



Straub International is an equal opportunity employer

DIRECTIONS:

- Type or print, using blue or black ink
 - If you need additional space, attach a supplemental sheet
 - Sign the completed application
- PLEASE COMPLETE THE ENTIRE APPLICATION**

GENERAL

NAME	(LAST)	(FIRST)	(MIDDLE)	DATE OF APPLICATION
ADDRESS			PHONE - DAY	PHONE - EVENING
CITY, STATE, ZIP CODE			PHONE - CELL	ARE YOU 18 YEARS OF AGE OR OVER? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF HIRED, CAN YOU PROVIDE PROOF OF CITIZENSHIP OR LEGAL RIGHT TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO			EMAIL ADDRESS	

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE (including driving under the influence or similar offense) OTHER THAN MINOR TRAFFIC VIOLATIONS? YES NO
 IF YES, PLEASE EXPLAIN. A CRIMINAL CONVICTION WILL BE CONSIDERED ONLY IN RELATION TO THE JOB FOR WHICH YOU ARE APPLYING. SERIOUSNESS AND NATURE OF THE OFFENSE, TIME ELAPSED, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT.

POSITION

TYPE OF POSITION APPLYING FOR	LOCATION (circle one): GREAT BEND, SALINA, HUTCHINSON, WICHITA, MARION, PRATT, LARNED	
DATE AVAILABLE:	<input type="checkbox"/> FULL-TIME REGULAR <input type="checkbox"/> PART-TIME REGULAR	WAGE/ SALARY EXPECTED
POSITION DESIRED:	<input type="checkbox"/> TEMPORARY	

EMPLOYMENT RECORD

LIST MOST RECENT EMPLOYMENT FIRST

START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGE/SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
ADDRESS, CITY, STATE, ZIP				PHONE

POSITION DESCRIPTION

START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGE/SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
ADDRESS, CITY, STATE, ZIP				PHONE

POSITION DESCRIPTION

START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGE/SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
ADDRESS, CITY, STATE, ZIP				PHONE

POSITION DESCRIPTION

EDUCATION & TRAINING

COLLEGE, UNIVERSITY, TECHNICAL SCHOOL	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL CITY & STATE
COLLEGE, UNIVERSITY, TECHNICAL SCHOOL	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL CITY & STATE
LAST HIGH SCHOOL ATTENDED	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL CITY & STATE
OTHER	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL CITY & STATE

LIST LICENSES, FOREIGN LANGUAGES, COMPUTER SKILLS, OFFICE EQUIPMENT, OR OTHER SKILLS & TRAINING YOU CONSIDER RELEVANT TO EMPLOYMENT AT STRAUB INTERNATIONAL.

LANGUAGE ABILITY—LIST THOSE YOU COULD USE IN YOUR WORK

ENGLISH	SPEAK <input type="checkbox"/>	READ <input type="checkbox"/>	WRITE <input type="checkbox"/>	SPANISH	SPEAK <input type="checkbox"/>	READ <input type="checkbox"/>	WRITE <input type="checkbox"/>	OTHER	SPEAK <input type="checkbox"/>	READ <input type="checkbox"/>	WRITE <input type="checkbox"/>
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PROFESSIONAL ORGNAIZATIONS, ASSOCIATIONS, HONORS, CERTIFICATIONS, PROFESSIONAL LICENSES AND PUBLICATIONS YOU CONSIDER SIGNIFICANT. PLEASE INDICATE THE PROFESSIONAL LICENSE NUMBER AND ORGANIZATION OR STATE OF ISSUANCE

AUTHORIZATION

I hereby certify that the answers and statements to the foregoing questions are true and correct without any misstatements or omissions of any kind. I hereby agree that any falsification or omission contained in this information shall be considered good and sufficient cause for discharge from employment.

If I am seriously considered for employment, I will be asked to provide my Social Security number for purposes of conducting a background check and verifying my employment eligibility. I hereby authorize Straub International to investigate my background, work experience, criminal record, financial and credit record. Therefore, I hereby authorize the companies or persons named above to give any information concerning me or my employment. I further authorize and consent to the release of information pertaining to me from any companies, credit agencies or bureaus contacted by Straub International pertaining to the foregoing. I hereby release said companies, credit agencies or persons furnishing information to Straub International pursuant to this authorization from all liability for any damage whatsoever for issuing this information.

If I am hired, I hereby authorize Straub International to deduct from wages due me at any time the value of any unreturned company property of Straub International entrusted to me during the course of my employment.

I agree to abide by all employment and operational rules and regulations of Straub International now in force or that may be established.

I understand that my application will be considered for any appropriate job opportunity with Straub International that may exist now and for the next six months. It is my understanding that this notification may be made in person or by telephone. I FURTHER UNDERSTAND THAT THIS IS AN APPLICATION FOR EMPLOYMENT AND THAT NO EMPLOYMENT CONTRACT IS BEING OFFERED.

Date _____

Signature _____

NO PERSON SHALL BE DENIED EMPLOYMENT ON THE BASIS OF RACE, COLOR, ETHNICITY, NATIONAL ORIGIN, GENDER, RELIGION, or DISABILITY.

Employment is contingent upon furnishing evidence of identity and employment eligibility and passing a pre-employment drug screening and background check, including MVR.

REFERENCES

LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION

NAME/TITLE	MAILING ADDRESS	PHONE



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

Kathy Straub
Straub International

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.

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 Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 22851L

Form 8850 (Rev. 3-2015)

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 Yes ___ No ___
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 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 _____