

EMPLOYMENT APPLICATION

Green Companies Development Group, Inc.

Green Development is an equal opportunity employer and is committed to make employment decisions based on merit, qualifications and abilities and does not discriminate in employment opportunities and practices on the basis of race, color, religion, gender, national origin, age, disability, veteran status, or any other status protected under local, state or federal laws. Green Development will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship to Green Development.

Please Print. Complete this application in full even if attaching a resume.

EMPLOYMENT DESIRED		
Position(s) Applied For	Date of Application	
Date Available for work	Employment Desired (full time, part time, etc.)	
What are your salary expectations for the position you are applying for?		
How did you hear about this position?		
PERSONAL INFORMATION		
Last Name	First Name	Middle Name
Current Street Address (Provide Address for Past 10 Years)		City, State, Zip Code
Prior Street Address	Length of Residence	City, State, Zip Code
Prior Street Address	Length of Residence	City, State, Zip Code
Telephone Number	Alternative Telephone Number	
Social Security Number	Email Address	
Former Names / Maiden Names	Aliases / Nicknames	
GENERAL INFORMATION		
Are you over the age of 18 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are under the age of 18 years of age, can you provide proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No (Having a conviction will not necessarily automatically disqualify you for employment)		
If yes, please explain:		
If hired, do you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been employed with Green Development before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when and at what location(s)?		
Do you have relatives or friends who work for Green Development? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, license#: _____ State: _____ Exp: _____		
Can you work mornings or evenings? Yes No Are you available to work holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What days are you available to work? Mon Tues Wed Thurs Fri Sat Sun (please circle)		
How did you hear about Green Development? Who referred you? (Please be specific)		

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EDUCATION				
Type of School	Name and Location of School	Course of Study	Total Years of Study	Degree/Diploma
High School				
College				
Graduate				
Other (please specify)				
ADDITIONAL EXPERIENCE OR QUALIFICATIONS				
List any other experience, skills or other qualifications including any professional, trade, business or civic activities and offices held which may help qualify you for this position:				
EMPLOYMENT HISTORY				
Beginning with your most recent employer, list the past three employers. You must complete this section even if you are attaching a resume. May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer	Start Date	End Date	Essential job functions of your position	
Address		City, State, Zip		
Phone Number	Starting Salary	Ending Salary		
Job Position	Name of Supervisor			
Reason(s) for leaving:				
Employer	Start Date	End Date	Essential job functions of your position	
Address		City, State, Zip		
Phone Number	Starting Salary	Ending Salary		
Job Position	Name of Supervisor			
Reason(s) for leaving:				
Employer	Start Date	End Date	Essential job functions of your position	
Address		City, State, Zip		
Phone Number	Starting Salary	Ending Salary		
Job Position	Name of Supervisor			
Reason(s) for leaving:				

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REFERENCES

Please list three people, not related to you, who can provide professional references of your work performance within the last 5 years.

Name	Address	Phone Number	Email Address	Relationship/Occupation	Years Known

APPLICANT'S CERTIFICATION AND AGREEMENT

Please read each statement closely and initial each acknowledging your understanding

_____ I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and that I have not knowingly withheld any information that might adversely affect my chances of employment. I further certify that I have personally completed **this application**.

_____ I understand that, if employed, falsification, misrepresentation, or omissions of any facts called for on this application, or any other document used to secure employment, shall be cause for denial of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I agree to any legally permitted testing, such as personality testing, credit, driving, and criminal background checks, references and/or other background checks, required by Green Development as a condition of employment. In addition, I understand that Green Development requires job applicants who are offered employment to submit to an investigation into all statements and references contained in this application. Said investigation may include workers' compensation background checks, medical reviews including medical exams and verification of medical questions.

_____ I understand and agree that Green Development is under no obligation to hire me as a result of accepting this application. I also understand that should I be extended an employment offer and accept such offer, my employment will be "at-will", which means that either I or Green Development may terminate the employment relationship at any time, with or without cause, notice, or any specific procedures.

My signature below acknowledges that I have fully read, understand and agree to the above statements.

Signature

Date

COMPLETE AND RETURN THE ATTACHED DOCUMENTS AS A CONDITION OF EMPLOYMENT

- Background Checks Disclosure and Authorization Notice
- Applicant Release of Information
- FCRA Summary of Rights

Background Checks

Green Companies Development Group, Inc.

DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF CONSUMER REPORT FOR EMPLOYMENT PURPOSES

In connection with your application for employment, and, if you are hired, in connection with any promotion, reassignment, retention and/or discipline, we may obtain a "consumer report" about you as part of our decision-making process. A "consumer report" is a written, oral, or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living, and may include verification of your social security number, prior addresses, and a criminal records check and any other background check.

Should a consumer report be requested, you have the right to receive a copy of the consumer report. Please check the box below if you wish to receive a copy of such report.

I wish to obtain a copy of any consumer report obtained about me.

By your signature below, you authorize us to obtain a consumer report about you for employment purposes.

Name: _____
(Please print)

Address: _____

Signature: _____

SSN: _____

DOB: _____ *(for consumer reporting purposes only)*



Employment Screening Disclosure Statement

FOR: _____
(EMPLOYER NAME)

I hereby acknowledge that in connection with my employment, or application for employment, that Employer may procure, or cause to be procured, a consumer report on me as part of the process considering my status or candidacy as an employee. In the event that information from a report is utilized in whole or in part in making an adverse decision with regard to my employment or application, I have been advised that Employer will provide me with a copy of the consumer report on me, as allowed by law, and a written description of my rights under the law.

Signature of Applicant

Date

Copy of report provided to applicant/employee on: _____
DATE

Copy of report provided by: _____
Signature of Employer Representative

NCTC DISCLOSURE STATEMENT: COPY TO BE PROVIDED TO APPLICANT PRIOR TO REQUESTING A REPORT FROM NCTC.

Applicant Release of Information

Green Companies Development Group, Inc.

I hereby authorize the below stated company (former employer) to release any information it may have concerning me which is on record or otherwise related to my past employment to Green Development (prospective employer). I release and discharge both my former and prospective employer, and all individuals connected therewith, from any and all liability whatsoever that may otherwise be incurred in furnishing such information related to this Employment Verification.

Printed Applicant Name: _____

Date: _____

Signature of Applicant: _____

SS#: _____

OFFICE USE ONLY

Dear _____ (former employer),

The applicant named below is applying for the position of _____ with our company. The applicant has listed you or your organization as his/her former employer. Pursuant to the release signed by the applicant above, please provide the requested information concerning the applicant named and return this Employment Verification to Green Development via fax;

Thank you.

Dates of Employment: _____

Salary History: _____

Position(s) Held: _____

Reason for leaving: _____

Please rate the Applicant in each of the following areas:

	Excellent				Poor
Job Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you rehire the Applicant? Yes No

Reference Given By: _____

Printed Name & Job Title

Signature

Date

May we contact you should we have any additional questions? Yes No

If yes, please provide your contact information _____
Phone/Email Address



Dear Prospective Employee,

Thank you for your interest in working with us. We are asking you for the following information to determine if we, your potential employer, could be entitled to tax credit benefits. These tax credits were created to help people that have historically faced barriers to employment.

We may be able to obtain valuable tax credits based on your answers to the upcoming questions. Completion of these forms is voluntary and may assist members of targeted groups in securing employment.

While you are not required to complete this questionnaire, we cannot receive tax credits without gathering this information from prospective employees like you. Finally, we guarantee that your answers to these questions will not affect your eligibility for employment nor any benefits you or your family may currently be receiving.

We appreciate your assistance and look forward to speaking with you again.

Sincerely,

Emily Wilkins
Green Companies Development Group, Inc.

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► 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.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

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 Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ► _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

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. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

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. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

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.

Random Test Credit Questionnaire

This questionnaire is to be completed by each of the employees who are to be randomly selected for testing purposes and should be filled out by hand before the start of the testing process. It should be filled out for every employee selected for testing. *Applying for VA, Dept. of Veterans Affairs (DVA) employees are not eligible for random test credit.*

First Name	Last Name	Social Security Number (Last 4 digits only)		
		XXXX-XX-XXXX		
1. How old are you (age relative to only age 40)? YES enter your date of birth _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you ever worked for this employer before? If so, enter the exact date of employment _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are you the recipient of unemployment that is a benefit? YES please specify benefit for all or part of last 6 months? If so, describe the payment or compensation? _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are you a recipient of the U.S. Armed Forces? (HQ) (see question 1) _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. YES if you are a member of a Family that receives VA benefits, enter the date of the last VA benefit received _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. YES , enter name of primary recipient _____ and the date VA benefits were received _____				
7. YES , are you a member of a family that receives VA benefits for a disability? _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. YES , were you discharged or released from active duty service? YES please specify date _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. YES , were you employed for a continuous period of at least 6 months (whether or not consecutive) during the year before you were hired? _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Are you or a family member who has received Supplemental Unemployment Benefits (SUB) from a previous employer? _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. YES , are you or a family member who has received VA benefits for a disability? _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. YES , are you or a family member who has received VA benefits for a disability? _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. YES , are you or a family member who has received VA benefits for a disability? _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. YES , are you or a family member who has received VA benefits for a disability? _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. YES , are you or a family member who has received VA benefits for a disability? _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. YES , are you or a family member who has received VA benefits for a disability? _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. YES , are you or a family member who has received VA benefits for a disability? _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. YES , are you or a family member who has received VA benefits for a disability? _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. YES , are you or a family member who has received VA benefits for a disability? _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. YES , are you or a family member who has received VA benefits for a disability? _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Employee Use Only

Please send me (attach name, address, phone number, etc.) _____	Drawing envelope _____
Department of Veterans Affairs _____	Room No. _____
Paycom (ATTN: Test Credit Dept) _____	City/State _____
4700 W. Montgomery Rd, MS 6144 _____	Zip Code _____
Columbus, OH 43224 _____	Phone No. _____
Signature: _____	Date: _____

This questionnaire should be returned to the person who provided it **before** the new employee's start date.

A Summary of Your Rights Under the Fair Credit Reporting Act

Green Companies Development Group, Inc.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

FCRA Summary of Rights Acknowledgement

I acknowledge I have been given a copy of the Fair Credit Reporting Act (FCRA) Summary of Rights and that I have asked any questions that are of concern to me regarding it.

Printed Name

Signature

Date