

The Beam Team

Reminder

- New Hire provides a clear copy of Government issued ID showing date of birth. Copy is returned to Corporate with Form 8850.
- New Hire completes the following:
 - Form 8850 including signature and date
 - Form 9600 including signature and date
 - HIRE Act Questionnaire
 - Youth Self-Attestation form (if 24 years of age or younger)

Mail Forms and Copy of ID with New Hire Paperwork to Corporate Office:

Corporate HR
The Beam Team
1350 Bluegrass Lakes Pkwy
Alpharetta, GA 30004

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

▶ See separate instructions.

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

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number (____) _____ - _____

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

- 1 Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 16 but **not** age 25 or older, **and**:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
 - Discharged or released from active duty in the U.S. Armed Forces, **or**
 - Unemployed for a period or periods totaling at least 6 months.
- 5 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months, **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

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

Job applicant's signature ▶ _____

Date ____ / ____ / ____

You just completed a Work Opportunity Pre-Screening Notice. We request that you answer the following questions in order to supply supplemental information to determine if the Company is eligible for certain tax credits. Completion is completely voluntary and will be used solely to determine whether the Company qualifies for certain tax credits. The information you provide below will not affect your personal taxes and will not be used in making any decisions about your employment.

Your Name _____ Social Security No. _____ - _____ - _____ Date of Birth ___/___/___.

Have you ever worked for this company before? yes no (Do not include time working for a temporary agency for the company)

To be completed by your employer

Starting Wage _____ Job Title _____ Date Started _____

Please check yes or no to ALL questions. It is very important that you answer honestly.

___Y___N Are you a member of a **family who has received Public Assistance** (from any government agency) for **ANY NINE MONTHS DURING THE 18 MONTHS PRIOR TO HIRE?**

___Y___N Are you a **veteran AND member of a family** who has received food stamps for **at least three months** during the 15 months preceding the date of hire.

___Y___N Are you a **veteran** who was discharged from active duty within the past 5 years **and received unemployment payments** for 4 or more weeks during the year prior to date of hire?

___Y___N Have you recently **been released from federal or state prison** (within the last year)? Or, have you **participated in a Work Release program?** Conviction Date: _____ Release Date: _____

___Y___N Are you receiving any **Social Security Administration disability benefits (SSDI or SSI)** for yourself (not for your child)?

___Y___N Are you a member of a family that has **received food stamps for six months before the date of hire OR** an able bodied adult without dependents that has received food stamps **for at least three of the five months** before the date of hire AND is no longer receiving food stamps?

___Y___N Are you a member of a family that received public assistance for at least 18 months or received public assistance benefits for any 18 months beginning after August 5, 1997 or stopped being eligible for public assistance after August 5, 1997 because Federal or State Law limited the maximum time those payments could be made

Participant's Authorization for disclosure of information and declaration: Under penalty of perjury, I declare that the above information is true and correct to the best of my knowledge. I also hereby authorize CFO Resources, Inc., my employer, employer representative, or the State Department of Labor to obtain information from my records to determine eligibility for the Work Opportunity Program.. I also authorize the Department of Social Services, Bureau of Rehabilitation Services, Board of Education and Services for the Blind, Department of Veteran's Affairs, Department of Corrections, and Social Security Administration to release the requested information from my records to CFO Resources, Inc., my employer, employer representative or the Department of Labor for that purpose.

Employee Signature _____ Date _____

***If under 18 years of age, requires witness (parent or guardian) signature:

_____ Print Name _____ Signature _____ Relationship

The Beam Team

February 2, 2011

Dear Beam Team New Hire Candidate,

As you may or may not be aware, President Obama signed the HIRE Act on March 17, 2010 allowing employers to recoup some of the corporate taxes paid as a part of the employment stimulus program. This helps enable employers like The Beam Team to continue to provide new jobs, thereby encouraging the growth of the economy.

In order for the Company to be able to participate in the HIRE program, please complete and sign the below form and return it to Human Resources.

Thank you for your cooperation.

Sincerely,

Human Resources
The Beam Team

Hiring Incentives to Restore Employment (HIRE) Act Employee Affidavit
Not valid unless signed by employee

Check one:

I certify that I was unemployed or did not work for anyone for more than 40 hours total during the 60-day period prior to beginning employment at the Beam Team.

I certify that I worked 40 or more hours total during the 60-day period prior to beginning employment at the Beam Team.

Under penalties of perjury, I declare that I have examined this affidavit and, to the best of my knowledge and belief, it is true, correct and complete.

Signature of New Hire Candidate _____ Date __/__/__

Print your name _____



U.S. Department Labor
Employment and Training Administration

OMB Control No. 1205-0371
Expiration Date: November 30, 2011

YOUTH SELF-ATTESTATION FORM Work Opportunity Tax Credit Program

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

New Hire Name: _____

Social Security Number: _____ Date of Birth: _____

Employer Name: The Beam Team

Employer Federal ID (EIN) Number: 42-1610062

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

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

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

New Hire's Signature: _____ Date _____

Privacy Act Notice:

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

Public Burden Statement:

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