



Revised 05/08/18

## APPLICATION PROCEDURE

### PLEASE READ CAREFULLY

1. **APPLICATION:** Please fill in ALL appropriate information and designate which position you are applying for along with a current phone number. Please supply accurate and complete information in all sections of the application. FAILURE TO COMPLETE ALL APPLICABLE SECTIONS MAY RESULT IN NON-PROCESSING OF THE APPLICATION.
2. **EMPLOYMENT/PROFESSIONAL REFERENCES:** Please print your name, indicate the position you are applying for, sign your name and date where indicated. Three Employment References are required per SD 67:42:07:07. However, if former employers are not available, professional references may be contacted. In the addendum, please provide 5 professional references in which we may contact concerning your character and competence. The reference may not be related to you, casual acquaintances or friends. References may also take the form of a letter of recommendation. See the Employment Reference form for more information.
3. **PERMISSION TO SCREEN FOR REPORTS OF ABUSE OR NEGLECT:** Per SD 67:42:15:05, "A staff member may not have on record a substantiated report of abuse or neglect." Please complete permission form by listing your name, date of birth, maiden name (if applicable), other name(s) used, social security number, gender, residences SINCE BIRTH\*, full name of your own child(ren) and their date of birth. Once complete, sign, date and list your current address at the bottom of the page. Return with your completed application. The Academy will submit to the SD Child Protection Agency for processing. Please refer to the full instructions to complete form.
4. **DECLARATION OF PRIOR CRIMINAL CONVICTION AND MILITARY HISTORY:** Per SD 26-6-14.5 for employment in a residence or presence in a child welfare agency this form must be completed. Please complete by listing your name, social security number, date of birth, crimes convicted with the date of sentence or disposition, military service information including the branch, date(s) and type of discharge. Once complete date, sign and list current address at the bottom of the form and return to the Academy with your completed application. Failure to disclose information may lead to immediate termination if discovered after hire.
5. **INVITATION TO IDENTIFY FOR AFFIRMATIVE ACTION PURPOSES:** This information is voluntary; however, it helps to ensure a systematic means of evaluating Affirmative Action goal attainment. Please list your name, position applied for, gender, ethnicity and how you were referred to this job. This information is confidential and will be kept separate from your application.
6. **REQUIRED DOCUMENTS UPON HIRE:** If you are subsequently hired, the following documents will be REQUIRED for New Employee Orientation:
  - a. High school or college diploma or transcript (does not have to be official);
  - b. Two forms of identification that verifies your identity and eligibility to work in the United States. A US Passport satisfies both. OR you may also provide a State-issued drivers license or ID card, school ID card with photo, voters registration card, military ID or draft record, military dependent ID card, Native American tribal document AND Social Security card, original or certified copy of birth certificate, Native American tribal document, certificate of birth abroad issued by Dept. of State;
  - c. And a voided check.

PLEASE RETURN THE APPLICATION TO: Aurora Plains Academy  
1400 E 10<sup>th</sup> Street  
Plankinton, SD 57368

Email [apa.jobs@auroraplains.com](mailto:apa.jobs@auroraplains.com)

Phone (605) 942-KIDS Fax (605) 942-5438

\*Residences SINCE BIRTH must include the city, state and dates you lived at each residence since you were born, up to the present date. Failure to provide this essential information may significantly delay application processing or may disqualify you from consideration for employment.



## APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

### WE HAVE ZERO TOLERANCE FOR ABUSE OF CHILDREN

Position(s) Applied For: _____		Date of Application: _____			
How did you learn about us?					
Advertisement:	<input type="checkbox"/> Television	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Job Board	<input type="checkbox"/> Website: _____	
	<input type="checkbox"/> Employment/State Agency	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Relative	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Employee Referral:	Referred by _____				
First Name _____		Middle Name _____		Last Name _____	
Address _____					
City _____		State _____		Zip Code _____	
E-Mail _____		@ _____		Social Security Number: ____-____-____	
Home Phone: ____-____-____		Cell Phone: ____-____-____		Other Phone: ____-____-____	
Are you available to work:					
		<input type="checkbox"/> Full Time		<input type="checkbox"/> Variable Shift	
		<input type="checkbox"/> Part Time		<input type="checkbox"/> Temporary – From _____ To _____	
On what date would you be available for work? _____					

Have you ever filed an application with us before? \_\_\_\_ YES \_\_\_\_ NO If yes, give date: \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_ YES \_\_\_\_ NO If yes, give dates: \_\_\_\_\_ TO \_\_\_\_\_

Are you currently employed? \_\_\_\_ YES \_\_\_\_ NO May we contact your present employer? \_\_\_\_ YES \_\_\_\_ NO

Are you a US citizen, or do you have an entry permit which allows you to lawfully work in the US? \_\_\_\_ YES \_\_\_\_ NO

Are you at least 21 years old? \_\_\_\_ YES \_\_\_\_ NO

Are you applying as part of an accredited internship program? \_\_\_\_ YES \_\_\_\_ NO

Have you ever been accused of abusing a child? \_\_\_\_ YES \_\_\_\_ NO

Have you ever been convicted of a crime that would indicate harmful behavior towards children? \_\_\_\_ YES \_\_\_\_ NO

Have you ever been convicted for any felony within the preceding five years? \_\_\_\_ YES \_\_\_\_ NO

*(Any "facility" as outlined in SD 67:42:01:01 is prohibited from allowing contact with any individual who has a conviction pursuant to SD 67:42:01:05.01)*

NAME (PRINT) \_\_\_\_\_

## EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School	Name City State/Zip			
Undergraduate College	Name City State/Zip			
Graduate Professional	Name City State/Zip			
Other (Specify)	Name City State/Zip			

## RELEVANT SKILLS

List any special skills or qualifications which you feel are relevant to the job for which you are applying:

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## MILITARY TRAINING

Describe any job related training received in the United States military:

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

What were your duties?

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Did you receive any specialized training? \_\_\_\_ Yes \_\_\_\_ No If yes, please describe:

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NAME (PRINT) \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Please give accurate and complete information. Start with your present or last job. Provide employment history for the preceding ten years (do not refer to resume):

Employer	Dates Employed: From                      to	Responsibilities:
Address	Salary – Hourly rate	
City	Starting	
State                      Zip	Ending	
Telephone:		
Job Title:	Supervisor:	
Reason for leaving:		

Employer	Dates Employed: From                      to	Responsibilities:
Address	Salary – Hourly rate	
City	Starting	
State                      Zip	Ending	
Telephone:		
Job Title:	Supervisor:	
Reason for leaving:		

Employer	Dates Employed: From                      to	Responsibilities:
Address	Salary – Hourly rate	
City	Starting	
State                      Zip	Ending	
Telephone:		
Job Title:	Supervisor:	
Reason for leaving:		

Employer	Dates Employed: From                      to	Responsibilities:
Address	Salary – Hourly rate	
City	Starting	
State                      Zip	Ending	
Telephone:		
Job Title:	Supervisor:	
Reason for leaving:		



## EMPLOYMENT/PROFESSIONAL REFERENCE

\_\_\_\_\_ has applied for the position of \_\_\_\_\_ at Aurora Plains Academy, a residential treatment center for adolescents with emotional, behavioral and mental issues. The applicant would be directly involved in the day-to-day care of these children. You were listed by the applicant as a PREVIOUS EMPLOYER OR PROFESSIONAL REFERENCE. We would greatly appreciate your assistance in completion of the following evaluation.

Your statements are in strictest confidence and will not be shared with the applicant.  
Employment/Professional References are required per SD 67:42:07:07.

I HEREBY AUTHORIZE THE RELEASE OF INFORMATION TO AURORA PLAINS ACADEMY.

X \_\_\_\_\_  
Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_



**APPLICANT: STOP HERE. REFERENCE WILL BE COMPLETED BY THE ACADEMY. PLEASE  
SUBMIT THIS FORM WITH YOUR COMPLETED APPLICATION.**



Name of reference: \_\_\_\_\_ Title: \_\_\_\_\_

Contact number: (\_\_\_\_) \_\_\_\_\_ In what capacity do you know the applicant \_\_\_\_\_

Applicant's starting position/title: \_\_\_\_\_ How long have you known the applicant: \_\_\_\_\_

Applicant's ending position/title: \_\_\_\_\_ Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Is the applicant eligible for rehire in your organization?  Yes  No  
If not, why?

\_\_\_\_\_  
\_\_\_\_\_

On a scale of 1 to 5, 1 being poor and 5 being excellent; please rate the following:

Comments:

- |   | 5 | 4 | 3 | 2 | 1 |       |
|---|---|---|---|---|---|-------|
| 1. How would you rate the quality of the applicant's work?                                      |   |   |   |   |   | _____ |
| 2. How would you rate the applicant's punctuality in attendance?                                |   |   |   |   |   | _____ |
| 3. How would you rate the applicant's ability to meet deadlines and time frames for paperwork?  |   |   |   |   |   | _____ |
| 4. How would you rate the applicant's ability to handle stressful situations?                   |   |   |   |   |   | _____ |
| 5. How would you rate the applicant's ability to accept suggestions and constructive criticism? |   |   |   |   |   | _____ |
| 6. How would you rate the applicant's individual initiative?                                    |   |   |   |   |   | _____ |
| 7. How well did the applicant relate to others?   |   |   |   |   |   | _____ |
| 8. How would you rate the applicant's cooperation?  |   |   |   |   |   | _____ |
| 9. How would you rate the applicant's conduct?  |   |   |   |   |   | _____ |

What would you say would be the applicant's strong point(s) or area(s) in which they excel?

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What would you say would be the applicant's weak point(s) or area(s) of improvement?

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Do you have any reason why the applicant should NOT be employed with emotionally disturbed children?  Yes  No  
If yes, please explain

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Is there anything else you would like to add that would aid us in our evaluation of the applicant?

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Thank you for your time and willingness to participate in this reference check. All comments made will be held in the strictest of confidence and only revealed if court ordered.

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Completed by PRINT NAME

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Date

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Completed by Signature

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Title

NOTE: EMPLOYER/PROFESSIONAL REFERENCES MAY ALSO TAKE THE FORM OF A LETTER OF RECOMMENDATION FROM A PROFESSIONAL SOURCE. THE LETTER MUST INCLUDE INFORMATION CONCERNING THE APPLICANT'S CHARACTER AND COMPETENCE. LETTERS OF REFERENCE MUST BE SENT SEPARATELY FROM THE APPLICATION AND MUST BE SIGNED BY THE AUTHOR. TYPED LETTERS WITHOUT A SIGNATURE WILL NOT BE ACCEPTED. LETTERS MAY BE SENT TO: AURORA PLAINS ACADEMY, ATTN: HR, 1400 E. 10<sup>TH</sup> ST., PLANKINTON, SD 57368 OR FAXED TO (605) 942-5438, ATTN: HR



## EMPLOYMENT/PROFESSIONAL REFERENCE ADDENDUM

Please list five (5) professional references that are not related to you, and are not casual acquaintances, friends or relatives. Examples of acceptable references include but are not limited to past employers, colleagues, teachers or professors. Please state how you know the reference where indicated. References must be on record before the application is considered complete.

Name  Association with reference:	Home Phone: _____ - _____ - _____  Cell Phone: _____ - _____ - _____  Work Phone: _____ - _____ - _____  Email:
Name  Association with reference:	Home Phone: _____ - _____ - _____  Cell Phone: _____ - _____ - _____  Work Phone: _____ - _____ - _____  Email:
Name  Association with reference:	Home Phone: _____ - _____ - _____  Cell Phone: _____ - _____ - _____  Work Phone: _____ - _____ - _____  Email:
Name  Association with reference:	Home Phone: _____ - _____ - _____  Cell Phone: _____ - _____ - _____  Work Phone: _____ - _____ - _____  Email:
Name  Association with reference:	Home Phone: _____ - _____ - _____  Cell Phone: _____ - _____ - _____  Work Phone: _____ - _____ - _____  Email:

*We must have a total of three (3) employment/professional references per applicant per SD 67:42:07:07 prior to making an offer of employment.*

**DECLARATION OF PRIOR CRIMINAL CONVICTION AND MILITARY HISTORY**

As required by SDCL 26-6-14.5 for employment, residence or presence in a child welfare agency, this declaration must be completed and retained in the employee/provider/volunteer file. For adoptive and foster homes approved/licensed by DSS, a copy of the form should be submitted with FBI fingerprint cards to the Office of Child Protection Services, 700 Governors Drive, Pierre, SD 57501-2291.

**Reason for Criminal Record Check**  
 \_\_\_\_\_ Applicant or \_\_\_\_\_ Adult Household Member for \_\_\_\_\_ Adoption \_\_\_\_\_ Foster Care \_\_\_\_\_ Kinship Care  
 Or \_\_\_\_\_ Applicant or Volunteer in Licensed Child Welfare Agency

The following comprises a complete history of prior criminal convictions and military history for:

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

Soc Sec #: \_\_\_\_\_; Birthdate: \_\_\_\_\_

Crime Convicted Of	Date of Conviction	Sentence or Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Branch of Service	Dates of Service	Type of Discharge
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby declare and affirm under penalty of perjury that the foregoing information is true and correct to the best of my knowledge and belief. I understand my fingerprints are being submitted for criminal record checks for the purpose of, adoption or kinship care approval, foster home licensure, household member in a licensed or approved resource home, or for employment or a volunteer in a licensed child welfare agency. I have been informed I may review my criminal history record information or challenge the finding of an FBI criminal record check by contacting the local jurisdiction that submitted the information to the FBI or by writing to FBI CJIS Division – Record Request (Use "FBI CJIS Division – Correspondence Group" for challenge); 1000 Custer Hollow Road; Clarksburg, West Virginia 26306 as outlined in 28 CFR 16.34.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Agency Return Address**

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Agency & Contact Person Name)

\_\_\_\_\_  
 Street Address and/or PO Box Number

\_\_\_\_\_  
 Street Address and/or PO Box Number

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 City State Zip



INSTRUCTIONS FOR COMPLETING PERMISSION FORM

1. Each applicant and all other required person age 10 years or older must complete and sign a Permission to Screen for Reports of Abuse or Neglect form. Please complete in blue or black ink only on white paper.
2. From choices listed, mark correct  box to indicate the appropriate facility/provider type.
3. List on the first blank line of this form, the type of license or registration or employment position for which you have applied (this will vary for each person). Examples are, but are not limited to:

Family Day Care applicant	Adoption Applicant	Child to Applicant	Teacher	Facility Director
Facility/Program Administrator	Foster Care Applicant	Site Assistant	Volunteer	Facility Driver
Secondary Child Care Worker	Spouse of Applicant	Site Coordinator	Facility Cook	GFDC Operator
Other household member	Youth Care worker			

4. PRINT your full name on the appropriate line. This would be your current legal first, middle, and last name. The listing of your date of birth must include the month, day and year you were born.
5. List your maiden name on the appropriate line. If this section does not apply to you, write N/A (meaning not applicable) in this area.
6. List any other names you have used on the appropriate line. Examples of such name would be nicknames; any abbreviated versions of your full name (i.e., William/Bob or Edward/Ed); previously married names; a birth name; or any other names that have been used.
7. List your social security number, sex and your race and resource# if applicable.
8. List all cities, states, and the years you lived there from age 10 to present on the appropriate lines. If you need additional space, please use another blank sheet of paper and be sure to include your first and last name.
9. List the full name (first, middle, last name at birth) and date of birth for **all of your own children** (even if the children are adults, deceased or do not live with you). Do **not** list the names of other people's children for whom you provide care (i.e., daycare children, children in foster care, children not yet born).
10. SIGN your name at the bottom of the form. If the screening is for a person under 18 years of age, this person's parent or legal guardian must sign the form. Include your current full mailing address at the bottom of the form.
11. Complete the Agency Information by listing the agency's name as it appears on their license, agency complete mailing address and telephone number, and the agency's license number as it appears on their license. If the agency has applied for a licensed but has not yet received its beginning license, mark where indicated.
12. Return your completed permission form to the appropriate agency.

If any information is found that would prohibit the issuance of a child welfare license or registration or prohibit employment with a licensed or registered child welfare agency, the individual will be notified of the screening results and be informed of their right to request a hearing on the matter if they have not received previous notice. Once proper notification has been accomplished, the Department will notify the licensed or registered agency of the screening results.

**FAILURE TO LIST ALL INFORMATION OR COMPLETE ALL QUESTIONS WILL DELAY THE SCREENING PROCESS.**

Check ONE box that corresponds with the facility type or Reason for this request.

- Adoption
- Before & After School Center
- Child Placement Agency
- Foster Home
- Group/Residential Facility

- Head Start Program
- Independent Living Prep Program
- In-Process Regulated Child Care
- Child Advocacy Centers
- Regulated Child Care Program

- Relative/Other Caretaker (DOC)
- Relative Placement (CPS)
- Tribal Child Welfare
- CASA
- Other: \_\_\_\_\_

(Please read instruction on back of this form before completing)

### SOUTH DAKOTA PERMISSION TO SCREEN FOR REPORTS OF ABUSE OR NEGLECT

In connection with my application/approval, as a(n) \_\_\_\_\_ I understand that my name must be screened for substantiated reports of abuse or neglect in South Dakota and any other states in which I have resided since age 10. My signature authorizes that South Dakota Department of Social Services, and any other state, to search any information systems and any central registry for child abuse and neglect they may have, and review records, identified in the search which may provide information related to reports and investigations of abuse or neglect. My signature authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the South Dakota Department of Social Services.

FULL Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Maiden Name: \_\_\_\_\_ Other Names Used: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Resource #: \_\_\_\_\_

List All Prior City, State and Years lived since age 10 (ie., 1989-2010):

City	State	Date

Use additional blank sheet of paper if necessary

City	State	Date

List Full Name (First, Middle, Last Name at birth) and Date of Birth of ALL of your children:

(Do not list other people's children for whom you might provide daycare)

First	Middle	Last	DOB(MM/DD/YY)

First	Middle	Last	DOB(MM/DD/YY)

The Department of Social Services, it's staff and agents are released from any and all liability based upon information transmitted through this authorization, as long as such information is given in good faith.

My Signature further authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the agency listed below.

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

Your Current Address: \_\_\_\_\_

Agency Contact Person Phone Number & E-mail	Agency Name & Address	Provider/Agency License Number
_____	_____	_____
_____	_____	<input type="checkbox"/> N/A – DSS field office/Head Start
_____	_____	<input type="checkbox"/> N/A – license not yet issued



## APPLICANT'S STATEMENT

Please read the following statements carefully before you sign your name.

\*I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statements or omissions by me in the Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to this Company.

*I have read, understand and agree to the above statement.* \_\_\_\_\_ (Initial here)

I understand that no representative of the Company has the authority to enter into any agreement for employment for any specified period of time and that this Company is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this Company.

*I have read, understand and agree to the above statement.* \_\_\_\_\_ (Initial here)

I further understand that any subsequent employment opportunity with Aurora Plains Academy shall be subject to an unemployment probationary period for the first 90 days of employment, per SD 61-5-29, which states "was discharged or suspended for inability or incompetence to successfully complete a ninety-day probationary period established between the employer and employee at the time of employment."

*I have read, understand and agree to the above statement.* \_\_\_\_\_ (Initial here)

I understand that this application will remain on file for six (6) months for consideration. After six months, if I am still interested in a position with this Company, it will be necessary for me to complete a new application form.

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

▶ See separate instructions.

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

Your name \_\_\_\_\_ Social security number ▶ \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number (\_\_\_\_) \_\_\_\_\_

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

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

**Signature—All Applicants Must Sign**

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

Job applicant's signature ▶ \_\_\_\_\_

Date / /

For Employer's Use Only

Employer's name \_\_\_\_\_ Telephone no. ( ) - EIN ▶ \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Person to contact, if different from above \_\_\_\_\_ Telephone no. ( ) -

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) . . . . . ▶ \_\_\_\_\_

Date applicant:

Gave information \_\_\_\_/\_\_\_\_/\_\_\_\_ Was offered job \_\_\_\_/\_\_\_\_/\_\_\_\_ Was hired \_\_\_\_/\_\_\_\_/\_\_\_\_ Started job \_\_\_\_/\_\_\_\_/\_\_\_\_

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job \_\_\_\_\_

Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping . . . . .3 hrs., 16 min.
Learning about the law or the form . . . . . 46 min.
Preparing and sending this form to the SWA . . . . . 42 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

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



**INVITATION TO IDENTIFY FOR AFFIRMATIVE ACTION PURPOSES**

Our organization is committed to the employment and advancement of minorities, females, individuals with disabilities, and veterans. If you fall into one of these protected classifications, we invite you to identify yourself and receive coverage under our company's Affirmative Action Plan. You may inform us of your desire to benefit under the program at this time and/or any time in the future.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with the Acts.

NAME (PRINT) \_\_\_\_\_

POSITION: \_\_\_\_\_

PLEASE CHECK ONE:  Male  Female

INDICATE THE APPROPRIATE RACE/ETHNIC GROUP:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> White                                | <input type="checkbox"/> Asian  | <input type="checkbox"/> Hispanic or Latino (All Races)          |
| <input type="checkbox"/> Black/African American               | <input type="checkbox"/> Native Hawaiian or<br>Other Pacific Islander | <input type="checkbox"/> Hispanic or Latino (White Race Only)    |
| <input type="checkbox"/> American Indian or<br>Alaskan Native |   | <input type="checkbox"/> Hispanic or Latino (All Other<br>Races) |

HOW WERE YOU REFERRED TO THIS JOB?

- |  |  |
|--|--|
| <input type="checkbox"/> Advertisement     | <input type="checkbox"/> School/College                |
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> State Job Service             |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Temporary Agency              |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Walk In                       |
| <input type="checkbox"/> Recruiter         | <input type="checkbox"/> Other (Please specify): _____ |
|  | _____  |
|  | _____  |