

PROOF OF THE PUDDING BY MGR, INC.



P/R FILE NUMBER: PROPERTY:
 OPEN: DEPARTMENT:

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name (Last Name First): Social Security:
 Present Address: City: State: Zip Code:
 Mailing Address: City: State: Zip Code:
 Home# Cell# Email:

EMPLOYMENT DESIRED

Position Applied For: Salary Desired: Start Date:
 Are You Employed Now? Yes No If so, may we inquire? Yes No
 Ever Applied to this Company before? Yes No

Please Check All That Apply Below: Where? When?

	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	
Breakfast Shift:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Typically 5 AM - 11 PM
Lunch Shift:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Typically 9 AM - 3 PM
Dinner/Reception Shift:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Typically 3 PM - 11 PM

EDUCATION HISTORY

Grade Level	Name & Location of School	Years There:	Graduate?	Subjects Studied
High School				
College				
Trade School				
US Military and Rank				

FORMER EMPLOYERS

(LIST BELOW THE LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

Date, Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
To: From:				
To: From:				
To: From:				
To: From:				



REFERENCES

Name	Address	Business	Years Known

Have you ever been convicted of a felony within the last 5 years? Yes No

IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damages that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period off time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

EMPLOYMENT ACKNOWLEDGEMENT

I understand that due to the Cyclical nature of the catering business, that the employment I may be offered by Proof of the Pudding by MGR, Inc. is part time in nature. While full-time hours may be available seasonally they can not be guaranteed on a continual basis.

Applicant Signature: Date:

Interviewed by: Date:

DO NOT WRITE BELOW THIS LINE

Remarks:

Neatness: Character: Hired:

Personality: Ability: Salary:

Position: Department: Start Date:

Approved by:

Employment Manager Department Manager General Manager



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
John Doe
ABC Manufacturing

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? Yes ___ No ___
 If YES, enter your date of birth _____
2. Have you ever worked for this employer before? Yes ___ No ___
 If Yes, enter last date of employment _____
3. Have you been unemployed or have not worked for anyone for more than 40 hours during the past 60-day period? Yes ___ No ___
4. Are you a Veteran of the U.S. Armed Forces? Yes ___ No ___
 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 ___
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10. Are you an *Unemployed Veteran* who served on active duty (other than active duty for training) in the Armed Forces of the United States for a period of more than 180 days? Yes ___ No ___
OR, were you discharged or released from active duty in the Armed Forces for a service-connected disability? Yes ___ No ___
If YES, were you discharged or released from active duty at any time during the 5-year period ending on the hiring date? Yes ___ No ___
If YES, did you receive unemployment compensation for not less than four weeks during the one-year period ending on your hiring date? Yes ___ No ___
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11. Are you at least 16 but under age 25? Yes ___ No ___
If YES, did you not regularly attend any secondary, technical, or post-secondary school during the 6-month period before your hiring date? Yes ___ No ___
If YES, were you not regularly employed during that 6-month period? Yes ___ No ___
If YES, were you not employable because you lacked basic skills? Yes ___ No ___
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12. If you lived in the area impacted by Hurricane Katrina on August 28, 2005, please enter the address, including county or parish and state where you lived at that time.

 Street Address

 City, State, Zip

 County or Parish

Employer use only

Please send both pages of this Questionnaire, **both pages of the 8850 (with original signatures)**, supporting documentation to:
 Paycom, ATTN: Tax Credit Dept.
 7501 W Memorial Rd, MS # 150
 Oklahoma City, OK 73142

This documentation is time sensitive and must be received by Paycom no later than 21 days from the new employee's start date to allow Paycom to time to review and submit the new employee's package to the State Workforce Agency. Request for certification does not guarantee approval.

Starting Wage \$ _____

Position Title _____

Hire Date _____

Start Date _____

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 _____ 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.

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 _____