



## Addendum to Application

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

|  |   |
|--|---|
| PLEASE COMPLETE PAGES 1-4  | DATE <u>10-09-13</u>  |
| Name <u>Modlin Leonid</u><br><small>Last First Middle Maiden</small>   |   |
| Social Security No. <u>326 - 88 - 4051</u>   |   |
| Telephone <u>(847) 483-0018</u>  |   |
| If under 18, please list age _____   | Referred by _____   |
| Position applied for (1) <u>Quality Inspector</u><br>and salary desired (2) _____<br>(Be specific)   | Days/hours available to work<br>No Pref _____ Thur _____<br>Mon _____ Fri _____<br>Tue _____ Sat _____<br>Wed _____ Sun _____ |
| How many hours can you work weekly? <u>40</u>  | Can you work nights? <u>Yes</u>   |
| Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME  |   |
| When available for work? <u>NOW</u>  |   |
| Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?<br><input checked="" type="checkbox"/> No ___ Yes If so, please explain _____ |   |
| Do you anticipate any absences from work on a regular basis?<br><input checked="" type="checkbox"/> No ___ Yes If so, please explain _____   |   |

| TYPE OF SCHOOL       | NAME OF SCHOOL                  | LOCATION<br>(Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE                          |
|----------------------|---------------------------------|--|---------------------------|---|
| High School          | <u>76. Minsk</u>                | <u>Belorussia, Minsk</u>               | <u>1961-1971</u>          | <u>Diploma</u>                          |
| College              | <u>Mechanical school</u>        | <u>Belorussia, Minsk</u>               | <u>1971-1974</u>          | <u>Associates degree<br/>Mechanical</u> |
| Bus. or Trade School |                                 |  |                           |   |
| Professional School  | <u>Chicago Manuf. Institute</u> | <u>Belmont, Chicago IL.</u>            | <u>1995-1996</u>          | <u>Quality Assurance Certificate</u>    |

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. \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?  Yes \_\_\_ No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number M345-S205-4241 State of issue IL

Operator \_\_\_ Commercial (CDL) \_\_\_ Chauffeur \_\_\_

Expiration date 08-24-17

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

If so, how many? \_\_\_\_\_

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

If so, how many? \_\_\_\_\_

**OFFICE USE ONLY**

Typing \_\_\_ Yes \_\_\_ No

Personal Computer \_\_\_ Yes \_\_\_ No

10-key \_\_\_ Yes \_\_\_ No

\_\_\_ WPM

\_\_\_ PC \_\_\_ Mac

Word Processing \_\_\_ Yes \_\_\_ No

Other \_\_\_\_\_

\_\_\_ WPM

Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

|   |  |
|---|--|
| Name <u>Arkady Kantor</u>                     | Name <u>Paul Sussfeld</u>                |
| Position <u>Principle Mechanical Engineer</u> | Position <u>Quality Engineer</u>         |
| Company <u>Progeny</u>                        | Company <u>Lexam</u>                     |
| Address <u>675 Heathrow Drive</u>             | Address <u>700 Corporate Grove Drive</u> |
| <u>Lincolnshire, IL 60069</u>                 | <u>Buffalo Grove</u>                     |
| Telephone <u>(847) 415-9744</u>               | Telephone <u>(847) 325-3408</u>          |

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

\_\_\_\_\_

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES? \_\_\_ Yes  No

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

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**WORK EXPERIENCE**

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

|  |  |                        |
|--|--|------------------------|
| Name <u>Leonid Modlin</u>  | Supervisor name <u>Peng Lin</u>              |                        |
| Position <u>Quality Inspector</u>  | Employment dates                             | Pay or salary          |
| Company <u>Progeny (Becci)</u>   | From <u>2012</u>                             | Start <u>16\$/hour</u> |
| Address <u>675 Heathrow Drive</u><br><u>Lincolnshire, IL 60069</u>   | To <u>2013</u>                               | Final <u>16\$/hour</u> |
| Telephone <u>(847) 415-9727</u>  | Your last job title <u>Quality Inspector</u> |                        |
| Reason for leaving (be specific) <u>Laid off</u>   |  |                        |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Visual, dimensional, assembly line</u> |  |                        |

|  |  |                        |
|--|--|------------------------|
| Name <u>Leonid Modlin</u>  | Supervisor name <u>Paul Suffredin</u>        |                        |
| Position <u>Quality Inspector</u>  | Employment dates                             | Pay or salary          |
| Company <u>Pexam</u>   | From <u>1996</u>                             | Start <u>9\$/hour</u>  |
| Address <u>700 Corporate Grove Drive</u><br><u>Buffalo Grove, IL 60089</u>   | To <u>2012</u>                               | Final <u>15\$/hour</u> |
| Telephone <u>(847) 325-3408</u>  | Your last job title <u>Quality Inspector</u> |                        |
| Reason for leaving (be specific) <u>Laid off</u>   |  |                        |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Visual, dimensional, functional, check final production.</u> |  |                        |

|  |   |                       |
|--|---|-----------------------|
| Name <u>Leonid Modlin</u>  | Supervisor name <u>Mike Cho.</u>            |                       |
| Position <u>Machine Operator</u>   | Employment dates                            | Pay or salary         |
| Company <u>Custom Machine</u>  | From <u>1994</u>                            | Start <u>8\$/hour</u> |
| Address <u>2510 W. Morse</u><br><u>Lyndonwood, IL</u>  | To <u>1995</u>                              | Final <u>9\$/hour</u> |
| Telephone ( ) _____  | Your last job title <u>Machine operator</u> |                       |
| Reason for leaving (be specific) <u>Laid off</u>   |   |                       |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. <u>Operate punch presses, saw, drill, machines, measure parts</u> |   |                       |

Who were you referred by? \_\_\_\_\_

May we contact your present employer?  Yes \_\_\_ No

Did you complete this application yourself?  Yes \_\_\_ No

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

**PLEASE READ CAREFULLY  
APPLICATION FORM WAIVER**

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

I agree that:

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

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

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

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

Signature of applicant Leonid Madlin Date: 10/09/2013

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

Name: Modlin Leonid

Address: 618 IVY court, Wheeling IL. 60090

Home Phone: (847) 483-0018

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

1. Name: Lyudmila Moolin

Phone (work): (847) 640-4875

Phone (home): (847) 483-0018

2. Name: Dmitry Modlin

Phone (work): (847) 877-5895

Phone (home): \_\_\_\_\_

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

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# 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 validate 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 includes more than \$350 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances 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 projected tax credits into 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.

**Nonwage income.** If you have a large amount of nonwage 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 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** 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 \$130,000 (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/w4](http://www.irs.gov/w4).

## 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>A</b> | <u>1</u> |
| <b>B</b> | Enter "1" if:<br><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>B</b> | <u>0</u> |
| <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>C</b> | <u>0</u> |
| <b>D</b> | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .  | <b>D</b> | <u>0</u> |
| <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>E</b> | <u>0</u> |
| <b>F</b> | Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . . . . .<br>(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)  | <b>F</b> | <u>0</u> |
| <b>G</b> | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.<br><ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 . . . . .</li> </ul> | <b>G</b> | <u>0</u> |
| <b>H</b> | Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶  | <b>H</b> | <u>1</u> |

For accuracy, complete all worksheets that apply.   

- If you plan to itemize 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-Earners/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.

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

|  |  |   |
|--|--|---|
| <b>Form W-4</b><br>Department of the Treasury<br>Internal Revenue Service  | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ 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.</p> | OMB No. 1545-0074<br><br><h1 style="margin: 0;">2013</h1>   |
| 1 Your first name and middle initial <span style="float: right;">Last name</span><br><u>Leonid</u> <span style="float: right;"><u>Modler</u></span>  |  | 2 Your social security number<br><u>326-88-4051</u>   |
| Home address (number and street or rural route)<br><u>618 IVY court</u>  |  | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withhold at higher Single rate.<br>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |
| City or town, state, and ZIP code<br><u>Wheeling, IL 60090</u>   |  | 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. <input type="checkbox"/>   |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)   |  | 5 <u>1</u>  |
| 6 Additional amount, if any, you want withheld from each paycheck  |  | 6 \$ <u>0</u>   |
| 7 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.<br>If you meet both conditions, write "Exempt" here. ▶ |  | 7 <u>  </u>   |
| 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<br>(This form is not valid unless you sign it.) ▶ <u>Leonid Modler</u>  |  | Date ▶ <u>10/09/2013</u>  |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)  |  | 9 Office code (optional) <span style="float: right;">10 Employer identification number (EIN)</span>   |



# 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)<br><i>Modlin</i>                 |   | First Name (Given Name)<br><i>Leonid</i>         |             | Middle Initial                  | Other Names Used (if any) |                          |
| Address (Street Number and Name)<br><i>618 IVY COURT</i> |   |  | Apt. Number | City or Town<br><i>Wheeling</i> | State<br><i>IL</i>        | Zip Code<br><i>60090</i> |
| Date of Birth (mm/dd/yyyy)<br><i>08/24/1954</i>          | U.S. Social Security Number<br><i>326-88-4051</i> | E-mail Address<br><i>Leonid_Modlin@yahoo.com</i> |             |                                 | Telephone Number          |                          |

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

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

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

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

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

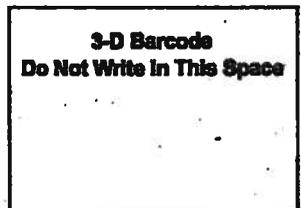
2. Form I-94 Admission Number: \_\_\_\_\_

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

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

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



|   |                                      |
|---|--------------------------------------|
| Signature of Employee: <i>Leonid Modlin</i> | Date (mm/dd/yyyy): <i>10/09/2013</i> |
|---|--------------------------------------|

**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 |



**Employer Completes Next Page**



## 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<br>Identify and Employment Authorization            | OR | List B<br>Identify                    | AND | List C<br>Employment Authorization    |
|--|----|---------------------------------------|-----|---------------------------------------|
| Document Title:<br><u>Passport</u>                         |    | Document Title:                       |     | Document Title:                       |
| Issuing Authority:<br><u>USA</u>                           |    | Issuing Authority:                    |     | Issuing Authority:                    |
| Document Number:<br><u>486118325</u>                       |    | Document Number:                      |     | Document Number:                      |
| Expiration Date (if any)(mm/dd/yyyy):<br><u>12.11.2021</u> |    | Expiration Date (if any)(mm/dd/yyyy): |     | 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): 10.10.13 (See instructions for exemptions.)

|  |  |  |   |          |
|--|--|--|---|----------|
| Signature of Employer or Authorized Representative<br><u>Tina</u>    |  | Date (mm/dd/yyyy)<br><u>10.14.13</u>     | Title of Employer or Authorized Representative<br><u>Tina</u> |          |
| Last Name (Family Name)<br><u>hsol</u>                               | First Name (Given Name)<br><u>Tina</u> | Employer's Business or Organization Name |   |          |
| Employer's Business or Organization Address (Street Number and Name) |  | City or Town                             | State   | Zip Code |

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

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

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

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

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

|   |                    |  |
|---|--------------------|--|
| Signature of Employer or Authorized Representative: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |
|---|--------------------|--|

# We the People

*Of the United States,  
in Order to form a more perfect Union,  
establish Justice, insure domestic Tranquility,  
provide for the common defence,  
promote the general Welfare, and secure  
the Blessings of Liberty to ourselves and  
our Posterity, do ordain and establish this  
Constitution for the United States of America.*



*Leonel Medina*

SIGNATURE OF BEARER / SIGNATURE OF BEARER / FIRMA DEL TITULAR

3

PASSE  
PASAPORTE

UNITED STATES OF AMERICA



Surname / No  
**MODER**  
Given Name / Nombre / Nombre  
**LEONEL**  
Nationality / Nacionalidad / Nacionalidad  
**UNITED STATES OF AMERICA**  
Date of Birth / Fecha de Nacimiento / Fecha de Nacimiento  
**24 AUG 1954**  
Sex / Sexo / Sexo  
**MALES**  
Date of Issue / Fecha de Emision / Fecha de Emision



U.S. AUG 1954 86-38-118

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

OMB No. 1545-1500

▶ See separate instructions.

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

Your name Leonid Modlin Social security number ▶ 326-88-4051  
Street address where you live 6181 Vy court  
City or town, state, and ZIP code Wheeling IL 60090  
County Cook Telephone number (847) 483-0018

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 ▶ Leonid Modlin

Date 10/09/2013



WORK OPPORTUNITY TAX CREDIT

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

Name Leonard Modlin
Address 618 Ivy Court
City Wheeling State IL Zip 60090 Social Security # 326-88-4051
Date of Birth 08/24/1954 Age 59

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

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

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

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

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

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

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

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

11. Did you receive a high school diploma or GED? If yes, date received: 1971 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? \$ 12000

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 Leonard Modlin DATE 10/09/2013

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



U.S. Department Labor  
Employment and Training Administration

OMB Control No. 1205-0371  
Expiration Date: November 30, 2011

### YOUTH SELF-ATTESTATION FORM Work Opportunity Tax Credit Program

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

New Hire Name: Leonid Moodlin

Social Security Number: 326-88-4051 Date of Birth: 08/24/1954

Employer Name: Employer Solutions Staffing Group

Employer Federal ID (EIN) Number: \_\_\_\_\_

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

- In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations.
- I do not have a High School Diploma or GED certificate.
- I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school. I also have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate.

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

New Hire's Signature: Leonid Moodlin Date 10/09/2013

**Privacy Act Notice:**  
The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form, including the Social Security Number, will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

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

## 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:

ACCENT

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.**

326-88-4051

Social Security Number

M345-5205-4241

Driver's License No:

IL

State

Modlin

Last Name

Leonid

First Name

M.I

Maiden and/or Other Last Names Used

6181VY court

Current Address

Wheeling

City and County

IL. 60090

State and Zip Code

08-24-54

Date of Birth

Circle One:

Male /  Female

Signature: Leonid Modlin

Date: 10-09-13

ILLINOIS

Jesse White Secretary of State

DRIVER'S LICENSE



No. **M345-5205-4241**

DOB **08-24-34**

Expires **08-24-93**

Issued **07-22-89**

Class **D**  
End **000000**  
Type **ORG**

**EDWARD MADON**

**WHEELING 60090**

*J. J. White*

Note **5'08" 140 lbs BRN Eyes**

