



EEO INFORMATION REQUEST

Station KRGV-TV is licensed to operate by the Federal Communications Commission (FCC). In order to comply with FCC recruitment and reporting requirements regarding the station s EEO efforts, the station requests all applicants to provide the information below. This data will not be used to evaluate your employment application, and it will not become part of your personnel file if you are hired.

NAME OF APPLICANT: _____

POSITION FOR WHICH APPLICANT IS APPLYING: _____

NAMES OF ALL SOURCES (ORGANIZATIONS, EMPLOYMENT AGENCIES, ADVERTISEMENTS, ETC. FROM WHICH APPLICANT LEARNED ABOUT POSITION: _____

NAME OF PERSON COMPLETING THIS FORM: _____

SIGNATURE: _____

DATE: _____



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



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 who meet specific eligibility requirements.

The company 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. Providing the information requested is voluntary. 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,

Tammy Meier
Personnel Manager

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
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 ___

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 ___

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 _____

For Employer's Use Only

Employer's name MOBILE VIDEO TAPES INC Telephone no. (956) 968-5555 EIN 72-6019247

Street address 900 E Expressway 83

City or town, state, and ZIP code WESLACO, TX 78596

Person to contact, if different from above Paycom, Tax Credit Department Telephone no. (405) 722-6900

Street address 7501 W Memorial Rd, MS #150

City or town, state, and ZIP code Oklahoma City, OK 73142

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6)

Date applicant: Gave Information Was offered job Was hired Started job

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete.

Employer's signature Title Date

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment.

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping 6 hr., 27 min.
Learning about the law or the form 24 min.
Preparing and sending this form to the SWA 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.