, the I-9 is not a valid piece of documentary evidence since May 1998.
CTX PARKING PERMIT

ALL STAFF ARE REQUIRED TO REGISTER THEIR VEHICLE

<table>
<thead>
<tr>
<th>LAST NAME:</th>
<th>FIRST NAME:</th>
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<tr>
<td>DEPARTMENT:</td>
<td>EXT:</td>
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CHECK ONE OF THE FOLLOWING:
- [ ] STAFF MEMBER
- [ ] SENIOR STAFF
- [ ] RESIDENT
- [ ] CONTRACTOR
- [ ] ADMINISTRATION
- [ ] OTHER _______________________

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FOR OFFICE USE ONLY

PERMIT #1:

PERMIT #2:

CARD #:

Attach permit to the outside of the lower left (driver’s side) rear window of your vehicle. Convertible may attach the permit to the lower right (passenger’s side) of the front window of the vehicle.