

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.

| TYPE OF SCHOOL       | NAME OF SCHOOL      | LOCATION<br>(Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE        |
|----------------------|---------------------|--|---------------------------|-----------------------|
| High School          | MENDEL CATHOLIC HS. | 250 E 11TH ST<br>CHGO, IL 60628        | 4 yrs                     | General Studies       |
| College              | DEVRY UNIVERSITY    | 3300 N CAMPBELL<br>CHGO, IL            | 1 1/2 yrs                 | Computer Info Systems |
| Bus. or Trade School | NEW SKILLS BUILDERS | 3405 STATE                             | 3 MONTHS                  | CERTIFICATE           |
| Professional School  |                     |  |                           | FLORIDA N.S.G.        |

PLEASE COMPLETE PAGES 1-4

Name: SMITH, ANDRE, KEVIN  
 Last First Middle Initial

Social Security No. 352-68-0661  
 Telephone 773-731-3581

If under 18, please list age \_\_\_\_\_

Position applied for (1) MATERIAL HANDLER  
 and salary desired (2) \$14.00 per hour  
 (Be specific)

How many hours can you work weekly? 40 hrs + 0.5  
 Can you work nights? \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL-OR PART-TIME

When available for work? MONDAY NOV 10, 2014

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  
 No  Yes If so, please explain \_\_\_\_\_

Do you anticipate any absences from work on a regular basis?  
 No  Yes If so, please explain \_\_\_\_\_

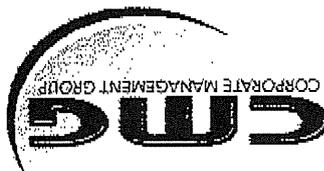
Days/hours available to work  
 No Pref. Thur 7A-3P  
Mon 7M-3P Fri 7AM-3PM  
Tue 7AM-3PM Sat 7AM-3PM  
Wed 7AM-3PM Sun

Referred by: MARIA SWPALEK

DATE 11/6/2014

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Addendum to Application



**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.

|  |  |                                 |  |                            |  |                                 |  |  |  |                                  |  |
|--|--|---------------------------------|--|----------------------------|--|---------------------------------|--|--|--|----------------------------------|--|
| Name: <u>Aerotek</u>                     |  | Position: <u>Order Selector</u> |  | Company: <u>Aerotek</u>    |  | Address: <u>903 Commerce Dr</u> |  | City: <u>5178 210 Oakbrook, IL 60523</u>   |  | Telephone: <u>(630) 645-3572</u> |  |
| Supervisor name: <u>Joshua Del Valle</u> |  | Employment dates:               |  | Pay or salary:             |  | Your last job title:            |  | Reason for leaving (be specific): <u>Did not have any assignments available</u>  |  |                                  |  |
| From: <u>JUN/2014</u>                    |  | To: <u>AUG/2014</u>             |  | Start: <u>12.95 per hr</u> |  | Final: <u>12.95 per hr</u>      |  | List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. |  |                                  |  |

|   |  |  |  |                              |  |                              |  |  |  |                                  |  |
|---|--|--|--|------------------------------|--|------------------------------|--|--|--|----------------------------------|--|
| Name: <u>CVS CAREMARK</u>                 |  | Position: <u>Dispensing Material Handler</u> |  | Company: <u>CVS Caremark</u> |  | Address: <u>1740 Wall St</u> |  | City: <u>MT Prospect, IL 60056</u>   |  | Telephone: <u>(847) 264-7156</u> |  |
| Supervisor name: <u>Robert Wilczewski</u> |  | Employment dates:                            |  | Pay or salary:               |  | Your last job title:         |  | Reason for leaving (be specific): <u>Resigned</u>  |  |                                  |  |
| From: <u>SEPT/2013</u>                    |  | To: <u>JUN/2014</u>                          |  | Start: <u>9.50 per hr</u>    |  | Final: <u>9.50 per hr</u>    |  | List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. |  |                                  |  |

|   |  |   |  |  |  |                                |  |  |  |                                  |  |
|---|--|---|--|--|--|--------------------------------|--|--|--|----------------------------------|--|
| Name: <u>Sheet Metal Workers Local 73</u> |  | Position: <u>Sheet Metal Apprentice</u> |  | Company: <u>Sheet Metal Workers Local 73</u> |  | Address: <u>2701 Van Buren</u> |  | City: <u>Bellwood, IL 60404</u>  |  | Telephone: <u>(708) 574-5711</u> |  |
| Supervisor name: <u>MICHAEL SKARBA</u>    |  | Employment dates:                       |  | Pay or salary:                               |  | Your last job title:           |  | Reason for leaving (be specific): <u>Drilled from program due to grades</u>  |  |                                  |  |
| From: <u>3/11/13</u>                      |  | To: <u>5/14/13</u>                      |  | Start: <u>13.60 per hr</u>                   |  | Final: <u>13.60 per hr</u>     |  | List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |  |                                  |  |

Who were you referred by? MARLA SAMPALER

May we contact your present employer?  Yes  No

Did you complete this application yourself?  Yes  No

If not, who did?



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0148  
(update 11-20-2013)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact **Employer Solutions Staffing Group LLC - 952-767-9519**.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

# Employer solutions staffing group



## Leveraging Resources in a Changing Market

### Employees:

Implementation of the Affordable Care Act (ACA) of 2010 (the health care reform law) requires that we send you this notice. The notice describes the new online Health Insurance Marketplace (also called an Exchange), which is available at [www.healthcare.gov](http://www.healthcare.gov) beginning October 1, 2013. The Marketplace describes options you may have available for health insurance (other than employer-based plans) and is designed so you can make easy cost and coverage comparisons. The enclosed notice also includes information about coverage you may be eligible for through Employer Solutions Staffing Group (ESSG).

If you have coverage through Essential StaffCare, please be advised that the Essential StaffCare plan does not meet the criteria to avoid a penalty under the ACA plan requirements for 2014 and beyond. Starting in 2014, if you do not have medical coverage, you will have to pay a penalty (in the form of a tax). If you do not qualify for coverage through ESSG or you do not enroll yourself or a dependent, it is your responsibility to obtain coverage or pay the penalty. This penalty is known as the "individual mandate penalty."

The individual mandate penalty increases each year. In 2014 the penalty is 1% of your household yearly income or \$95 per adult and \$47.50 per child (up to \$285 for a family), whichever is higher. In 2015 the penalty is 2% of your household yearly income or \$325 per adult and \$162.50 per child (up to \$975 for a family), whichever is higher. The penalty for 2016 is 2.5% of your household yearly income or \$695 per adult and \$347.50 per child (up to \$2,085 for a family), whichever is higher. If you choose to pay the penalty you will not get any health insurance coverage and will be 100% responsible for the cost of your medical care.

For eligible employees, the health plan offered by ESSG qualifies as affordable and meets the minimum essential coverage standards set by the Affordable Care Act. Because of this, you and your family won't qualify to receive any credits or subsidies if you purchase coverage from a Marketplace, regardless of your family size or income. If you are an employee who is not eligible or in a waiting period for benefits and do not have access to other coverage, you may still qualify for reduced premiums through a Marketplace plan. You can visit [www.healthcare.gov](http://www.healthcare.gov) to determine if you and/or your family qualify for subsidies under the Health Insurance Marketplace in your state.

If you are considered to be low income, Medicaid could be a viable option. Some states will also be expanding the eligibility rules and income requirements to qualify for Medicaid. To determine if the state where you live is expanding Medicaid coverage and to learn about Medicaid, please visit <https://www.healthcare.gov/do-i-qualify-for-medicaid>.

Please remember that open enrollment in the Marketplace begins on October 1, 2013 and ends on March 31, 2014. After open enrollment ends you will not be able to get health coverage through the Marketplace until the next annual enrollment period, unless you have a qualifying life event.

Thank you.

Employer Solutions Staffing Group

952.767.9519

[health@employersolutionsgroup.com](mailto:health@employersolutionsgroup.com)

September 2010

Signature of applicant: Andrew N. Smith Date: 11/6/2014

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.

I agree that:

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

PLEASE READ CAREFULLY APPLICATION FORM WAIVER

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

Name: ANDRE K. SMITH

Address: 8714 SOUTH MORRILL

Home Phone: (773) 731-3581

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

1. Name: ANNA L. SMITH

Phone (work): N/A RETIRED

Phone (home): (773) 731-3581

2. Name: KEVIN E. TALLE

Phone (work): N/A RETIRED

Phone (home): (773) 306-1245

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

Multiple horizontal lines for additional information.

Form 8850 (Rev. 8-2009)

OMB No. 2265-11

For Privacy Act and Paperwork Reduction Act Notices, see page 2.

Date 11/6/2014

Signature: Andrew K. Smith

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.

Signature—All Applicants Must Sign

- 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 18 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.

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

Your name: ANDREW K. SMITH

Street address where you live: 8714 South Merkel Ave

City or town, state, and ZIP code: CHICAGO, IL 60617

County: Cook

Telephone number: (773) 731-3581

Social security number: 352-68-0661

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

Form 8850 (Rev. August 2009) Department of the Treasury

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

OMB No. 1545-1500

See separate instructions.

Questions below to be completed by manager

Starting Wage \_\_\_\_\_ Position \_\_\_\_\_

Has employee worked for this company before? \_\_\_\_\_ If yes, date and location \_\_\_\_\_

NEW HIRE SIGNATURE → Maude K. Smith DATE 11/6/2014

I hereby authorize any agency, organization, or individual 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.

12. How much in gross wages have you earned TOTAL in the past six months? \$ None

11. Did you receive a high school diploma or GED? If yes, date received: May 1984

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

9. Have you received rehabilitation services from a State approved or Department of Veterans Affairs approved Vocational rehabilitation agency?  Yes  No

Name of Agency \_\_\_\_\_ Address of Agency \_\_\_\_\_

Phone # \_\_\_\_\_ Counselor's Name \_\_\_\_\_

8. Have you been convicted of a felony or released from prison in the last 12 months?  Yes  No

Date of Conviction: \_\_\_\_\_ Parole Officer's Name: \_\_\_\_\_

Date of Release: \_\_\_\_\_ Parole Officer's Phone # \_\_\_\_\_

7. Have you been unemployed at any time during the last 12 months?  Yes  No

If yes, dates of unemployment: From: Aug 2014 To: Current

If yes, dates received compensation: From: Aug 2014 To: Current

6. Are you a veteran?  Yes  No  and Disabled due to service?  Yes  No

Service Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Branch: \_\_\_\_\_

5. Name of person who received benefits Maude K. Smith

Relationship Self

City & State where benefits received CHICAGO, IL

4. Are you part of the Ticket to Work program?  Yes  No

3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days?  Yes  No

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

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

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

Name Maude K. Smith Address 8714 South Merrill City Chicago State IL Zip 60617 Social Security # 352-68-0661 Date of Birth 4/19/1966 Age 48

**PART B: Information About Health Coverage Offered by Your Employer**

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

|   |  |  |  |
|---|--|--|--|
| 3. Employer name<br><b>Employer Solutions Staffing Group LLC</b>  |  | 4. Employer Identification Number (EIN)<br><b>20-0084367</b>                       |  |
| 5. Employer address<br><b>7301 Ohms Lane Suite 405</b>            |  | 6. Employer phone number<br><b>952-767-9519</b>                                    |  |
| 7. City<br><b>Edina</b>   |  | 8. State<br><b>MN</b>  |  |
| 9. ZIP code<br><b>55439</b>                                       |  | 10. Who can we contact about employee health coverage at this job?<br><b>SS439</b> |  |
| 11. Phone number (if different from above)<br><b>952-767-9519</b> |  | 12. Email address<br><b>health@employersolutionsgroup.com</b>                      |  |

Here is some basic information about health coverage offered by this employer:  
 • As your employer, we offer a health plan to:  
 All employees.  
 Some employees. Eligible employees are: *See by site link, to employees who work 30+ hours/week, 1500+ hours/year.*  
 With respect to dependents: Eligible dependents are: *Dependent of covered employees working at sites that have elected insurance.*  
 We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

-- Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit Healthcare.gov to find out if you can get a tax credit to lower your monthly premiums.

13. In the employer currently eligible for coverage offered by this employer, or will the employer be eligible in the next 3 months?  
 Yes (Continue)  
 No (STOP and return this form to employer)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? *Values by site* (mm/dd/yyyy) (Continue)  
 No (STOP and return this form to employer)

14. Does the employer offer a health plan that meets the minimum value standard?  
 Yes (Go to question 15)  No (STOP and return form to employer)

15. For the lowest-cost plan that meets the minimum value standard<sup>1</sup> offered only to the employees (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.  
 a. How much would the employee have to pay in premiums for this plan? \$ **Varies - \$0 - \$55.38**  
 b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 18. If you don't know, STOP and return form to employer.

16. What change will the employer make for the new plan year?  
 Employer won't offer health coverage  
 Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employees that meets the minimum value standard.<sup>2</sup> (Premium should reflect the discount for wellness programs. See question 15.)  
 a. How much will the employee have to pay in premiums for that plan? \$ \_\_\_\_\_  
 b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

Date of change (mm/dd/yyyy): \_\_\_\_\_

Form 8850 (Rev. 8-2009)

**Privacy Act and Paperwork Reduction Act Notice**

Section references are to the Internal Revenue Code.

Section 519(c)(3) 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 determine if the applicant is a member of a targeted group 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 non-tax 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.

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

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

Researching . . . . . 3 hrs., 15 min.

Learning about the law or the form . . . . . 45 min.

Preparing and sending this form to the SWA . . . . . 42 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, SEWCAMP:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Date / / Title

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.

Complete Only If Box 1 on Page 1 is Checked

Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Date applicant: / /

State and county or / /

Information: / /

Was offered job: / /

Was hired: / /

Started job: / /

It, 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)

City or town, state, and ZIP code: Indianapolis, IN 46205

Street address: 3730 Washington Boulevard

Person to contact, if different from above: Associated Consultants, Inc. Telephone no. (800) 925 - 0557

City or town, state, and ZIP code: Edina, MN 55439

Street address: 7301 Ohms Lane, Suite 405

Employer's name: Employer Solutions Staffing Group Telephone no. (952) 835 - 1288 EIN #

For Employer's Use Only

Page 2 Form 8850 (Rev. 8-2009)



**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 completed 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 (Employers 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)<br><b>SMITH</b>                            |  | First Name (Given Name)<br><b>ANDRE</b>            |  | Middle Initial (Optional)<br><b>K</b>          |                          |
| Address (Street Number and Name)<br><b>8714 SOUTH MERKLE HOUSE</b> |  | City or Town<br><b>CHICAGO</b>                     |  | State<br><b>IL</b>                             | Zip Code<br><b>60617</b> |
| Date of Birth (mm/dd/yyyy)<br><b>4/19/1966</b>                     |  | U.S. Social Security Number<br><b>324-88-01611</b> |  | Email Address<br><b>andre.ksmith@yahoo.com</b> |                          |
| Telephone Number<br><b>(773) 731-3581</b>                          |  |  |  |  |                          |

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/JUSCIS 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/JUSCIS Number OR Form I-94 Admission Number:

3-D Barcode  
 Do Not Write in This Space

- 1. Alien Registration Number/JUSCIS 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 Employer: **Andree K. Smith**  
 Date (mm/dd/yyyy): **11/6/2014**

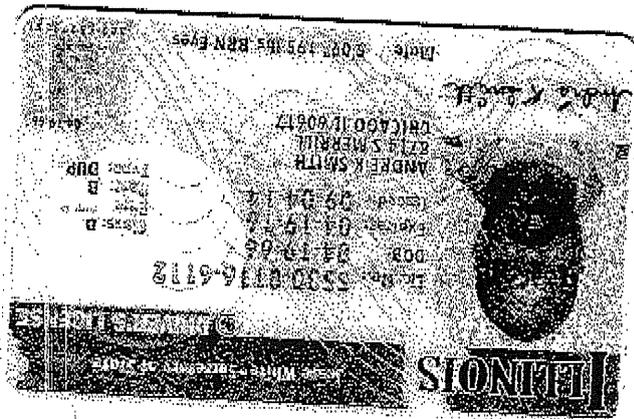
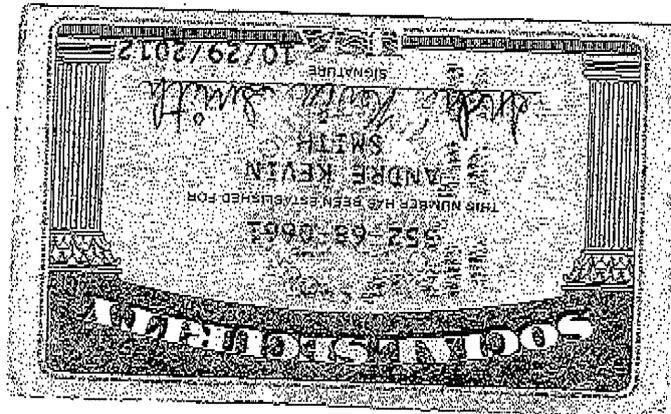
Employer and/or Translator Certification (To be completed and signed by Section 1 is prepared by a person other than the employer)

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 Employer or Translator: _____ |  | Date (mm/dd/yyyy): _____         |                |
| Last Name (Family Name)<br>_____           |  | First Name (Given Name)<br>_____ |                |
| Address (Street Number and Name)<br>_____  |  | City or Town<br>_____            | State<br>_____ |
| Zip Code<br>_____                          |  |                                  |                |

Employer Completion Area Only





# Form W-4 (2013)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to verify it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and makes more than \$500 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheet on page 2 further adjusts your withholding allowances based on dependents, deductions, credit savings, adjustments to income, or two-earner/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on an allowance you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take the projected tax credits and account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Marriage income.** If you have a large amount of mortgage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 for details.

**Income.** See Pub. 505 to find out if you should request your withholding on Form W-4 or W-4e. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$190,000 (single) or \$180,000 (married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/wf4](http://www.irs.gov/wf4).

## Personal Allowances Worksheet (Keep for your records.)

|          |  |       |
|----------|--|-------|
| <b>A</b> | Enter "1" for yourself if no one else can claim you as a dependent.  | _____ |
| <b>B</b> | Enter "1" if: <ul style="list-style-type: none"> <li>You are single and have only one job; or</li> <li>You are married, have only one job, and your spouse does not work; or</li> <li>Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> | _____ |
| <b>C</b> | Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)  | _____ |
| <b>D</b> | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.   | _____ |
| <b>E</b> | Enter "1" if you will file as head of household on your tax return (see conditions under Head of Household above).   | _____ |
| <b>F</b> | Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit.   | _____ |
| <b>G</b> | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)   | _____ |
| <b>H</b> | If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.  | _____ |
| <b>I</b> | If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child.   | _____ |

**For accuracy, complete all worksheets that apply.**

- If you plan to receive or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earner/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.

If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

## Employee's Withholding Allowance Certificate

Form W-4  
Department of the Treasury  
Bureau of Internal Revenue

Separate here and give Form W-4 to your employer. Keep the top part for your records.

OMB No. 1545-0074 **2013**

1- Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

|          |   |           |
|----------|---|-----------|
| <b>1</b> | Your first name and middle initial<br><b>ANDRE K</b>  |           |
| <b>2</b> | Last name<br><b>SMITH</b>   |           |
| <b>3</b> | Home address (number and street or rural route)<br><b>8714 SOUTH MERKELL AVE</b>  |           |
| <b>4</b> | City or town, state, and ZIP code<br><b>CHICAGO, IL 60617</b>   |           |
| <b>5</b> | Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)  | <b>1</b>  |
| <b>6</b> | Additional amount, if any, you want withheld from each paycheck   | <b>\$</b> |
| <b>7</b> | I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption:<br>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and<br>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. | <b>1</b>  |

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature  
**André K. Smith**

Date  
**11/6/2014**

Employer's name and address (Employer Complete lines 8 and 10 only if sending to the IRS)  
Employer identification number (EIN)  
9 Office code (optional) 10

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

**Employer Staffing Solutions Group LLC** New Hire Application



Personal Data - PLEASE PRINT LEGIBLY IN INK

Last Name: SMITH  
 First Name: ANDRE  
 Middle Initial: K

Street Address: 8714 SOUTH MERPLE AVE

City/State/Zip: CHICAGO, ILL 60617

Home Phone: (773) 731-3581  
 Cell/Message Phone: (773) 320-2708

Company/Employer: CORP/ATE MANAGEMENT GROUP INC/ACCIDENT

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 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, investigators 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.

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

Name (Print or type): ANDRE K. SMITH  
 Applicant's Signature: *Andre K. Smith*  
 Date: 11/6/2014

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

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

**DO YOU HAVE A DRIVER'S LICENSE?** Yes  No  
 What is your means of transportation to work? car  
 Driver's license number S530-0116-6112 State of issue IL  
 Operator  Commercial (CDL)  Chauffeur  
 Expiration date 4/19/2016  
 Have you had any accidents during the past three years? Yes  No   
 Have you had any moving violations during the past three years? Yes  No   
 If so, how many? \_\_\_\_\_  
 If so, how many? \_\_\_\_\_  
**OFFICE USE ONLY**  
 Typing Yes  No  WPM \_\_\_\_\_  
 Personal Computer Yes  No  PC Mac  10-key Yes  No   
 Word Processing Yes  No  WPM \_\_\_\_\_  
 Other Skills \_\_\_\_\_  
 Name LINDA HANNAH  
 Position Director New Skills Builders  
 Company New Skills Builders  
 Address 5410 S STATE  
CHICAGO, IL 60609  
 Telephone (773) 419-9199  
 Name MICHAEL STEVENS  
 Position Plumber Stroger Hospital  
 Company STROGER Hospital  
 Address 8731 S. MORGAN  
CHICAGO, IL 60617  
 Telephone (773) 230-1144  
 Please list two references other than relatives or previous employers.  
 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.

**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 \_\_\_\_\_

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Who were you referred by? MARLA SAMPALER

May we contact your present employer?  Yes  No

Did you complete this application yourself?  Yes  No

If not, who did? \_\_\_\_\_

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

Reason for leaving (be specific) Displed from Program due to grades

Name Sheet Metal Workers Local 73  
 Position Sheet Metal Apprentice  
 Company Sheet Metal Workers Local 73  
 Address 2701 VAN GARDEN  
 Telephone (708) 574-5711

|                           |                           |
|---------------------------|---------------------------|
| Your last job title       |                           |
| From <u>3/11/13</u>       | To <u>5/14/13</u>         |
| Start <u>13.60 per hr</u> | Final <u>13.60 per hr</u> |
| Employment dates          | Pay or salary             |

Supervisor name McCHEAL SKRABA

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

Reason for leaving (be specific) Resigned

Name CUS CIREMARK  
 Position Dispensing Material Handler  
 Company CUS CORE MARK  
 Address 1740 WALL ST  
 Telephone (847) 264-7156

|                          |                          |
|--------------------------|--------------------------|
| Your last job title      |                          |
| From <u>SEPT 2013</u>    | To <u>JUN 2014</u>       |
| Start <u>9.50 per hr</u> | Final <u>9.50 per hr</u> |
| Employment dates         | Pay or salary            |

Supervisor name ROBERT WILCZEWSKI

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

Reason for leaving (be specific) Did not have any assignments available

Name Aerotec  
 Position Order Selector  
 Company Aerotec  
 Address 903 Commerce Dr  
 Telephone (630) 645-3572

|                           |                           |
|---------------------------|---------------------------|
| Your last job title       |                           |
| From <u>JUN/2014</u>      | To <u>MAY 2014</u>        |
| Start <u>12.95 per hr</u> | Final <u>12.95 per hr</u> |
| Employment dates          | Pay or salary             |

Supervisor name JOSHUA DEL VALLE

**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.

### Employer Solutions Staffing Group Direct Deposit Authorization

If you are applying for direct deposit, please make sure that you are mark whether the account is a savings or checking. Failure to provide this information can result in the deposit being delayed for several days. Please also note that it is possible for your direct deposit to be delayed a day or two the first week that your direct deposit is processed. Every bank is different and, although this doesn't happen frequently, it does happen. If you cannot wait a day or two past pay day for your deposit, then we suggest staying with a paper paycheck. The time that the money goes into your account on pay day varies by bank. Please allow until at least 10 am on your payday for the deposit to show.

Please print

Check one of the following Effective Date

Start

Stop

Change

Future Paydate

Name (Last, First Middle Initial) SMITH, ANDRE K

Home Address 8714 SOUTH MERPELL

City CHICAGO

State ILLINOIS

Zipcode 60617

Date (MM/DD/YYYY) 11/6/2014

Employee Signature Andre K Smith

Employee Phone Number (773) 731-3581

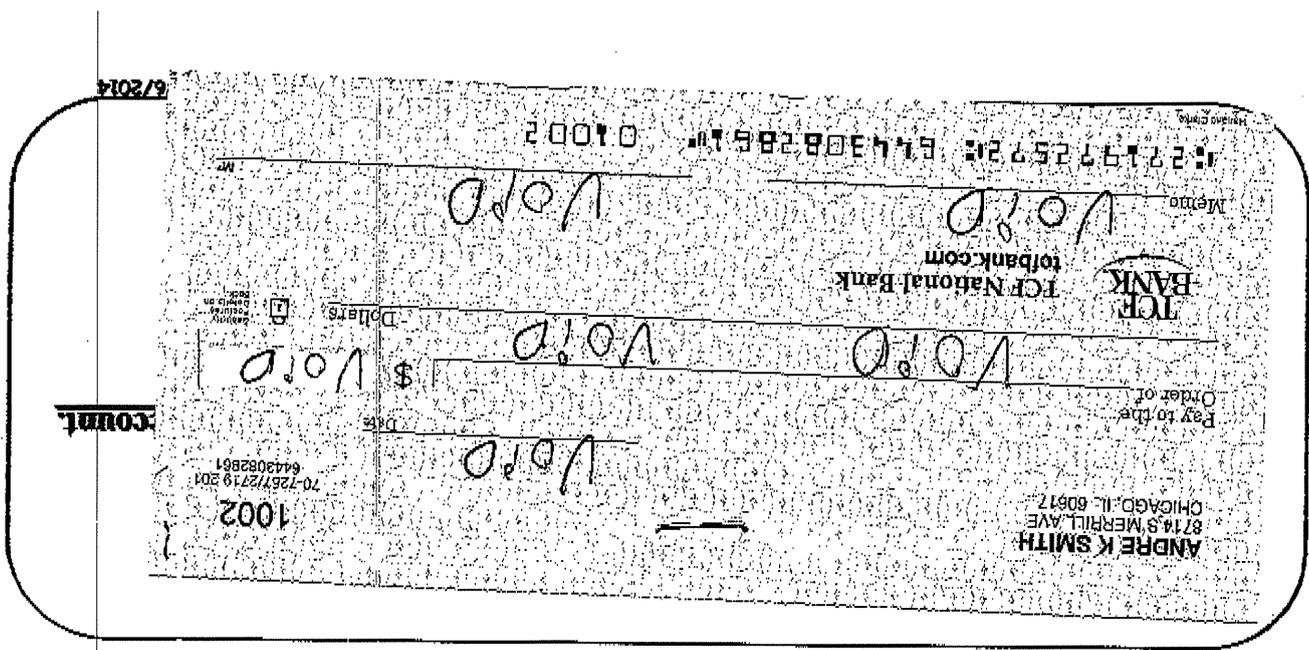
Social Security Number 352-68-0661

SUBMISSION OF THIS FORM MEANS YOUR ENTIRE PAPER CHECK WILL GO TO THIS FINANCIAL INSTITUTION

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.) TCF NATIONAL BANK

Type of Account  Checking  Savings  Money Market Checking  Money Market Investment Requires Submission of ACH form from your broker

I authorize Employer Solutions Staffing Group to direct deposit funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize Employer Solutions Staffing Group to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by Employer Solutions Staffing Group at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to Employer Solutions Staffing Group for distribution. This will delay payment of funds to you.



#5

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:

Signature: *Mike K Smith* Date: *11/6/2014*

|  |  |
|--|--|
| Motor Vehicle Number & State of Issue:<br><i>5530-0116-6112 (IL)</i> | Current Address:<br><i>8714 South Wackerly Chicago, IL 60617</i> |
|--|--|

|                   |                            |  |
|-------------------|----------------------------|--|
| Other Names Used: | SSN:<br><i>352-68-0661</i> | Date of Birth:<br><i>4/19/1966</i><br>(For Employment Purposes Only) |
|-------------------|----------------------------|--|

|                            |                            |                          |
|----------------------------|----------------------------|--------------------------|
| Last Name:<br><i>SMITH</i> | First Name:<br><i>MIKE</i> | Middle Name:<br><i>K</i> |
|----------------------------|----------------------------|--------------------------|

**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.

**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.

disclosure of the nature and scope of any report conducted by a consumer reporting agency.

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

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

### Background Investigation Information Release Form

Please read this form carefully and be aware that by allowing Employer Solutions Staffing Group LLC to investigate your background with state and federal agencies, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal and driving record background check and review.

I understand that a successful criminal and driving record background investigation is a condition of my employment by Employer Solutions Staffing Group LLC to work at facilities of:

and, further, that Employer Solutions Staffing Group may, at its discretion, conduct periodic criminal and driving record background investigations on me during the course of my employment with Employer Solutions Staffing Group.

I agree to waive and relinquish all claims I may have against Employer Solutions Staffing Group LLC and its officers, agents, servants and employees as a result of my participation in any criminal and driving record background investigation.

I do hereby fully release and discharge Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims from damages that I may have or that may accrue to me on account of the results of any aspect of any criminal and driving record background investigation.

I further agree to indemnify and hold harmless and defend Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims resulting from damages sustained by me or arising out of, connected with, or in any way associated with, any of the activities of any criminal and driving record background investigation and review.

I have read and fully understand this Waiver and Release of All Claims.

352-68-0661 Social Security Number  
 SMITH Last Name  
 5530-0116-6112 Driver's License No.  
 ANDRE First Name  
 IL State  
 K M.I.

Maiden and/or Other Last Names Used  
 8714 South MERKLE  
 CHICAGO (Cook County) IL  
 60617 State and Zip Code  
 11/19/1966 Date of Birth  
 (Male) / Female Circle One  
 Signature: *Michelle K. Smith*

Date: 11/16/2014

Andre K. Smith

8714 S. Merrill | Chicago, IL 60617

Phone: (773) 731-3581

Email: andreaksmith@yahoo.com

## SUMMARY OF QUALIFICATIONS

- Work well in a high pressure environment
- Well organized and efficient
- Self-motivated
- Team player and independent thinker
- Quick learner
- Shipping and receiving, pack and unpack orders

## EDUCATION

*New Skill Builders Apprenticeship Preparation Program - Certificate 2008*  
Curriculum included math, basic construction skills, physical conditioning, and job readiness skills

*10 Hour OSHA Certification - July 2008*

*National Safety Council Chicago, IL - September 2007*

*DeVry University Chicago, IL - 2000 - 2002*

## WORK HISTORY

**7/2014 -10-2014 Aerotek**

**Chicago, IL**

**Order Selector**

- Safe and accurate selection, replenishment, and loading of product in a variety of work areas
- Operating a pallet truck to load trucks and select orders in a variety of work areas
- Operating a forklift for product replenishment in a variety of work areas
- Picking orders to be processed, packing orders to be shipped and performing audit counts on orders.
- Other duties as assigned

**8/2013 – 1/2014 CVS Pharmacy**

**Chicago, IL**

**Dispensing Material Handler**

- Performed a variety of duties related to the processing, receiving and replenishment of product through the facility.
- Loaded and unloaded trucks
- Recorded shipment data for reporting, accounting, and recordkeeping purposes
- Examined contents and compare with records, manifests, and invoices to verify accuracy of incoming or outgoing shipment
- Material handling, shipping and receiving
- Picked and packed various orders

**3/2013 – 5/2013 Local 73 Chicago IL**  
**Cleats Manufacturing/ Sheet Metal Apprentice**

- Helped set up soldering and welding equipment, fabricating machines, etc.
- Loaded, transported, unloaded, and furnished craft workers with materials, tools, equipment and supplies.
- Cleaned work area and restocked supplies and materials as necessary.
- Assisted in lifting, positioning and securing of materials and work pieces during installation.
- Performed minor maintenance and cleaning of tools and equipment.
- Smoothed seams, joints, or burred surfaces, using files or grinders.
- Performed other routine duties as directed by a Journeyman Sheet Metal Worker.

**08/2010 – 03/2013 DLH Solutions Hines, IL**  
**Shipper/Packer**

- Examined contents and compare with records, manifests, and invoices to verify accuracy of incoming or outgoing shipments
- Prepared work orders, bills of lading, and shipping orders
- Recorded shipment data for reporting, accounting, and recordkeeping purposes
- Maintained stock of shipping materials and supplies
- Correspond and confer with establishment representatives to rectify problems, such as damages, shortages, or nonconformance to specifications

**12/2007 - 08/2010 Jewel Food Stores Chicago IL**  
**Casher**

- Answer customer questions, and provide information on procedures or policies
- Bag merchandise
- Balance cash drawer
- Maintain clean and orderly checkout areas
- Receive payment by cash, check, credit cards, vouchers, or automatic debits

**10/1995 - 05/2007 Albertson's Distribution Center (Osco Drugs) Elk Grove Village, IL**  
**Material Handler**

- Loaded and unloaded trucks
- Recorded shipment data for reporting, accounting, and recordkeeping purposes
- Packed and unpacked orders
- Examined contents and compare with records, manifests, and invoices to verify accuracy of incoming or outgoing shipment
- Material handling, shipping and receiving
- Operated various machinery: automatic and manual
- Maintained a safe and clean working environment

**DISCLOSURE AND CONSENT CONCERNING CONSUMER AND INVESTIGATIVE CONSUMER REPORTS**

This form, which you should read carefully, has been provided to you because CMG may request Consumer Reports and/or Investigative Consumer Reports from a consumer reporting agency. The Company will use any such report(s) solely for employment-related purposes. Consumer Reports or Investigative Consumer Reports will be obtained from CSS Test, Inc. ("CSS Test") located at 400 Laurel Oak Road, Suite 102, Voorhees, NJ, 08043. They can be contacted at 856-627-5600. Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws, I hereby authorize and permit CSS Test, Inc., to obtain a consumer report and/or an investigative consumer report which may include the following: Reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: credit reports, social security number, criminal records checks, public court records checks, including civil, driving records, educational records, verification of employment positions held, workers compensation records, personal and professional references, licensing, certification, etc. The information contained in these reports may be obtained by CSS Test from private or public record sources including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

**Additional State Law Notices:** If you live or are applying for a job in California, Maine, New York or Washington, please note:

California residents, under section 1786.22 of the California Civil Code, you may view the file maintained on you by CSS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at CSS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

Maine: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

New York: You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

Washington State: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

**CONSENT**

I have carefully read and understand this Disclosure and Consent Form and, by my signature below, consent to the release of consumer and/or investigative consumer reports, as defined above, to the Company in conjunction with my application for employment. I further understand that any and all information contained in my job application or otherwise disclosed to the Company by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Company. I understand that if the Company hires me, it may request a consumer report and/or an investigative consumer report about me, as defined above, for employment-related purposes during the course of my employment. I understand that my consent will apply throughout my employment, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time. This Disclosure and Consent Form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

Applicant Last Name SMITH First ANDRE Middle SMITH  
Social Security # 352-68-0661 Date of Birth (for ID purposes only) APR 19, 1966  
Drivers License Number and State of Issue 530-0116-6112 ILLINOIS  
Present Address 8714 SOUTH MERKEL AVE  
CHICAGO, ILLINOIS 60617  
City/State/Zip  
Applicant Signature Andre K. Smith Date 11/6/2014  
CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS ONLY:  
 I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report on me that is requested.

**CSS Inc.**

400 Laurel Oak Road, Suite 102, Voorhees, NJ 08043 Tel: 1-856-627-5600 Fax: 1-856-627-5699