

TEAM KENTUCKY

Back to Work Incentive Application

Employer Information

Name of Business: _____

Employer Identification Number (EIN): _____

By signing below, I hereby certify that the applicant, _____, has:

- Accepted employment at this business as a regular, W-2 employee between June 24, 2021 and July 30, 2021. The employee's start date was _____.
- Has worked at least one-hundred and twenty (120) hours over a consecutive five week period since accepting employment.

Signature

Date

Printed Name: _____

Job Title/Position: _____

Employee Certification

By signing this document, I certify that I:

- Reside in Kentucky.
- Was at least eighteen (18) years of age as of June 23, 2021.
- Filed active claim for unemployment benefits in Kentucky on or before June 23, 2021.
- Did not have a job recall date, and my separation was not job connected, when I filed for unemployment benefits.
- Accepted new employment as a regular, W-2 employee between June 24, 2021 and July 30, 2021.
- Have not exhausted my eligibility for unemployment benefits as of the date I accepted new employment.
- Have worked at least one-hundred and twenty (120) hours over a consecutive five week period.
- Understand that this is not a guaranteed program, and that decisions made regarding my application are not able to be appealed.
- Understand that I will receive a 1099 form if I receive a Back to Work Incentive.

Signature

Date

Printed Name