

Hiring Manager
Mike



Building Supply, Inc.
108 Carson Drive
Los Lunas, NM 87031
Phone: (505) 865-1100 Fax: (505) 865-1800

MISSION STATEMENT

The Company's mission is to offer builders, contractors, families and individuals with building materials and supplies at reasonable prices, in an enthusiastic and professional atmosphere.

EQUAL OPPORTUNITY STATEMENT

The Company is committed to a policy of equal employment opportunity. The Company will recruit, select, promote, compensate, discipline and/or discharge individuals in full compliance with applicable laws prohibiting discrimination based on race, color, religion, creed, national origin or ancestry, marital status, age, sex, veteran or disability status, sexual orientation or those terms that are defined by applicable state, federal laws, and regulations.

APPLICATION PACKET

Applicants, please complete the following:

- ✓ RAKS Building Supply Application
- ✓ U.S. Department of Labor Individual Characteristics Form 9061
- ✓ Form 8850 Pre-Screening Notice and Certification Request

Please return with coversheet attached

Thank you, for your interest in employment with RAKS Building Supply



RAKS BUILDING SUPPLY, INC.
APPLICATION FOR EMPLOYMENT

3.24.01L

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disabilities, veteran status, marital status, or national origin. The Americans With Disabilities Act states applicants can request accommodations in order to participate in the application process.

PERSONAL INFORMATION:

TODAY'S DATE: _____ Social Sec. Number _____ - ____ - ____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET(Physical Location) CITY STATE ZIP CODE

Permanent: _____
Mailing STREET CITY STATE ZIP CODE

PHONE: _____ MESSAGE: _____ Are you 18 yrs. of age or older? ☐ Yes ☐ No

EMPLOYMENT: ☐ FULL TIME ☐ PART TIME ☐ P/T AFTER-SCHOOL ☐ SUMMER HELP

POSITION: _____ Date you can start _____ Salary Desired _____

Are you currently Employed? _____ If so, may we contact your Employer? _____ Current Salary _____

Are you eligible to work in the United States? _____ Yes _____ No

Do Family or Friend work at RAKS? _____ Yes _____ No Name of person: _____

EDUCATION:

	Name and Location of School	Last year Completed: Circle One	Did You Graduate?	Subjects Studied and Degree(s) Received
Elementary	_____			
High School	_____	9 10 11 12		
College	_____	1 2 3 4 5 6		
Trade or Business School	_____	1 2 3 1 2 3		

GENERAL INFORMATION:

Subjects of Special Study or Special Interests: _____

Job Related Skills (Keyboard, Cashier, Driver's License, Languages, Etc.) _____

(Continued next page)

**ONLY APPLICATIONS THAT ARE COMPLETED IN FULL WILL BE CONSIDERED
FOR EMPLOYMENT**

FORMER EMPLOYERS: List your last 4 Employers starting with Present or most Recent
Please fill this out even if you are submitting a resume.

P. 2

DATE: MO. / YR.

FROM: _____ EMPLOYER: _____ SALARY \$ _____ / _____ Hr. Mo.
TO: _____ ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ Supervisor's Name _____
OUR JOB POSITION: _____ REASON FOR LEAVING: _____ ZIP CODE _____
What did you like most about this job? _____ Least? _____

DATE: MO. / YR.

FROM: _____ EMPLOYER: _____ SALARY \$ _____ / _____ Hr. Mo.
TO: _____ ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ Supervisor's Name _____
OUR JOB POSITION: _____ REASON FOR LEAVING: _____ ZIP CODE _____
What did you like most about this job? _____ Least? _____

DATE: MO. / YR.

FROM: _____ EMPLOYER: _____ SALARY \$ _____ / _____ Hr. Mo.
TO: _____ ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ Supervisor's Name _____
OUR JOB POSITION: _____ REASON FOR LEAVING: _____ ZIP CODE _____
What did you like most about this job? _____ Least? _____

DATE: MO. / YR.

FROM: _____ EMPLOYER: _____ SALARY \$ _____ / _____ Hr. Mo.
TO: _____ ADDRESS: _____ CITY _____ STATE _____
PHONE: _____ Supervisor's Name _____
OUR JOB POSITION: _____ REASON FOR LEAVING: _____ ZIP CODE _____
What did you like most about this job? _____ Least? _____

WILL WE CONTACT YOUR FORMER EMPLOYERS? ☐ YES ☐ NO

Have you ever worked in Hardware/Lumber before? _____

(Continued on next page)

RAKS APPLICATION (Cont.)

REFERENCES: List the names of three (3) persons not related to you, whom you have known at least one (1) year.

NAME: _____ PHONE: _____ Years Known _____

ADDRESS: _____

OCCUPATION: _____ May we contact this person? _____

NAME: _____ PHONE: _____ Years Known _____

ADDRESS: _____

OCCUPATION: _____ May we contact this person? _____

NAME: _____ PHONE: _____ Years Known _____

ADDRESS: _____

OCCUPATION: _____ May we contact this person? _____

DO YOU TYPE? _____ WPM _____ COMPUTER SKILLS? _____ YES _____ NO

LIST ANY MACHINES OR TOOLS YOU CAN OPERATE (trained on or certified on): (10 key pad, forklift, etc.):

CORPORATE HEADQUARTERS:
LOS LUNAS LOCATION

RAKS WINTER HOURS ARE 7 AM TO 6 PM, WITH THE SAME HOURS ON WEEKENDS.

THE HOURS POSTED BELOW ARE OUR SUMMER HOURS:

MONDAY THROUGH FRIDAY: 7AM-7PM SATURDAY: 8AM-5PM SUNDAY: 9AM-4PM

THE ABOVE HOURS ARE A GENERAL GUIDELINE: ACTUAL HOURS MAY VARY AS NEEDS DICTATE.

All employee hours will vary as we meet our customers needs with EARLY or LATE DELIVERIES.

What hours are you available to work? : Mon. _____ Tues. _____ Weds. _____

Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Are you available for overtime: ☐ YES ☐ NO _____

Do you have a CDL license: _____ Yes _____ No Expiration Date: _____ Class: _____

RAKS APPLICATION

IMPORTANT: We are glad you are interested in joining the RAKS Team. Please read the following statements carefully before you initial, sign & return this application.

I certify that all answers and statements I have made on this Application, Resume, or other Supplementary Materials are true and complete without omissions. I understand that any false information will be grounds for refusal to hire, or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give RAKS Building Supply, Inc. complete information and records regarding my employment, education, character and qualifications, including but not limited to driving documents. I further authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background. I have read, understand, and agree to this statement above. Please Initial Here: _____

I further understand that RAKS may give me a conditional job offer I may be required to furnish information regarding medical condition and history and to submit to a medical examination. I will also be required to furnish information regarding any pre-existing permanent physical impairment. I further understand and agree that if I am employed, I may be required to submit to random alcohol and drug testing under certain circumstances during my employment. I have read, understand, and agree to this statement. Please Initial Here: _____

If hired I will be responsible for familiarizing myself with all rules and regulations of the Company (RAKS) as they presently exist or are later modified. Further, I understand and agree that my employment is for no definite period of time and may be terminated at any time without any previous notice.

I HAVE READ, OR HAVE BEEN READ, UNDERSTAND, AND AGREE WITH THE ABOVE.

Signature of Applicant DATE: _____

APPLICATIONS ARE VALID FOR 60 DAYS FROM DATE SIGNED

APPLICANT MUST RE-APPLY AFTER 60 DAYS OR IF POSITION DESIRED HAS CHANGED IF
APPLICANT IS STILL SEEKING EMPLOYMENT

APPLICATION RECEIVED BY: _____

DATE APPLICATION RECEIVED: _____



U.S. Department Labor
Employment and Training Administration

OMB No. 1205-0371
Expiration Date: June 30, 2015

Individual Characteristics Form (ICF)

Work Opportunity Tax Credit

1. Control No. (For Agency use only)

APPLICANT INFORMATION
(See Instructions on reverse)

2. Date Received (For Agency Use only)

EMPLOYER INFORMATION

3. Employer Name

4. Employer Address and Telephone

5. Employer Federal ID Number (EIN)

APPLICANT INFORMATION

6. Applicant Name (Last, First, MI)

7. Social Security Number

8. Have you worked for this employer
before? Yes ___ No ___

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?
If YES, enter your date of birth _____

Yes ___ No ___

13. Are you a Veteran of the U.S. Armed Forces?
If NO, go to Box 14.

Yes ___ No ___

If YES, are you a member of a family that received Supplemental Nutrition Assistance
Program (SNAP) benefits (Food Stamps) for at least 3 months during the 15 months
before you were hired?

Yes ___ No ___

If YES, enter name of primary recipient _____ and
city and state where benefits were received _____

OR, are you a veteran entitled to compensation for a service-connected disability?

Yes ___ No ___

If YES, were you discharged or released from active duty within a year before you were hired? Yes ___ No ___

OR, were you unemployed for a combined period of at least 6 months (whether or not
consecutive) during the year before you were hired?

Yes ___ No ___

14. Are you a member of a family that received Supplemental Nutrition Assistance Program
(SNAP) (formerly Food Stamps) benefits for the 6 months before you were hired?

Yes ___ No ___

OR, received SNAP benefits for at least a 3-month period within the last 5 months
But you are no longer receiving them?

Yes ___ No ___

If YES to either question, enter name of primary recipient _____ and city
and state where benefits were received _____

15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by
a State?

Yes ___ No ___

OR, by an Employment Network under the Ticket to Work Program?

Yes ___ No ___

OR, by the Department of Veterans Affairs?

Yes ___ No ___

16. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? Yes___ No___
 OR, are you a member of a family that received TANF benefits for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? Yes___ No___
 OR, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? Yes___ No___
 If NO, are you a member of a family that received TANF assistance for any 9 months during the 18-month period before you were hired? Yes___ No___
 If YES, to any question, enter name of primary recipient _____ and the city and state where benefits were received _____.
17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired? Yes___ No___
 If YES, enter date of conviction _____ and date of release _____.
 Was this a Federal _____ or a State conviction _____? (Check one)
18. Do you live in a Rural Renewal County or Empowerment Zone? Yes___ No___
19. Do you live in an Empowerment Zone and are at least age 16, but not yet 18, on your hiring date? Yes___ No___
20. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? Yes___ No___
21. Are you a veteran unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? Yes___ No___
22. Are you a veteran unemployed for a combined period of at least 4 weeks but less than 6 months (whether or not consecutive) during the year before you were hired? Yes___ No___
23. Sources used to document eligibility: (Employers/Consultants: List all documentation provided or forthcoming. SWAs: List all documentation used in determining target group eligibility and enter your initials and date when the determination was made.)

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.

24(a). Signature: (See instructions in Box 24.(b) for who signs this signature block)

24. (b) Signatory Options: Indicate with a ✓ mark who signed this form:
☐ Employer, ☐ Consultant, ☐ SWA,
☐ Participating Agency, ☐ Applicant, or
☐ Parent/Guardian (if applicant is a minor)

25. Date:

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

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

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

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

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ 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:
 - a Received SNAP benefits (food stamps) for the past 6 months, or
 - b 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 unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ 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 Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ▶ _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

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
_____	_____	_____	_____

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.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

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 federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

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

Recordkeeping . . . 6 hr., 27 min.

Learning about the law or the form 30 min.

Preparing and sending this form to the SWA 37 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W-CAF:IMP:TIM:S, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL CHARACTERISTICS FORM (ICF), ETA 9061. This form is used together with IRS Form 8850 to help state workforce agencies (SWAs) determine eligibility for the Work Opportunity Tax Credit (WOTC) Program. The form may be completed, on behalf of the applicant, by: 1) the employer or employer representative; the SWA, a participating agency, or 2) the applicant directly (if a minor, the parent or guardian must sign the form) and signed (Box 24a.) by the individual completing the form. This form is required to be used, without modification, by all employers (or their representatives) seeking WOTC certification. Every certification request must include an IRS Form 8850 and an ETA Form 9061 or 9062, if a Conditional Certification was issued to the individual pre-certifying the new hire as "eligible" under the requested target group.

Boxes 1 and 2. SWA. For agency use only.

Boxes 3-5. Employer information. Enter the name, address including ZIP code, telephone number, and employer Federal ID number (EIN) of the employer requesting the certification for the WOTC. Do not enter information pertaining to the employer's representative, if any.

Boxes 6-11. Applicant information. Enter the applicant's name and social security number as they appear on the applicant's social security card. In Box 8, indicate whether the applicant previously worked for the employer, and if Yes, enter the last date or approximate last date of employment. This information will help the "48-hour" reviewer to, early in the verification process, eliminate requests for former employees and to issue denials to these type of requests, or certifications in the case of "qualifying rehires" during valid "breaks in employment" (see pages III-12 and III-13, Nov. 2002, Third Ed., ETA Handbook 406) during the first year of employment.

Boxes 12-22. Applicant Characteristics. Read questions carefully, answer each question, and provide additional information where requested.

On January 2, 2013, President Obama signed into law the American Taxpayer Relief Act of 2012 retroactively authorizing the Empowerment Zones (EZs) and WOTC non-veteran groups from December 31, 2011 through December 31, 2013. This Act also authorized continuation of the YOW Act of 2011 expanded veterans and provisions through December 31, 2013. Form Updates: "Empowerment Zones" was added to Box 18 to capture data for Designated Community Residents who must reside in a Rural Renewal County or EZ to be determined eligible for WOTC certification. A new Box 19 was added to this form to capture information on the Summer Youth group activated when the EZs were reauthorized. Members of the Summer Youth group must reside in an EZ to be determined eligible for WOTC certification. Boxes 19-21 were renumbered and are now Boxes 20-22. Box 22 below became Box 23, Sources to Document Eligibility.

Box 23 Sources to Document Eligibility. The applicant or employer is requested to provide documentary evidence to substantiate the YES answers in Boxes 12 through 22. List or describe the documentary evidence that is attached to the ICF or that will be provided to the SWA. Indicate in parentheses next to each document listed whether it is attached (A) or forthcoming (F). Some examples of acceptable documentary evidence are provided below. A letter from the agency that administers a relevant program may be furnished specifically addressing the question to which the applicant answered YES. For example, if an applicant answers YES to either question in Box 14 and enters the name of the primary recipient and the city and state in which the benefits were received, the applicant could provide a letter from the appropriate SNAP (formerly Food Stamp) agency stating to whom SNAP benefits were paid, the months for which they were paid, and the names of the individuals included on the grant for each month. SWAs will use this box to document the sources used when verifying target group eligibility, followed by their initials and the date the determination was completed.

Examples of Documentary Evidence and Collateral Contacts. Employers/Consultants: You may check with your SWA to find out what other sources you can use to prove target group eligibility. (You are encouraged to provide copies of documentation or names of collateral contacts for each question for which you answered YES.)

QUESTION 12²

- Birth Certificate
- Driver's License
- School I.D. Card¹
- Work Permit¹
- Federal/State/Local Gov't I.D.¹
- Copy of Hospital Record of Birth

- Signed Letter of Separation or related document from authorized individual on DVA letterhead or agency stamp with specific description of months benefits were received.
- For SWAs: To determine Ticket Holder (TH) eligibility, Fax page 1 of Form 8850 to MAXIMUS at: 703-683-1051 to verify if applicant: 1) is a TH, and 2) has an Individual Work Plan from an Employment Network.

QUESTION 13

- DD-214 or Discharge Papers
- Reserve Unit Contacts or Letters of Separation
- Letter issued only by the Department of Veterans Affairs (VA) on VA Letterhead or bearing the Agency Stamp, with signature, certifying Veteran status or that the Veteran has a service-connected disability.

QUESTION 17

- Parole Officer's Name or Statement
- Correction Institution Records
- Court Records Extracts

QUESTIONS 18 & 19

- To determine if a Designated Community Resident (DCR) lives in a Rural Renewal County, visit the site: www.usps.com. Click on Find Zip Code; Enter & Submit Address/Zip Code; Click on Mailing Industry Information; Download and Print the information, then compare the county of the address to the list in the Instructions to IRS Form 8850.
- To determine if the DCR or a Summer Youth lives in an Empowerment Zone, check the Instructions to IRS Form 8850, or visit the U.S. Department of Housing and Urban Development's "locator" at: <http://ecls.hud.gov/ezlocator/>.

QUESTIONS 14 & 16

- TANF/SNAP (Food Stamp) Benefit History
- Signed statement from Authorized Individual with a specific description of the months benefits that were received
- Case number Identifier

QUESTION 15

- Vocational Rehabilitation Agency Contact
- Veterans Administration for Disabled Veterans

9

QUESTION 20

- SSI Record or Authorization
- SSI Contact
- Evidence of SSI Benefits

QUESTIONS 21 & 22

- Unemployment Insurance (UI) Claims Records
- UI Wage Records

Box 24(a). **Signature.** The person who completes the form signs the signature block.

Box 24(b). **Signatory Options.** Qualified individuals/entities which can sign the form in lieu of the applicant: (a) Employer, (b) Consultant, (c) SWA staff, (d) Participating Agency staff, (e) Applicant, or (f) Parent or guardian (if applicant is a minor, the parent or guardian must sign).

Box 25. **Date.** Enter the month, day and year when the form was completed.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondent's obligation to reply to these questions is required to obtain and retain benefits per law 104-188. Public reporting burden for this collection of information is estimated to average 20 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to the U.S. Department of Labor, Employment and Training Administration, Division of National Programs, Tools, and Technical Assistance, 200 Constitution Ave., NW, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project Control No. 1205-0371).

(Cut along dotted line and keep in your files)

TO: THE JOB APPLICANT OR EMPLOYEE,

Privacy Act Statement: *The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary. However, the information is required for your employer to receive the federal tax credit. IF THE INFORMATION YOU PROVIDE IS ABOUT A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.*

1. Where a Federal/State/Local Gov't., School I.D. Card, or Work Permit does not contain age or birth date, another valid document must be obtained to verify an individual's age.

2. ESPL No. 05-98, dated 3/18/98, officially rescinded the authority to use Form I-9 as proof of age and residence. Therefore, the I-9 is not a valid piece of documentary evidence since May 1998.