



**CITY OF OAKLAND
HIRING VOUCHER CHECKLIST**

**CALIFORNIA STATE
ENTERPRISE ZONE HIRING TAX CREDIT**

Workforce Investment Board
Reaching Business

EMPLOYER INFORMATION

Business name: _____	Business contact: _____
Address: _____	City/State/Zip: _____
Business Phone #: _____	Business ID #: _____
Agent ID #: _____	Location ID #: _____

APPLICANT INFORMATION *(Provide address at the time of hire)* **TEA Resident? Yes: No:** **Q1**

Last Name: _____	First Name: _____
Address: _____	City/State/Zip: _____
Social Security #: _____	Birth Date: _____
Phone #: _____	Hire Date: _____
	Wage Rate: _____
Job title: _____	

Section A – At the time of hire I was eligible for / or receiving one of the following: (Check all boxes that apply)

<input type="checkbox"/> Workforce Investment Act (WIA) Core B services/benefits (Previously JTPA)	Q2
<input type="checkbox"/> Work Opportunity Tax Credit (WOTC) and / or Welfare to Work Tax Credit	Q3
<input type="checkbox"/> Welfare-to-Work benefits under CalWORKS	Q4
<input type="checkbox"/> Supplemental Security Income (SSI)	Q5
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF – AFDC)	Q5
<input type="checkbox"/> Food Stamps (FS)	Q5
<input type="checkbox"/> General Assistance (GA)	Q5
<input type="checkbox"/> Refugee Cash Assistance (RCA)	Q5

If you checked any of the above boxes, who is your case manager?
 What is your Case Manager's telephone number?
 Where is your case currently located?

Section B – At the time of hire I was: (Check all boxes that apply)

<input type="checkbox"/> Unemployed for 15 out of the last 26 weeks	Q6
<input type="checkbox"/> Unemployed due to a Plant Closure (Company moved or went out of business)	Q7
<input type="checkbox"/> Unemployed due to a massive layoff (Massive layoff – 50 or more employees and at least 33% of the workforce)	Q8
<input type="checkbox"/> Unemployed due to a military closure or realignment LAMBRA base:	Q9
<input type="checkbox"/> Unemployed due to the Clean Air Act	Q10
<input type="checkbox"/> Unemployed seasonal or migrant worker	Q11
<input type="checkbox"/> Self-employed and/or unemployed due to economy or natural disaster	Q12
<input type="checkbox"/> Involuntary separated active duty of National Guard as of September 30, 1990	Q13
<input type="checkbox"/> A member of a federally recognized Indian Tribe, band or other group of Native American descent	Q14
Please state which tribe:	
<input type="checkbox"/> A disabled individual (eligible for a state rehabilitation plan)	Q15
<input type="checkbox"/> An ex-offender (crime in which you received probation) Year: County:	Q16
<input type="checkbox"/> A Veteran (service-connected disabled Veteran, Vietnam Era (8/5/1964-5/7/1975) or separated within 48 months	Q17

APPLICANT INFORMATION *(continued)*

Section D – Family Information							
Number of family members living in your household:							
Total family income for the 6 months prior to hire: please check the box that applies to you below Q18							
1 person Less than	2 persons Less than	3 persons Less than	4 persons Less than	5 persons Less than	6 persons Less than	7 persons Less than	8 persons Less than
\$4,655 <input type="checkbox"/>	\$7,430 <input type="checkbox"/>	\$10,200 <input type="checkbox"/>	\$12,590 <input type="checkbox"/>	\$14,860 <input type="checkbox"/>	\$17,375 <input type="checkbox"/>	\$19,890 <input type="checkbox"/>	\$22,405 <input type="checkbox"/>
Your Family Members		Age		Relationship		Source of Income, if any	
1							
2							
3							
4							
5							
6							
7							
8							

Comments:

Applicant Signature

*By signing this document, I am certifying that the above information is true and correct to the best of my knowledge. I acknowledge that such information is **subject to verification**. I authorize the release of said information by my prior employers, current employer or their representative, organizations, individuals, local, state and/or federal agencies to the City of Oakland Community & Economic Development Agency within 12 months from the date signed for the sole purpose of determining my eligibility for the California Enterprise Zone Program.*

Applicant's Signature _____
Date

If you have any questions, please contact Susana Villarreal, Enterprise Zone Coordinator, City of Oakland Community & Economic Development Agency, 250 Frank H. Ogawa Plaza, Oakland, CA 94612, (510) 238-7794. E-mail: svillarreal@oaklandnet.com.

Preparer's Signature (Required if checklist was prepared by anyone other than the employee)

Preparer's Signature _____
Date