Form **8850**
(Rev. March 2016)
Department of the Treasury
Internal Revenue Service

# 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.***

OMB No. 1545-1500

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name Jordan Gallamore Grieve Social security number ▸ 616335222

Street address where you live 240 Prado Way

City or town, state, and ZIP code Stockton, CA 95207

County San Joaquin Telephone number 209-649-7552

If you are under age 40, enter your date of birth (month, day, year) 06/12/2002

**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** ▸ *Jordan Gallamore* **Date** 09/10/2026

**Please fill in these forms slowly and legibly.**
*Form Updated 01/01/2020*

**Company Name:** Hammer Head Security Service Inc
**Company EIN Number:** 86-2631618

| | | |
|---|---|---|
| Have you ever **worked for *this* Employer before? Are you a Re-hire?** | **Yes**___ | **No**X___ |
| **Are you under age 40?** | **Yes**X___ | **No**___ |
| Have you been **unemployed for at least 27 weeks,** and collected Unemployment Insurance? | **Yes**___ | **No**X___ |
| **Are you a Veteran of the US Armed Forces?** | **Yes**___ | **No**X___ |
| If *yes*: | | |
| Are you a member of a family that received SNAP (Food Stamps Benefits)? | Yes X | No___ |
| Are you entitled to compensation for a service-connected disability? | Yes___ | No X |
| Were you discharged from active duty within the last year? | Yes___ | No X |
| Were you unemployed for a combined total of 6 months before you were hired? | Yes___ | No X |
| Have you, or your family, received **SNAP benefits (Food Stamps)** in the **6 months** before you were hired? | **Yes**___ | **No**X___ |
| Or received **SNAP Benefits** for at least a **3-month period**, but you are no longer receiving it? | **Yes**___ | **No**X___ |
| If yes to either question, enter Name of Primary Recipient: ___ | | |
| And City, State where benefits were received___ | | |
| Are you a member of a family that received **TANF** assistance for at least 18 months before you were hired? | **Yes**X___ | **No**___ |
| Or, did your family stop being eligible for **TANF** assistance within 2 years before being hired, because you reached the maximum time those benefits can be received? | **Yes**X___ | **No**___ |
| If yes to either question, enter Name of Primary Recipient: ___ | | |
| And City, State where benefits were received___. | | |
| Did you receive Supplemental Security Income **(SSI Benefits)** for any month, ending within the 60 days, before you were hired? | **Yes**___ | **No**X___ |
| Were you convicted of a **Felony** during the year before you were hired? | **Yes**___ | **No**X___ |
| Were you referred to an employer by | | |
| • A Vocational Rehab Agency approved by the state? | **Yes**___ | **No**X___ |
| • An Employment Network under the Ticket to Work Program? | **Yes**___ | **No**X___ |
| • The Dept. of Veteran Affairs? | **Yes**___ | **No**X___ |

| Print Name: | Social Security #: | Date of Birth: |
|---|---|---|
| Jordan Gallamore Grieve | 6 1 6 - 3 3 - 5 2 2 2 | 06/12/2002 |

By signing this form, I hereby authorize any agency, organization, Social Security Administration, Department of Veterans Affairs, or individuals, to supply verification of information as may be needed to determine tax credit eligibility to my employer, employer representative (TC Services USA, Inc. dba WOTC.com), or the Department of Labor. I also understand that my responses are used, in part or in full, to complete the IRS Form 8850 and any other documents pertaining to the WOTC Program, and that modifications can be made by my employer, or employer representative, in order to enable the verification screening process as required by some states. This information will not in any way affect my employment.

**Employment Start Date** 09/10/2026 **Starting Wage** $17.00 **Position** Security Officer

**Signature** *Jordan Gallamore* **Today's Date** 09/10/2026

WOTC.com
Work Opportunity Tax Credit

Upload To: www.wotc.com | Phone: 212-635-9500 | Fax: 212-994-2718 | Email: support@wotc.com