

**NEW EMPLOYMENT WAGE AND TAX INCENTIVE**

**Employee: Please complete (A,B,C,D,E,F,G,H,I,J) Answer questions (1-5) Sign and Date**

(A) DATE OF HIRE		(B) NAME		(C) SOCIAL SECURITY #	
(D) ADDRESS				(E) HOME PHONE	
PO BOX				(F) CELL PHONE	
(G) CITY		(H) STATE		(I) ZIP CODE	
				(J) EMAIL ADDRESS	

**UNEMPLOYMENT INSURANCE CERTIFICATION:**

1. Have you been a resident of Rhode Island for 52 consecutive weeks Prior to your hire date?  YES  NO
2. Have you been unemployed for at least 26 consecutive weeks Immediately before your date of hire?  YES  NO
3. Have you received unemployment insurance during the one (1) year Immediately before your date of hire?  YES  NO
4. When? FROM WHAT STATE?

**HUMAN SERVICES CERTIFICATION:**

5. Have you been a recipient of the State of RI AFDC/TANF pursuant to Chapter 40-6 for a minimum of one (1) year preceding your date of hire?  YES  NO



**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**EMPLOYER: Complete A-N only upon original application submission. The original completed form and a letter of eligibility will be sent back to you if all criteria are met. Please leave bottom questions unanswered. These questions will be completed when the employee has worked 52 consecutive weeks with a minimum of 1820 hours of paid employment from original date of hire. You will then resubmit the original form with questions completed, signed and dated after the questions to:**

RI Department of Labor & Training-Business Workforce Center-Center General Complex 73-3  
 1511 Pontiac Ave., Cranston, RI 02920-4407 **OR** Send an original document in PDF format to [Susan.Biagioni@dlt.ri.gov](mailto:Susan.Biagioni@dlt.ri.gov)

(A) RI Employer ID #		(B) Federal ID #	
(C) BUSINESS NAME			(D) EMPLOYER REPRESENTATIVE
D/B/A (If applicable)			
(E) ADDRESS			(F) TITLE
(G) CITY	(H) STATE	(I) ZIP CODE	(J) PHONE NUMBER
(K) EMAIL ADDRESS:			(L) WEBSITE
(M) Employer Representative Signature			(N) Date

- Has employee worked AT LEAST 52 consecutive weeks and with a Minimum of 1820 hours of paid employment from date of hire?  YES  NO
- Is this the first time this employee has worked for this company?  YES  NO
- Is employee a relative of any controlling shareholder, director, officer, Partner owner or sole proprietor of this company?  YES  NO
- Is employee a principal in this business either as a corporate officer, Partner or sole proprietor?  YES  NO



**Employer Representative** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_