

Employee Certificate of Qualification For HIRE Act

1. Name of Employee _____ Number _____
2. According to _____ employment records, you were employed by
(Company Name)
_____ after February 3, 2010, and before January 1, 2011. What was
(Company Name)
your date of employment by _____:
(Company Name) (Date of Employment)
3. Were you employed for more than 40 hours during the 60-day period
prior to your date of employment by _____ yes no
(Company Name)
4. Are you related in any manner, other than employment, to
_____, or an owner of the company yes no
(Company Name)
5. If answer to 4 is yes, please explain relationship.

Under penalty of perjury, I declare that the information contained in this document is true and correct to the best of my knowledge and belief.

Employee Signature

Date

Employer Only Section

Employee Name _____ **Number** _____

1. Verify employment date provided by employee to company records
2. If answer to employee question 3 above is yes, the employee does not qualify for qualified employer new hire benefits. No further action needed. See employer item 6.
3. If answer to employee question 3 above is no,
 - (a) Did employee replace an employee that left employment on a non-voluntary basis or without cause yes no
 - (b) Does the relationship of employee to the company disqualify employee from the work opportunity tax credit yes no

Employer Only Section

Employee Name _____

Number _____

4. If answer to employer question 3(a) and 3(b) are both no, the employee is eligible for qualified employee status and reduced payroll tax under the HIRE Act. Notify payroll accounting to claim benefits. See employer item 6.
5. If answer to either employer question 3(a) or 3(b) is yes, employee does not qualify for employer new hire benefits. No further action is needed. See employer item 6.
6. Person responding to employer section should sign and date this form and place this Certification in the Employee File.

Employer Representative

Date