Employer Solutions Staffing Group LLC

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

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Borjon First Name Jose Middle Initial E

Street Address 10978 Martindale Dr

City/State/Zip Westchester, IL, 60154

Home Phone 708-223-0408 Cell / Message Phone 773-344-6803

Company/Employer CMG

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.

Jose Eduardo Borjon — Name (Print or type)

Jose Eduardo Borjon — Applicant's Signature

6-26-2014 — 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 _____

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)*	First Name *(Given Name)*	Middle Initial	Other Names Used *(if any)*
Borjon	Jose	E	Jose Eduardo Borjon

Address *(Street Number and Name)*	Apt. Number	City or Town	State	Zip Code
10928 Martindale		Westchester	IL	60154

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	E-mail Address	Telephone Number
01/04/1969	361-86-1177	eduborjon@hotmail.com	773-344-6803

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): 087-070-351

☐ 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)*

3-D Barcode
Do Not Write In This Space

Signature of Employee:	Date *(mm/dd/yyyy)*:
Jose Eduardo Borjon	06/26/2014

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: Driver License		Document Title: SS Card
Issuing Authority:		Issuing Authority: IL		Issuing Authority: SSAdmin
Document Number:		Document Number: B625-4256-9004		Document Number: 361-86-1177
Expiration Date *(if any)(mm/dd/yyyy)*:		Expiration Date *(if any)(mm/dd/yyyy)*: 1·4·15		Expiration Date *(if any)(mm/dd/yyyy)*:
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date *(if any)(mm/dd/yyyy)*:				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date *(if any)(mm/dd/yyyy)*:				

3-D Barcode
Do Not Write in This Space

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)*: 7·16·14 **(*See instructions for exemptions.*)**

Signature of Employer or Authorized Representative	Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative
[signature]	7·14·14	Acct Mgr

Last Name *(Family Name)*	First Name *(Given Name)*	Employer's Business or Organization Name
Krol	Tina	

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:

Department of Homeland Security **Report Prepared: 07/14/2014**
E-Verify

Case Verification Number: 2014195114749AS

Case Information:

Employee Information:

Last Name:	Borjon	First Name:	Jose
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 1177	Date of Birth:	01/04/1969
Citizenship Status:	A lawful permanent resident	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:	01/04/2015
Alien Number:	087070351	I-94 Number:	

Additional Information:

Hire Date:	07/14/2014	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CKRO8357	Submitted On:	07/14/2014

Initial Case Result:

Last Name (in DHS records):	BORJON	First Name (in DHS records):	JOSE
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:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

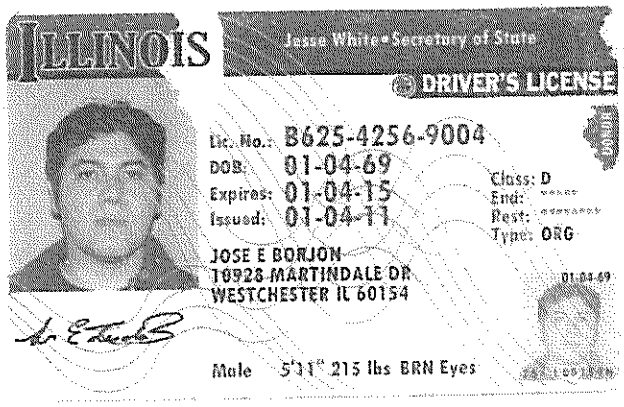
Referred By: Referred On:

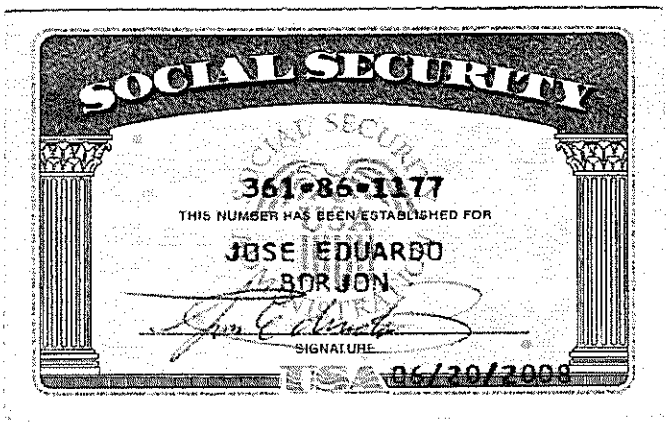
Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result: Response Date:

Case Closure:

Closure Statement:
Closed By: Closed On:


ILLINOIS
Jesse White • Secretary of State
DRIVER'S LICENSE
Lic. No.: B625-4256-9004
DOB: 01-04-69
Expires: 01-04-15
Issued: 01-04-11
Class: D
End:
Rest:
Type: ORG
JOSE E BORJON
10928 MARTINDALE DR
WESTCHESTER IL 60154
01-04-69
Male 5'11" 215 lbs BRN Eyes


SOCIAL SECURITY
361-86-1177
THIS NUMBER HAS BEEN ESTABLISHED FOR
JOSE EDUARDO
BORJON
SIGNATURE
06/30/2009

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

Name: Celeste L. Martin

Address: 10928 Martindale Dr. Westchester ,IL 60154

Home Phone: 708-223-0408

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

1. **Name:** Manu Kalia

   Phone (work): 847-325-9672

   Phone (home): _____

2. **Name:** _____

   Phone (work): _____

   Phone (home): _____

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

For Employer's Use Only

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

Street address 7301 Ohms Lane, Suite 405

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

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

Street address 3730 Washington Boulevard

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

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) . . . . . ▶

Date applicant:

Gave information / / Was offered job / / Was hired / / Started job / /

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job

☐ 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.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ Title Date / /

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

Recordkeeping . . . .3 hrs., 16 min.
Learning about the law or the form . . . . . 46 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, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

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

Form A (revised 07/09) **WORK OPPORTUNITY TAX CREDIT**

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

Name Jose Eduardo Borjon
Address 10929 Martindale Dr
City Westchester State IL Zip 60154 Social Security # 361-86-1177
Date of Birth 01/04/69 Age 45

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 [X] 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 [X] No [ ]

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** Jose Eduardo Borjon
Relationship Self **City & State where benefits received** Westchester IL

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 [X] No [ ]
If yes, dates of unemployment: From: 01/02/2014 To: currently
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 [X] No [ ]

11. Did you receive a high school diploma or GED? If yes, date received: 07/1987 Yes [X] No [ ]
Have you been employed or been admitted to technical school or college since then? Yes [X] No [ ]

12. How much in gross wages have you earned TOTAL in the past six months? $ 0

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 Jose Eduardo DATE 06/26/2014

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

VSI-IND 219301-EMP | OFFICE USE ONLY | ReHire Date __/__/____

ENROLLMENT FORM - PLAN 2

EMPLOYEE INFORMATION (Must Be Filled Out) — USE BLACK or BLUE INK ONLY — ESC CU(NAV SAD) P2 v13.0

Social Security Number 361-86-1177

Date of Birth 01/04/1969 Sex [M] F

Name Jose Eduardo Borjon

Street Address 10928 Martindale Dr

City Westchester State IL Zip 60154

Home Phone 708-223-0408

Do you or any dependents have Medicare?

☐ Yes ☒ No If Yes:

Medicare Health Insurance Claim Number (HICN) _____

Medicare Effective Date __/__/____

Names of Covered Person(s)

1. _____
2. _____
3. _____

BENEFIT SELECTION — Weekly Rates

MEDICAL

☐ $20.91 Employee Only

☐ $42.44 Employee + One

☒ $56.67 Employee + Family

☐ NO to MEDICAL, TERM LIFE, and STD benefits.

DENTAL

☐ $ 5.99 Employee Only

☐ $11.98 Employee + One

☐ $19.77 Employee + Family

☒ NO

TERM LIFE

☒ YES $0.60 Employee Only
$0.90 Employee + One
$1.80 Employee + Family

☐ NO

SHORT-TERM DISABILITY

☐ YES $4.20 Employee Only

☐ NO

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

You MUST enroll in the Medical Insurance Plan before adding Term Life or STD. Your coverage level for Term Life will be identical to your medical plan selection.

REQUIRED DEPENDENT INFORMATION

Name Celeste L Martin

Social Security Number 347-50-0009

Date of Birth 02/21/1970 Sex [M] F

Relationship: ☒ Spouse ☐ Child ☐ Domestic Partner

Name Rosella L Borjon

Social Security Number 320-08-3986

Date of Birth 02/05/2008 Sex [M] F

Relationship: ☐ Spouse ☒ Child ☐ Domestic Partner

Name Angela M. Borjon

Social Security Number 357-08-9104

Date of Birth 11/02/2009 Sex [M] F

Relationship: ☐ Spouse ☒ Child ☐ Domestic Partner

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.

NAME OF BENEFICIARY

Celeste L. Martin

RELATIONSHIP

Spouse

Accidental Death & Dismemberment is part of the Term Life Benefit.

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declination of coverage.

▶ Signature _____ Date 06/26/2014

Form **8850** (Rev. August 2009)
Department of the Treasury
Internal Revenue Service

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

▶ See separate instructions.

OMB No. 1545-1500

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

Your name Jose Eduardo Borjon Social security number ▶ 361-86-1177

Street address where you live 10928 Martindale Dr

City or town, state, and ZIP code Westchester IL, 60154

County Cook Telephone number (773) 344-6803

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

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 ▶ Jose Eduardo Borjon Date 6/26/14

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ 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.

OMB No. 1545-0074

2013

1 Your first name and middle initial	Last name	2 Your social security number
Jose E	Borjon	361-86-1177

Home address (number and street or rural route)
10928 Martindale Dr

City or town, state, and ZIP code
Westchester IL, 60154

3 ☐ Single ☒ Married ☐ Married, but withhold at higher Single rate.
Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ ☐

5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 10
6	Additional amount, if any, you want withheld from each paycheck	6 $ 0
7	I claim exemption from withholding for 2013, and I certify that I meet **both** of the following conditions for exemption.	
	• Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and**	
	• This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability.	
	If you meet both conditions, write "Exempt" here ▶	7 Exempt

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
(This form is not valid unless you sign it.) ▶ Jose E Borjon Date ▶ 6-26-2014

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

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 paydate for the deposit to show.

Please print

Check one of the following	Effective Date
☐ Start	☒ As Soon As Possible
☐ Stop	☐ Future Paydate
☐ Change	_____/_____/_____

Social Security Number: 361-86-1177

Name (Last, First, Middle Initial): Borjon, Jose Eduardo

Home Address	Street	City	State	Zipcode
10928	Martindale Dr	Westchester	IL	60154

Date (Mo/Day/Yr)	Employee Signature	Daytime Phone Number
06/26/2014	Jose Eduardo Borjon	773-344-6803

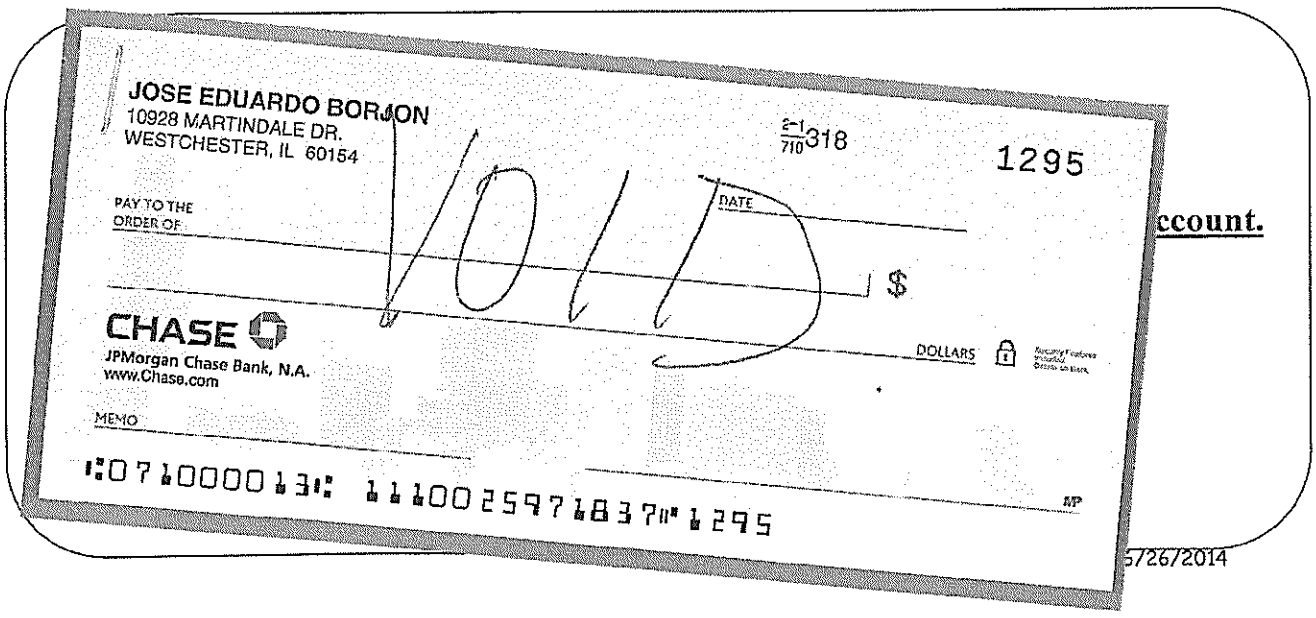
SUBMISSION OF THIS FORM MEANS YOUR ENTIRE PAYROLL CHECK WILL GO TO THIS FINANCIAL INSTITUTION

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.): Chase

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.



ccount.

5726/2014