

TraitSet Directions

Log into TraitSet and go to your dashboard. While viewing the dashboard, scroll down to the list of applicants. It will look something like the sample dashboard below. When selecting a new hire, you will see their eligibility for WOTC (Tax Credit)

name ([John Smith](#)) to use the individual Candidate Manager screen as available on the GRID IRT.

View all Questionnaires: This button will show all the questionnaires with their Overall Score and GYR Score (if any) within the chosen combination. When you use the **Data Download** button from this view, you can also obtain a spreadsheet with that information.

Send any technical questions or comments to: traitset@hrgems.com

Inprocess Questionnaires
Create New Candidate Manage Positions

Search by Last Name : Select Questionnaire : IFE - WE (*tx - gyr) Select Time Period : This Week

[View All Questionnaires](#)

IFE - WE (*tx - gyr)

Candidate	Hiring Status	Date Taken	Position	Overall Score	Green Yellow Red	Tax Credit	Report	Hide
Marsh, Randy	Screening Pool	2/13/2012 11:12:04 AM	Cashier	7.7	3. Decline	Yes	Report	Hide
Doe, John	Screening Pool	2/13/2012 3:34:12 PM	Server	53.0	3. Decline	Yes	Report	Hide
Coffey, John	Screening Pool	2/15/2012 10:18:07 AM	Server	94.7	3. Decline	Yes	Report	Hide
Smith, Jane	Screening Pool	2/15/2012 9:30:45 AM	Cashier	58.8	2. Consider	Yes	Report	Hide

[Show Hidden Candidates Grid](#) [Download Data](#)

Click on the employee's name and go to the employee's page as seen below.

TraitSet ABC - HonKamp:HK Store #102

For a Candidate's Individual Report, click on the "Report" button opposite the name of the Questionnaire on the Candidate Manager screen OR simply click on the RETURN button at the bottom of the screen to return to the main page.

For HELP or more information on the new features, click on the "?"'s Help Page' button on the left side of the main page below the Time Period buttons or email your account representative or traitset@hrgems.com.

[Return](#)

Name Jane Smith

Email Replace [Send Email](#)

[Update](#)

Position Cashier

Status Screening Pool [Interview](#) [End Process](#)

Tax Credit Yes [IRS-8850](#) [IRS-9061](#)

Questionnaires

IFE - WE (*tx - gyr) [Report](#)

Position : Cashier [Change Position](#)

[Return](#)

Step 1: Generate & Print the 8850 form -which will have the employee's information populated.

NOTE: If the employee has not entered their SSN into their application, you will be prompted to do so here.

Step 2: Generate & Print the 9061 form- which will have the company information populated, but not the employee's.

Step 3: Give both forms to Employee to fill out

Page 1 of 8850 with employees populated information

8850 Pre-Screening Notice and Certification Request for the Work Opportunity Credit
Form (Rev. August 2006) Department of the Treasury Internal Revenue Service DMS No. 1545-1500

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

Your name John Doe Social security number ▶ 123143 6789

Street address where you live 123 main st

City or town, state, and ZIP code Dubuque, IA 52003

County _____ Telephone number (____) _____ - _____

If you are under age 40, enter your date of birth (month, day, year) 01 / 01 / 1979

1 Check here if you are completing this form before August 28, 2006, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.

2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

3 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:
 - Received SNAP benefits (food stamps) for the past 6 months, or
 - Received SNAP benefits (food stamps) for at least 3 of the past 6 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 discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.
- I am at least age 18 but not age 25 or older, and:
 - During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and
 - During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, and
 - I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not had a job (other than occasionally or been admitted to a technical or post-secondary school since I received the certificate).

4 Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:

- Discharged or released from active duty in the U.S. Armed Forces, or
- Unemployed for a period or periods totaling at least 6 months.

5 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. 8-2006)

NOTE: always have employee verify their information is correct and have them make any necessary changes

Have employee fill in date of birth if under 40

Employee must always sign and date with an original "wet" signature

Page 2 of the 8850 will have the Employers and Honkamp Krueger's information

Form 8850 (Rev. 8-2006) Page 2

For Employer's Use Only

Employer's name Demo Company Telephone no. (563) 867-5309 EIN ▶ 01 234567

Street address 123 Main Street

City or town, state, and ZIP code Dubuque, IA 52001

Person to contact, if different from above HK Payroll Services, Inc Telephone no. (563) 556-0123

Street address P.O. Box 3310, 2345 JFK Road

City or town, state, and ZIP code Dubuque, IA 52004-3310

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
/ /	/ /	/ /	/ /

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job _____ Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

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.

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

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

Recordkeeping 3 hrs., 16 min.

Learning about the law or the form 46 min.

Fill out dates accordingly

An Employer of the company must sign and date with an original "wet" signature

Page 1 of 9061 will also include the Employers & Employees Pre-Filled information

Individual Characteristics Form (ICF) Work Opportunity Tax Credit		U.S. Department of Labor Employment and Training Administration	
1. Control No. (For Agency use only)	APPLICANT INFORMATION (See instructions on reverse)	OMB No. 1205-0371	2. Date Received (For Agency Use only)
EMPLOYER INFORMATION			
3. Employer Name Demo Company	4. Employer Address and Telephone 123 Main Street Dubuque, IA 52001 563-867-5309	5. Employer Federal ID Number (EIN) 01-234567	
APPLICANT INFORMATION			
6. Applicant Name (Last, First, MI) Doe, John	7. Social Security Number 123-45-6789	8. Have you worked for this employer before? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, enter last date of employment: _____	
APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION			
9. Employment Start Date	10. Starting Wage	11. Position	
12. Are you at least age 16, but under age 40? Yes No			

Indicate if employee has worked for your company before

Fill in the Employee's Start Date, Wage and Position in boxes 9-11

Then give to Employee to answer questions 12-21 on pages 1 and 2 of the 9061.

Bottom of Page 2 of 9061

I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.		
23(a) Signature: (See instructions in Box 23b for who signs this signature block)	23. (b) Indicate with a ✓ who signed the form: <input type="checkbox"/> Employer, <input type="checkbox"/> Consultant, <input type="checkbox"/> SWA, <input type="checkbox"/> Participating Agency, <input type="checkbox"/> Applicant, or <input type="checkbox"/> Parent/Guardian (if applicable to a student)	24. Date:

Employee must sign and Date with an original "wet" signature

Step 4: Please mail all completed original forms within the week of hire date to the address listed below:

HKP

Attn: WOTC

2345 JFK Road, P.O. Box 3310

Dubuque, IA 52004-3310