



DRIVER EMPLOYMENT APPLICATION FORM

GENERAL				
Name: <i>Gutierrez Alfredo</i>				
Last	First	Middle	Maiden	
Present Address: <i>5431 Main St Monro IL 60449</i>				
Number	Street	City	State	Zip
How Long: <i>4 yrs</i>			Social Security No.: <i>459-81-2798</i>	
Telephone: <i>708-821-5071</i>				
RESIDENCE - PAST 3 YEARS				
Address: <i>5431 Main St Monro IL 60449</i>			State, Zip, & How Long? <i>IL 60449 4 yrs</i>	
Address: City:			State, Zip, & How Long?	
Address: City:			State, Zip, & How Long?	
Address: City:			State, Zip, & How Long?	
QUALIFICATIONS AS A DRIVER				
State	License #	Expiration Date	Type/Class (CDL A)	Endorsements
DRIVING EXPERIENCE				
Equipment Class	Type of Equipment (Van, Flat, Tank)	DATES		Approx # of Miles Total
		From	To	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				
ACCIDENTS/CRASHES FOR THE PAST 3 YEARS OR MORE				
Date	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries	



MOVING TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS			
Date	Offense	Location	Type of Motor Vehicle Operated
Have you ever been convicted of a crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.			
DWI, 2009, Probation for 14 months			
Do you have a driver's license? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
What is your means of transportation to work? Personal Vehicle			
Driver's License Number: _____ State of issue: _____ <input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur			
Expiration Date: _____			
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
B. Has any license, permit or privilege ever been revoked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, attach statement giving details. 2009 DWI			
This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Driver's License (CDL), to be controlled substances tested with a negative result prior to driving.			
Do you consent to such Testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
JOB SPECIFIC			
Position Applied For: Lighting Tech		Days/Hours Available to Work:	
Salary Desired: \$18/hr		No Pref <input checked="" type="checkbox"/> Thur _____ Mon _____ Fri _____ Tue _____ Sat _____ Wed _____ Sun _____	
How many hours can you work weekly? 40		Can you work nights? Yes	
Employment Desired: <input checked="" type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME			
When available for work? 1/12/14			



An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Customer service skills accrued when working for Dish Network for 5 yrs. Leadership skills learned as a lead technician for Antech Diagnostics for 3 yrs.

EDUCATION & OTHER INFORMATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NO. OF YEARS COMPLETED	MAJOR & DEGREE
High School	Clint High School	13840 Alameda Ave	4 yrs	Diploma
College				
Bus. or Trade School				
Professional School				

Please list two references other than relatives or previous employers.

Name: Andrew Parker	Name: Holly Christensen
Position: Supervisor	Position: Certified Vet Tech
Company: Antech Diagnostics	Company: Brookville Animal Hospital
Address: 2601 W 27 th St. Oakbrook IL	Address: 764 South Weber Rd Bolingbrook IL
Telephone: 815-341-8087	Telephone: 708-296-5944

MILITARY

Have you ever been in the armed forces?

Yes No

Are you now a member of the national guard?

Yes No

Specialty

Date Entered

Discharge Date



WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held, and Commercial Driving Experience for the past ten years. If you were self-employed, give firm name. Attach additional sheets if necessary.

Job One

Name of Employer: <i>Anch Diagnostics</i>	Name of Last Supervisor: <i>Andrew Parker</i>	Employment Dates From: <i>4/4/2011</i>	Salary Start: <i>\$11/hr</i>
Complete Address: <i>2601 W 22nd St Oakbrook IL</i>		To: <i>Currently Employed</i>	Final: <i>\$18/hr</i>
Phone Number: <i>1-800-745-4725 ex: 2930</i>	Your Last Job Title: <i>Parasitology Lead Technician</i> <input type="checkbox"/>		
Reason for Leaving (be specific): <i>Better Pay</i>			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

In charge of Parasitology Dept. Created schedules, handled a staff of 15 employees. Delegated duties to ensure smooth workflow. Started off as a lab aide in 2011 and moved up to lead technician within 2 yrs.

Job Two

Name of Employer: <i>Dish Network</i>	Name of Last Supervisor: <i>Robert Jaquez</i>	Employment Dates From: <i>3/20/2006</i>	Salary Start: <i>\$7/hr</i>
Complete Address: <i>1285 Joe Battle Blvd El Paso TX</i>		To: <i>3/7/2011</i>	Final: <i>\$10/hr</i>
Phone Number: <i>915-860-6200</i>	Your Last Job Title: <i>CDL?</i> <input type="checkbox"/>		
Reason for Leaving (be specific): <i>Better Pay</i>			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Handled inbound calls and assisted customers with technical issues regarding their entertainment equipment and billing issues. Moved through the tiers of Tech 1, 2, 3 within the 5 yrs ~~was~~ I was there.

Job Three

Name of Employer:	Name of Last Supervisor:	Employment Dates From:	Salary Start:
Complete Address:		To:	Final:
Phone Number:	Your Last Job Title: <i>CDL?</i> <input type="checkbox"/>		
Reason for Leaving (be specific):			



List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer?

Yes No

AFFIDAVIT, CONSENT AND RELEASE
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE.

I have read, understand, and by my signature consent to these statements.

Signature: _____

Date: _____

12/23/14

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

_____, or any of its subsidiaries may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" conducted by a consumer reporting agency which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history (State and Federal records), social security verification, address trace, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any report conducted by a consumer reporting agency. Please be advised NationSearch.com, LLC (NationSearch)—11184 Huron St. Suite 13; Northglenn, CO 80234; (800)-827-9550—will be the consumer reporting agency conducting the background investigation. The scope of this notice and authorization is all encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reporting now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any report conducted by a consumer reporting agency.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, credit reporting agency, employer, to provide any and all background information requested by NationSearch.com, LLC—11184 Huron St. Suite 13; Northglenn, CO 80234 (800)-827-9550—another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Notice to California Applicants: Notice to California Applicants: Under section 1786.22 of California Civil Code, you have the right to request from NationSearch, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which NationSearch has previously furnished within the two-year period preceding your request. You may view the file maintained on you by contacting NationSearch during normal business hours. You may also obtain a copy of this report(s) upon submitting proper identification. Upon making a written request, you may receive a summary of your report.
New York applicants or employees only: You have the right to inspect and receive a copy of any report conducted by a consumer reporting agency and requested by the Company by contacting the consumer reporting agency identified above directly.

Notice to Maine Applicants: Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not a consumer report was requested. If such report was obtained, you may contact the consumer reporting agency, NationSearch, and request a copy of the report(s) compiled.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Last Name: <i>Gutiérrez</i>	First Name: <i>Alfredo</i>	Middle Name:
Other Names Used: <i>"Freddy"</i>	SSN: <i>459-81-2798</i>	Date of Birth: (For Employment Purposes Only) <i>5/31/86</i>
Motor Vehicle Number & State of Issue: (Driver's License Number) <i>G362-0008-6155 / ILLINOIS</i>	Current Address: <i>PO Box 154</i> <i>5431 Main St Monro IL 60449</i>	

Signature: *Alfredo Gutierrez* Date: *12/23/14*

Please initial this box in affirmation that you have been advised of your rights as it pertains to this consumer report, and are aware of the consumer reporting agency conducting the background investigation:

AG



EMPLOYMENT AT WILL POLICY

We have today a rapidly changing work environment. Both companies and workers are changing directions faster than ever. In order to remain competitive there is a greater than ever need for flexibility and managerial discretion. "At will" employment, which has been "the law of the land" for over a century, provides the flexibility and discretion we deem necessary for the benefit of everyone at this company.

Your employment with the company is "at will." This means that your employment may be terminated at any time, with or without notice, for any reason, with or without cause. Likewise, you may terminate your employment at any time, with or without notice, for any reason, with or without cause. As you can see, "at-will" employment is a two-way street. Nothing in the employee handbook or any other company document should be understood as creating guaranteed or continued employment, termination "for cause", or of any other guaranteed or continued benefits. Only the President has the authority to make promises with regard to guaranteed or continued employment and any such promises are only effective if placed in writing and signed by the President.

I acknowledge and understand the "at will" nature of my relationship with the Company.

EMPLOYEE

COMPANY



Authorized Signature

Alfredo Gutierrez

Print Name and Title

Authorized Signature

Print Name and Title

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

OMB No. 1545-1500

▶ See separate instructions.

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

Your name Alfredo Gutierrez Social security number ▶ 459-81-2798
Street address where you live 5431 Main St. PO Box 154
City or town, state, and ZIP code Monroe LA 70449
County Will Telephone number (708) 821-5071
If you are under age 40, enter your date of birth (month, day, year) 5/31/86

- 1 Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 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 5 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 discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 16 but **not** age 25 or older, **and**:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
 - Discharged or released from active duty in the U.S. Armed Forces, **or**
 - Unemployed for a period or periods totaling at least 6 months.
- 5 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 ▶ Alfredo Gutierrez

Date 12/23/14

PLEASE CHECK "YES" OR "NO" AND ANSWER ALL QUESTIONS

Name Alfredo Gutierrez
Address 5431 Main St PO Box 154
City Monce State I Zip 60449 Social Security # 459-81-2798
Date of Birth 5/31/86 Age 28

Please CHECK ONE ANSWER for each of the following questions, and complete question #5:

- 1. Have you or any family member living with you received Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) during the past 24 months? Yes No [X]
2. Have you or any family member living with you received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) at any time during the past fifteen (15) months? Yes No [X]
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days? Yes No [X]
4. Are you part of the Ticket to Work program? Yes No [X]

5. Name of person who received benefits
Relationship City & State where benefits received

6. Are you a veteran? Yes No [X] and Disabled due to service? Yes No [X]
Service Dates: From: To: Branch:

7. Have you been unemployed at any time during the last 12 months? Yes No [X]
If yes, dates of unemployment: From: To:
Did you receive unemployment compensation at any point during your unemployment?
If yes, dates received compensation: From: To: Yes No [X]

8. Have you been convicted of a felony or released from prison in the last 12 months?
Date of Conviction: Date of Release: Yes No [X]
Parole Officer's Name: Parole Officer's Phone #

9. Have you received rehabilitation services from a State approved or Department of Veterans Affairs approved Vocational rehabilitation agency? Yes No [X]
Name of Agency Phone #
Address of Agency Counselor's Name

10. Have you attended High School, College or Technical School for more than an average of 10 hours per week at any time during the last 6 months? Yes No [X]

11. Did you receive a high school diploma or GED? If yes, date received: 5/26/05 Yes [X] No
Have you been employed or been admitted to technical school or college since then? Yes No

12. How much in gross wages have you earned TOTAL in the past six months? \$

I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative, or the Department of Labor.
NEW HIRE SIGNATURE Alfredo Gutierrez DATE 12/23/14

Questions below to be completed by manager
Starting Wage Position
Has employee worked for this company before? If yes, date and location



YOUTH SELF-ATTESTATION FORM Work Opportunity Tax Credit Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with Form ETA 9061 for each certification request filed.

New Hire Name: Alfredo Gutierrez

Social Security Number: 459-81-2798 Date of Birth: 5/31/86

Employer Name: Employer Solutions Staffing Group

Employer Federal ID (EIN) Number: -

Please check all the statements that apply to you. Sign and date this form where indicated below.

In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations.

I do not have a High School Diploma or GED certificate.

I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school. I also have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

New Hire's Signature: Alfredo Gutierrez Date 12/23/14

Privacy Act Notice:

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, including the Social Security Number, will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

Public Burden Statement:

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.



**Employer
Solutions
Staffing
Group LLC**

New Hire Application

7301 Ohms Lane / Suite 405
Edina, MN 55439
T:952.835.1288 / F:952.835.4881

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Gutierrez First Name Alfredo Middle Initial _____
 Street Address 5431 Main St PO Box 154
 City/State/Zip Monee IL 60449
 Home Phone _____ Cell / Message Phone 708-821-5071
 Company/Employer _____

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Are you legally authorized to work in the United States of America? YES NO

Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

Alfredo Gutierrez
Name (Print or type)

Alfredo Gutierrez
Applicant's Signature

12/23/14
Date

A copy or facsimile will be considered the same as an original signature.

For ESSG Office Use Only				
DOH _____	NHW _____	I-9 _____	8850 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	5 Day Letter (If applicable) _____	ESC Application _____



Addendum to Application

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4		DATE <u>12/25/14</u>
Name <u>Alfredo Gutierrez</u>		
<small>Last First Middle Maiden</small>		
Social Security No. <u>459 - 81 - 2798</u>		
Telephone <u>(708) 821-5071</u>		
If under 18, please list age _____	Referred by _____	
Position applied for (1) <u>Lighting Tech</u>	Days/hours available to work	
and salary desired (2) _____	No Pref <input checked="" type="checkbox"/> Thur _____	
(Be specific)	Mon _____ Fri _____	
	Tue _____ Sat _____	
	Wed _____ Sun _____	
How many hours can you work weekly? <u>40</u>	Can you work nights? <u>Yes</u>	
Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME		
When available for work? <u>1/12/14</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		
Do you anticipate any absences from work on a regular basis?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Clint High</u>	<u>13890 Alameda Ave</u>	<u>4</u>	<u>Diploma</u>
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. DWI, 2009, Probation

DO YOU HAVE A DRIVER'S LICENSE? Yes ___ No

What is your means of transportation to work? own vehicle

Driver's license number A.362-0008-6155 State of issue IL

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date 5/31/2015

Have you had any accidents during the past three years? ___ Yes No

If so, how many? _____

Have you had any moving violations during the past three years? ___ Yes ___ No

If so, how many? _____

OFFICE USE ONLY

Typing ___ Yes ___ No Personal Computer ___ Yes ___ No 10-key ___ Yes ___ No

_____ WPM ___ PC ___ Mac

Word Processing ___ Yes ___ No Other _____

_____ WPM Skills _____

Please list two references other than relatives or previous employers.

Name <u>Holly Christensen</u>	Name <u>Andrew Parker</u>
Position <u>Vet Tech</u>	Position <u>Supervisor</u>
Company <u>Brookville Animal Hospital</u>	Company <u>Antech Diagnostics</u>
Address <u>764 S. Weber Rd</u>	Address <u>2601 W 22nd St</u>
<u>Bolingbrook IL</u>	<u>Oakbrook IL</u>
Telephone <u>(708) 296-5944</u>	Telephone <u>(815) 341-8087</u>

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

As a lead technician I am responsible of leading a team of 15 employees. In charge of delegating duties to ensure a smooth workflow. Responsible for checking and clearing pending lists to ensure all work is completed at the end of each work day.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ___ Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ___ Yes No

Specialty _____ Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

<p>Back <input type="button" value="Email"/></p>									
<p>Name <u>Antech Diagnostics</u></p> <p>Position _____</p> <p>Company <u>Lead Technician</u></p> <p>Address <u>2601 W 22nd St Oakbrook</u></p> <p>Telephone <u>(800) 745-4725 Ex: 2930</u></p>	<p>Supervisor name <u>Andrew Parker</u></p> <table border="1"> <tr> <th>Employment dates</th> <th>Pay or salary</th> </tr> <tr> <td>From <u>4/4/2011</u></td> <td>Start <u>\$11/hr</u></td> </tr> <tr> <td>To <u>Current</u></td> <td>Final <u>\$18/hr</u></td> </tr> <tr> <td colspan="2">Your last job title <u>Lead Technician</u></td> </tr> </table> <p>Reason for leaving (be specific) <u>Better Pay</u></p> <p>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>In charge of dept. Created schedules and assigned duties.</u></p>	Employment dates	Pay or salary	From <u>4/4/2011</u>	Start <u>\$11/hr</u>	To <u>Current</u>	Final <u>\$18/hr</u>	Your last job title <u>Lead Technician</u>	
Employment dates	Pay or salary								
From <u>4/4/2011</u>	Start <u>\$11/hr</u>								
To <u>Current</u>	Final <u>\$18/hr</u>								
Your last job title <u>Lead Technician</u>									

<p>Name <u>Dish Network</u></p> <p>Position _____</p> <p>Company <u>Customer Service Rep</u></p> <p>Address <u>1285 Joe Baffle Blvd Paso</u></p> <p>Telephone <u>(915) 860-6200 TX</u></p>	<p>Supervisor name <u>Robert Jayez</u></p> <table border="1"> <tr> <th>Employment dates</th> <th>Pay or salary</th> </tr> <tr> <td>From <u>3/20/2006</u></td> <td>Start <u>\$7/hr</u></td> </tr> <tr> <td>To <u>3/4/2011</u></td> <td>Final <u>\$10/hr</u></td> </tr> <tr> <td colspan="2">Your last job title <u>CSR3</u></td> </tr> </table> <p>Reason for leaving (be specific) <u>Better Pay</u></p> <p>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Handled inbound calls regarding technical issues and billing issues.</u></p>	Employment dates	Pay or salary	From <u>3/20/2006</u>	Start <u>\$7/hr</u>	To <u>3/4/2011</u>	Final <u>\$10/hr</u>	Your last job title <u>CSR3</u>	
Employment dates	Pay or salary								
From <u>3/20/2006</u>	Start <u>\$7/hr</u>								
To <u>3/4/2011</u>	Final <u>\$10/hr</u>								
Your last job title <u>CSR3</u>									

<p>Name _____</p> <p>Position _____</p> <p>Company _____</p> <p>Address _____</p> <p>Telephone (____) _____</p>	<p>Supervisor name _____</p> <table border="1"> <tr> <th>Employment dates</th> <th>Pay or salary</th> </tr> <tr> <td>From _____</td> <td>Start _____</td> </tr> <tr> <td>To _____</td> <td>Final _____</td> </tr> <tr> <td colspan="2">Your last job title _____</td> </tr> </table> <p>Reason for leaving (be specific) _____</p> <p>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</p>	Employment dates	Pay or salary	From _____	Start _____	To _____	Final _____	Your last job title _____	
Employment dates	Pay or salary								
From _____	Start _____								
To _____	Final _____								
Your last job title _____									

Who were you referred by? Jose Gutierrez

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

Page 1 of 1
**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

Email

[Back](#) [Home](#)

In exchange for the consideration of my job application by Employer Solutions Staffing Group LLC., (hereinafter called "the Company"),

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant *afude Gutierrez* Date: 12/23/14



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name) <i>Gutierrez</i>		First Name (Given Name) <i>Alfredo</i>		Middle Initial	Other Names Used (if any) <i>"Freddy"</i>	
Address (Street Number and Name) <i>5431 Main St Po Box 154</i>			Apt. Number	City or Town <i>Monroe</i>	State <i>IL</i>	Zip Code <i>60449</i>
Date of Birth (mm/dd/yyyy) <i>05/31/1986</i>	U.S. Social Security Number <i>459-811-2798</i>	E-mail Address <i>freddyman1016@gmail.com</i>			Telephone Number <i>708-821-5011</i>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

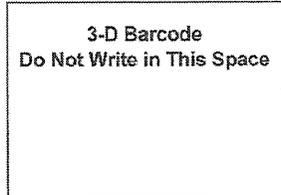
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)



Signature of Employee: <i>Alfredo Gutierrez</i>	Date (mm/dd/yyyy): <i>12/23/2014</i>
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code

STOP Employer Completes Next Page **STOP**

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
--	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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Acknowledgement of Receipt Antiharassment Policy

I certify that I have received a copy of Employer Solutions Staffing Group's Antiharassment Policy. I understand that it is my responsibility to read this policy and ask my supervisor, a member of management or to telephone Employer Solutions Group (ESSG) at **952.835.1288/1.866.496.7573** with any questions I may have about this policy. I agree to comply with ESSG's policy on Antiharassment and understand failure to comply is grounds for disciplinary action, up to and including termination.

I also agree that if at any time during my employment I am involved in any employment dispute or I am subjected to any type of discrimination, including discrimination because of race, sex, age, religion, color, national origin, disability, marital, sexual orientation or veteran status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact my supervisor, manager, director or ESSG's Human Resource Department at **1-952-835-1288 / 1-866-496-7573** in order to obtain assistance in the resolution of such matters.

Employee Name (Please Print)

Alfredo Gutierrez

Employee's Social Security Number: 459-81-2798

Employee's Signature:

Alfredo Gutierrez Date: 12/23/14

RECEIPT OF EMPLOYEE HANDBOOK AND EMPLOYMENT-AT-WILL STATEMENT

This is to acknowledge that I have read and received a copy of the Employer Solutions Staffing Group LLC (ESSG) Assigned Employee Handbook and understand that it sets forth the terms and conditions of my employment as well as the duties, responsibilities and obligations of my employment with the company. I understand and agree that it is my responsibility to abide by the rules, policies and standards set forth in the Handbook.

I also acknowledge that my employment with ESSG is not for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by the company. I acknowledge that no oral or written statements or representations regarding my employment can alter the foregoing. I also acknowledge that no manager or employee has the authority to enter into an employment agreement, express or implied, providing for employment other than at-will.

I also acknowledge that, except for the policy of at-will employment, ESSG reserves the right to revise, delete and add to the provisions of this Employee Handbook. All such revisions, deletions or additions must be in writing and must be signed by the CEO of the company. No oral statements or representations can change the provisions of this Handbook. I also acknowledge that, except for the policy of at-will employment, terms and conditions of employment with the company may be modified at the sole discretion of the company, with or without cause or notice, at any time. No implied contract concerning any employment-related decision, term of employment or condition of employment can be established by any other statement, conduct, policy or practice.

I understand the foregoing agreement concerning my at-will employment status and the company's right to determine and modify the terms and conditions of employment is the sole and entire agreement between me and ESSG concerning the duration of my employment, the circumstances under which my employment may be terminated and the circumstances under which the terms and conditions of my employment may change. I further understand that this agreement supersedes all prior agreements, understandings and representations concerning my employment with the company.

If I have questions regarding the content or interpretation of this Handbook, I will bring them to the attention of ESSG or CMG.

DATE: 12/23/14

EMPLOYEE NAME: Alfredo Gutierrez

EMPLOYEE SIGNATURE: 

ESSG REPRESENTATIVE: _____

**EMPLOYER SOLUTIONS STAFFING GROUP
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION**

Name: Alfredo Gutierrez

Address: 5431 Main St Po Box 154 Monee IL 60449

Home Phone: 708-821-5071

Person(s) to contact in case of an emergency on the job (in order of preference):

1. Name: Jose Gutierrez

Phone (work): 602-639-0430

Phone (home): _____

2. Name: Holly Christensen

Phone (work): 708-296-5444

Phone (home): _____

Additional information you want Employer Solutions Group and our clients to know in the event of an emergency:

ILLINOIS

Jesse White • Secretary of State

DRIVER'S LICENSE

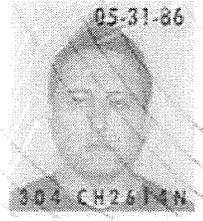


Lic. No.: G362-0008-6155
DOB: 05-31-86
Expires: 05-31-15
Issued: 04-06-11

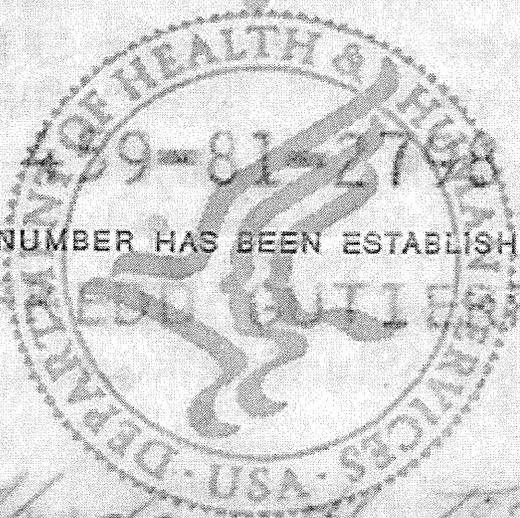
Class: D
End: *****
Rest: B
Type: ORG

ALFREDO GUTIERREZ
5431 MAIN ST
POB 154
MONEE IL 60449

Alfredo Gutierrez

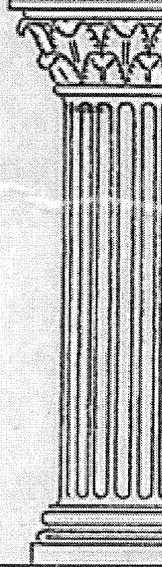


Male 5'07" 154 lbs BRN Eyes



THIS NUMBER HAS BEEN ESTABLISHED FOR
ALFREDO GUTIERREZ

Alfredo Gutierrez
SIGNATURE



SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 12/29/2014
Page: 1 of 1

Case Verification Number: 2014363124954MG

Case Information:**Employee Information:**

Last Name:	Gutierrez	First Name:	Alfredo
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 2798	Date of Birth:	05/31/1986
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Social Security Card
Document Name:	Driver's license	Document State:	Illinois
Driver's License or ID Card Number:		Document Expiration Date:	05/31/2015
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	12/29/2014	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	EPOR4912	Submitted On:	12/29/2014

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:		First Name:	
Middle Initial:		Other Names Used:	
Social Security Number:		Date of Birth:	
Resubmitted By:		Resubmitted On:	

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:
 Submitted By: Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date: