



RE-ENTRY EMPLOYMENT INCENTIVE
QUALIFYING EMPLOYEE JOB PLACEMENT FORM A

BUSINESS PROFILE AS LISTED ON APPLICATION		
Legal Business Name:	TIN (SSN or EIN):	
Phone Number:	Name of Company Contact Person:	Email:

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:	Start Date:
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 checked="" type="checkbox"/> No <input type="checkbox"/> I don't know	
Medical Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	Fringe Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>*For more information about requirements for paying unemployment tax on behalf of an employee, visit https://www.dlr.state.md.us/employment/empfaq.shtml#1</i>		

EMPLOYEE INFORMATION			
First:	Middle Initial:	Last:	Suffix:
Physical Address:			

City:	State:	Zip:
Phone:	Secondary Phone:	Email Address:

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.

Signature of Authorized Business Representative Date

Signature of Authorized Employ Prince George's Representative Date

Signature of Authorized Prince George's County Government Representative Date

Submit application to PGCreentryIncentive@co.pg.md.us along with employee offer letter and/or payroll documentation.