

Applicant Information

Full Name: _____ Date: _____
 Last First Middle

Address: _____
 Street Address (please provide at least 5 yrs residence history) City/State/Zip

Prev. Address: _____
 Street Address City/State/Zip

Prev. Address: _____
 Street Address City/State/Zip

Phone: _____ Email Address: _____

DL or ID Card # _____ STATE _____ Date Available: _____

Position Applied for: _____ Property Name: _____

Are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for Commonwealth? YES ☐ NO ☐ If so, when and where? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list applicable professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: ()

Address: _____ Supervisor: _____

Job Title: _____ Starting Date: _____ Ending Date: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
 ☐ ☐

Company: _____ Phone: ()

Address: _____ Supervisor: _____

Job Title: _____ Starting Date: _____ Ending Date: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
 ☐ ☐

Company: _____ Phone: ()

Address: _____ Supervisor: _____

Job Title: _____ Starting Date: _____ Ending Date: _____

Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
 ☐ ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

NOTICE AND AUTHORIZATION OF USE OF CONSUMER REPORTS
FOR EMPLOYMENT PURPOSES

AS A CONDITION OF EMPLOYMENT WITH COMMONWEALTH REAL ESTATE SERVICES, A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT MAY BE OBTAINED FOR EMPLOYMENT PURPOSES WHEN EVALUATING YOUR ELIGIBILITY FOR EMPLOYMENT, PROMOTION, REASSIGNMENT, AND/OR RETENTION.

I, _____, HEREBY AUTHORIZE COMMONWEALTH REAL ESTATE SERVICES TO OBTAIN A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT ON MYSELF FOR THE PURPOSE OF EVALUATING MY ELIGIBILITY FOR EMPLOYMENT, PROMOTION, REASSIGNMENT, AND/OR RETENTION WITH COMMONWEALTH REAL ESTATE SERVICES.

I UNDERSTAND THAT SUCH REPORTS MAY INCLUDE INFORMATION BEARING UPON MY CREDIT WORTHINESS, CREDIT STANDING, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND/OR MODE OF LIVING. I FURTHER ACKNOWLEDGE THAT SUCH INFORMATION MAY BE OBTAINED THROUGH PERSONAL INTERVIEWS WITH ANY PERSON WHO HAS KNOWLEDGE OF SUCH INFORMATION.

I UNDERSTAND THAT I HAVE THE RIGHT TO REQUEST THE COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF ANY INVESTIGATIVE CONSUMER REPORT PERFORMED, AND HEREBY ACKNOWLEDGE RECEIPT OF THE FEDERAL TRADE COMMISSION'S SUMMARY OF CONSUMER RIGHTS ENCLOSED HEREIN.

I AUTHORIZE AND REQUEST EVERY PERSON, FIRM, COMPANY, CORPORATION, GOVERNMENTAL AGENCY, COURT, COLLEGE UNIVERSITY, SCHOOL DISTRICT, OR OTHER EDUCATION INSTITUTION, LAW ENFORCEMENT OFFICE, AND ANY OTHER ENTITY HAVING CONTROL OR POSSESSION OF ANY INFORMATION PERTAINING TO ME OR MY BACKGROUND TO FURNISH SAME TO ANY REQUESTING PARTY COMPILING INFORMATION FOR THE PURPOSE INDICATED HEREIN.

Date:_____ Applicant's Signature:_____

Name:_____ Social Security No or TIN:_____*

Address:_____ Date of Birth:_____*

_____ Phone:_____

**Responses to these questions are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the event we discover adverse information during our background investigation*



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 interviewing with may be able to obtain certain valuable tax credits based upon your answers to the questions on the two attached documents. 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,

Kristine Rupp
Human Resources Manager

**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.

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

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 ☐
If YES, what state did you receive unemployment compensation in? _____

4. Are you a Veteran of the U.S. Armed Forces? If NO, go to Question 5 Yes ☐ No ☐
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 ☐

Employer use only

Please send this Questionnaire, **both pages of the 8850**, and any available supporting documentation to:

Paycom, ATTN: Tax Credit Dept.
7501 W Memorial Rd, MS # 150
Oklahoma City, OK 73142

Starting Wage \$ _____

Position Title _____

Hire Date _____

Start Date _____

Certification for tax credits is not guaranteed.

These forms are time sensitive and must be received by Paycom no later than 28 days from the new employee's start date.