



## Pre-Screening Notice and Certification Request For The Hiring Incentive Training Grant Program

**JOB APPLICANT:** Please fill in the lines below and check any boxes that apply.

Your Name:													
Social Security Number:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				-								
			-										
Street address where you live:													
City or town, state, and ZIP code:													
Telephone number: (        )	Date of Birth:												

**Check all that apply:**

- I am currently a Massachusetts resident.
- I have been unemployed for the past 12 months or longer.

By filling out and signing this form, you are:

- Giving the Division of Unemployment Assistance and the Division of Career Services authorization to confirm this information with your prospective employer. Should this employer hire you, and you meet the Hiring Incentive Training Grant program criteria, this employer may be able to receive up to \$2,000 in grant funds to assist paying for costs associated with training you for your new position within this company.

I have read and understand the information above. I declare that to the best of my knowledge, this information is accurate and complete.	
Job applicant's signature:	Date:

**EMPLOYER: Please provide the following information.**

Employer name:	FEIN number:
Street address:	
City or Town, State, ZIP Code:	
If you have submitted an online HITG grant application including this individual, please provide application number:	
Person to Contact:	Contact Number:
I confirm that the above-referenced individual has applied for employment with our company. I am submitting this information for the sole purpose of verifying whether or not hiring this individual would qualify our company for a hiring incentive training grant.	
Employer signature and title:	Date:

**This form must be submitted at the same time as your application for grant funds. Please fax this to the attention of the Hiring Incentive Training Grant Program at 617-723-5594. Call 800-252-1591 with any questions.**