

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

OMB No. 1545-1500

► See separate instructions.

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

Your name Rodney Lester Larson Social security number ► 478-52-1117  
Street address where you live P.O. Box 44847  
City or town, state, and ZIP code Eden Prairie, Minnesota 55344  
County Hennepin Telephone number 952-960-1935

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.

### 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 ► Rodney Lester Larson

Date June 3, 2013

**For Employer's Use Only**

00413

Employer's name **Aerotek, Inc.** Telephone no. **(800)927-8090** EIN ▶ **52-1822806**Street address **2001 Killebrew Drive**City or town, state, and ZIP code **Bloomington, MN 55425**Person to contact, if different from above **ADP Tax Credit Services** Telephone no. **(843) 667-1836**Street address **PO Box 108850/ 2205 Enterprise Drive, Suite C**City or town, state, and ZIP code **Florence, SC 29501**

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  
informationWas  
offered jobWas  
hiredStarted  
job

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** . . . 6 hr., 27 min.

**Learning about the law  
or the form** . . . . . 30 min.

**Preparing and sending this form  
to the SWA** . . . . . 37 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:M:S, 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.

**Request for Verification**

This company participates in various federal and state tax credit programs. The information you provide will be used to determine eligibility for these programs and will in no way negatively impact any hiring, retention, or promotion decisions. Your responses to the questions will only be shared with your employer's management and federal, state and local governmental agencies as needed in the administration of these programs. By completing the form, you knowingly and voluntarily waive any objection to providing your Social Security Number. Any information provided will be used in a manner consistent with the Americans with Disabilities Act (ADA).

2012 ADP Tax Credit Services  
REV (Rev. 01/12)**Section 1: Please print carefully in black or blue ink**

First Name: **RODNEY**

Last Name: **LARSON**

Job Title: \_\_\_\_\_

Starting Hourly Wage: \_\_\_\_\_

Home Address: **P.O. BOX 44847** City: **EDEN PRARIE** State: **MN**

**Section 2: Provide the following information by completing the boxes and filling in the corresponding circles****Social Security Number:****Birth Date (mm-dd-yyyy)****Zip Code:****Job Start Date (mm-dd-yyyy)**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

Under penalty of perjury, I state that the information I provided is, to the best of my knowledge, true, correct and complete. I hereby authorize this company's management, and federal, state, Tribal, and local government agencies to provide information to ADP and/or State Workforce Agencies (SWA), to determine and document eligibility for federal and state tax credit programs.

**Employee Signature***Rodney Lester Larson***Date***June 3, 2013*

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

