



## RE-ENTRY EMPLOYMENT INCENTIVE APPLICATION

BUSINESS PROFILE		
Legal Business Name:		Business Address:
City:	State:	Zip:
Phone:	Website:	TIN (SSN or EIN):
Name of Contact Person:		Title of Contact Person:
Email Address:		Contact Person Phone:
Is your business registered in Maryland Workforce Exchange? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		What industry does your business fall under?
Does your company or organization conduct business in Prince George's County? <input type="checkbox"/> Yes <input type="checkbox"/> No		Business Type: <input type="checkbox"/> For profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Other

POSITION INFORMATION	
Job Title:	Primary location where job will be performed:
Salary: \$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> year	Hours per week:
Employment Classification: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> 1099	Will you pay Unemployment Insurance Tax for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Have you listed this job opening in Maryland Workforce Exchange? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	How many openings do you have for this position title?

For more information about requirements for paying unemployment tax on behalf of an employee, visit <https://www.dllr.state.md.us/employment/empfaq.shtml#1>

**By signing this application, I hereby certify that all information contained herein is true, accurate, and correct to the best of my knowledge. I understand that providing false information will render my application automatically disqualified from receiving grant funds.**

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Signature of Authorized Business Representative

Date

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Signature of Authorized Employ Prince George's Representative

Date

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Signature of Authorized Prince George's County Government Representative

Date

**Submit application to [PGCreentryIncentive@co.pg.md.us](mailto:PGCreentryIncentive@co.pg.md.us) along with a current W-9 and Proof of General Liability Insurance.**