



Florida Department of Commerce

Work Opportunity Tax Credit Program

ELIGIBILITY VERIFICATION FORM

SECTION I - Applicant Information

Name:

Social Security No:

Date of Birth:

Hire Date:

I hereby authorize agencies, organizations, or individuals to release the information below to the Florida Department of Commerce, Employer Support Services Unit, 107 East Madison Street, MSC# G-300 Tallahassee, Florida 32399-4140. I understand that this information will be used solely for the purpose of qualifying my employer for the Work Opportunity Tax Credit (WOTC) program.

Job Applicant Signature:

Date:

VOCATIONAL REHABILITATION TARGET GROUP: Check the applicable statement below.

Applicant was referred to employer upon completion of IPE/IWRP

Completion Date: _____

Applicant was referred to employer, but is still receiving IPE/IWRP services

IPE/IWRP Start Date: _____

EX-FELON TARGET GROUP: Check the applicable statement below.

Applicant was convicted of a felony in the past year

Conviction Date: _____

Applicant was placed under Community Supervision (Probation/Parole) in the past year, Community Supervision Start Date: _____

Applicant was released from prison or jail in the past year

Prison Release Date: _____

Applicant was transferred from prison into a Work Release program in the past year

Transfer Date: _____

SECTION II: To be completed and signed by Authorized Agency Official or Court Official Only

Perjury Statement: Under penalty of perjury, I certify that the information provided herein is true and correct to the best of my knowledge. I understand that this information may be subject to verification.

Name of Agency:

Name of Authorized Official:

Title:

Email Address:

Phone Number:

Signature of Authorized Official:

Date: