



# Walters Buildings

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PHONE: 262-629-5521 - FAX: 262-629-5233 - [www.waltersbuildings.com](http://www.waltersbuildings.com)

## **Dear Prospective Employee**

### **Please Read**

In 2009 the government initiated the American Recovery and Reinvestment act better known as the Stimulus Package. You are being asked for the following information to determine if your potential employer will be eligible for certain tax credit benefits for hiring employees that meet specific eligibility requirements.

The company that you are applying to may be able to obtain certain valuable tax credits based upon your answers to the questions on the two tax documents included with your application. Please take your time and answer the questions carefully, completely, and accurately. This information is requested voluntarily you are not required to complete this questionnaire; however the information is required for your potential employer to receive the federal tax credit.

Government Tax Credits have been expanded in recent years. Your answers to these questions will not affect your eligibility for employment or any benefits you or your family may currently be receiving. Your assistance is appreciated.

Sincerely,

*Carrie Weisser*

Human Resources Manager

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**JACK WALTERS & SONS, CORP.**

P.O. BOX 388 - 6600 MIDLAND COURT - ALLENTON, WI 53002-0388



# Walters Buildings

## APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer

### PERSONAL INFORMATION

Date \_\_\_\_\_

Name (first, middle, last)		Social Security No.	
Address	City	State	Zip
Phone No			

### EMPLOYMENT DESIRED

Position		Date You Can Start	Salary Desired
Ever Applied Before?	Ever Worked Here Before? (if yes when)	Are you Legally Authorized to Work in US?	
Are You at Least 18 Years Old?	Are You Employed Now?	If So May We Contact Your Present Employer?	

### EDUCATION HISTORY

	Name and Location of School	Years Attend	Graduate?	Subjects Studied
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

### GENERAL INFORMATION

Special Training
Special Skills
Please describe experience using manufacturing machines and equipment or office equipment, if any.
Have you eve been convicted of a crime or pleaded no contest for any violation other than minor traffic violations?
If yes—please explain (1. Nature of crime 2. Date of conviction 3. State in which convicted Convictions are not an automatic bar to employment)
Do you have any pending criminal charges against you? <span style="float: right;">If yes please explain (1. Nature of charges 2. Date issued 3. State Issued)</span>

**FORMER EMPLOYERS**

List below last four employers starting with last one first

Date	Month	Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From						
To						
From						
To						
From						
To						
From						
To						

**REFERENCES**

Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address & Phone Number	Business	Years Known

**PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM**

All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.

I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any persons or organization that provides information pertaining to me or my employment.

I understand that upon receiving a job offer, a physical examination, drug screen and lift test may be required. (Note: If this is a job requirement you will be notified.)

Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and my employment may be terminated with or without cause and even without notice at any time, at my option or the companies, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signed by Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Remarks

Interviewed By \_\_\_\_\_


Neatness	Character	Personality	Ability
Hired	Dept	Position	Tent. Date Report
			Wage/Salary

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

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

**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.

Cat. No. 22851L

Form **8850** (Rev. 3-2016)

## Paycom Tax Credit Questionnaire

Paycom will not disclose or use information provided by applicant except in connection with providing the subject services or to the extent otherwise authorized by Client. Answering the following questions is voluntary and does not affect any benefits you or your family may be receiving or your job opportunity. I hereby authorize the release of any information from any federal or state Government Agency including SSA, Dept. of Veterans Affairs, or DMV of any state as to my eligibility for federal or state tax credit programs.

Print Name: First _____ Last _____	Social Security Number (last 4 digits only) XXX -- XX --
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1. Are you at least age 16, but under age 40? **If YES**, enter your date of birth \_\_\_\_\_ Yes  No
2. Have you ever worked for this employer before? **If Yes**, enter last date of employment \_\_\_\_\_ Yes  No
3. Are you in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation? Yes  No
4. Are you a Veteran of the U.S. Armed Forces? **If NO, go to Question 5**  
**If YES**, are you a member of a family that received SNAP (Food Stamps) benefits for at least a 3-month period during the past 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
5. Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) for the 6 months before you were hired? Yes  No   
**OR**, received SNAP 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 \_\_\_\_\_.
6. 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
7. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? Yes  No   
**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? Yes  No   
**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? Yes  No   
**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? Yes  No   
**If YES to any question**, enter name of *primary recipient* \_\_\_\_\_ and the *city and state* where benefits were received \_\_\_\_\_.
8. In the past 12 months, have you had a felony conviction, work release, or prison release? Yes  No   
**If YES**, enter *date of conviction* \_\_\_\_\_ and *date of release* \_\_\_\_\_.  
 Was it a Federal  or a State  conviction? (Check one)
9. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? Yes  No
10. 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   
 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

<b>Employer use only</b>	
Please send this Questionnaire, <b>both pages of the 8850</b> , and any available supporting documentation to: <b>Paycom, ATTN: Tax Credit Dept.</b> <b>7501 W Memorial Rd, MS # 150</b> <b>Oklahoma City, OK 73142</b>	Starting Wage \$ _____
<b>Certification for tax credits is not guaranteed.</b>	Position Title _____
<i>These forms are time sensitive and must be received by Paycom no later than 28 days from the new employee's start date.</i>	Hire Date _____
	Start Date _____