



Employer Solutions Staffing Group LLC

New Hire Application

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

Personal Data- PLEASE PRINT LEGIBLY IN INK

Last Name Blandon First Name Indira Middle Initial C Street Address 3140 Grandville Apt 304 City/State/Zip Waukegan IL 60085 Home Phone 224-545-3174 Cell / Message Phone Company/Employer Accellent.

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? [X] 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.

Indira Blandon Indira Blandon 2-12-13 Name (Print or type) Applicant's Signature Date

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

Table with 5 columns: DOH, NHW, I-9, 8850, W4. Row 1: DOH, NHW, I-9, 8850, W4. Row 2: Emergency Contact Info, Background Release Form, Background Results, 5 Day Letter (if applicable), ESC Application.



## Addendum to Application

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4		DATE <u>2/12/13</u>
Name <u>Indira</u> <small>Last First Middle Maiden</small>		
Social Security No. <u>346 - 80 - 6523</u>		
Telephone (224) <u>545-3174</u>		
If under 18, please list age _____		Referred by _____
Position applied for (1) <u>Machine Operator</u> and salary desired (2) _____ (Be specific)		Days/hours available to work No Pref _____ Thur <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Fri <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Sat <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Sun <input checked="" type="checkbox"/>
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>ASAP</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input checked="" type="checkbox"/> No _____ Yes _____ If so, please explain _____		
Do you anticipate any absences from work on a regular basis? <input checked="" type="checkbox"/> No _____ Yes _____ If so, please explain _____		

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Griggs Academy</u>		<u>4</u>	<u>Criminal Justice</u>
College	<u>CIC</u>	<u>Graystone</u>	<u>2</u>	<u>Associate</u>
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No \_\_\_\_\_ Yes

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

September 2010

**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>Baxter Indira Blandon</u>	Supervisor name <u>Branbi Crosby</u>	
Position <u>Production tech</u>	Employment dates	Pay or salary
Company <u>Baxter</u>	From <u>Jan</u>	Start <u>10.60</u>
Address <u>Randlake</u>	To <u>Present</u>	Final <u>14.75</u>
Telephone <u>(864) 431-1022</u>	Your last job title <u>Production Tech.</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>Adhere to all applicable regulations, set up machine, mix drugs, CIP machine, weigh filters.</u>		

Name <u>Indira Blandon</u>	Supervisor name <u>Timberly Carter</u>	
Position <u>Assistant Manager</u>	Employment dates	Pay or salary
Company <u>Walgreens</u>	From <u>9/08</u>	Start <u>11.60</u>
Address <u>Cournee IL</u>	To <u>Jan 2011</u>	Final <u>13.85</u>
Telephone <u>(224) 475-7433</u>	Your last job title <u>Assistant manager</u>	
Reason for leaving (be specific) <u>Went found a better job.</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Provide customer service by assisting customer, inventory, direct employees engaged reconciling.</u>		

Name _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From _____	Start _____
Address _____	To _____	Final _____
Telephone ( ) _____	Your last job title _____	
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

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? \_\_\_\_\_

September 2010

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No  
 What is your means of transportation to work? Car  
 Driver's license number B 45-34-0387-915 State of issue IL  
 Operator  Commercial (CDL)  Chauffeur   
 Expiration date 11/05/14  
 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>Bradi Crosby</u>	Name <u>Timberly Carter</u>
Position <u>Production Tech (Supervisor)</u>	Position <u>Manager</u>
Company <u>Baxter</u>	Company <u>Walgreens</u>
Address <u>Round Lake</u>	Address <u>Burne IL</u>
Telephone <u>(804) 431-1022</u>	Telephone <u>(224) 76-7433</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.

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

September 2010

**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:

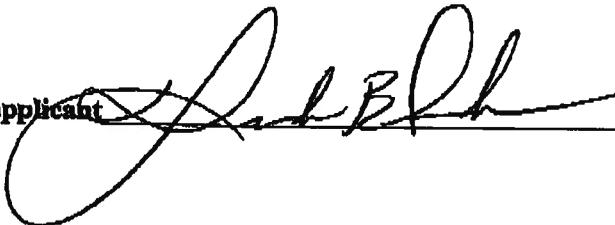
Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist 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



Date:

2/18/13

September 2010



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

### 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 Indira Blandon Social security number ▶ 346-80-6823

Street address where you live 3140 Grandville Apt 304

City or town, state, and ZIP code Waukegan IL 60085

County Lake Telephone number (224) 545-3174

If you are under age 40, enter your date of birth (month, day, year) 11/05/87

- 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 ▶

Date 2/12/13

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

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

Name Indira Blandon  
Address 3140 Grandville  
City Waukegan State IL Zip 60085 Social Security # 346-80-6823  
Date of Birth 11/05/87 Age 25

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
- 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
- 3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days? Yes  No
- 4. Are you part of the Ticket to Work program? Yes  No

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

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

7. Have you been unemployed at any time during the last 12 months? Yes  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  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   
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   
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

11. Did you receive a high school diploma or GED? If yes, date received: 2009 Yes  No   
Have you been employed or been admitted to technical school or college since then? Yes  No

12. How much in gross wages have you earned TOTAL in the past six months? \$ 485.76

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 [Signature] DATE 2/12/13

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

# Form W-4 (2011)

**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 2011 expires February 16, 2012. 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 \$950 and includes more than \$300 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 may 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. 919, **How Do I Adjust My Tax Withholding**, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## 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> _____
<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>B</b> _____
<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> _____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<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> _____
<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 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children . . . . .</li> </ul>	<b>G</b> _____
<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>For accuracy, complete all worksheets that apply.</b> <ul style="list-style-type: none"> <li>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you 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 <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	<b>H</b> _____

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

Form <b>W-4</b> Department of the Treasury 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 <div style="font-size: 2em; font-weight: bold; text-align: center;">2011</div>
1 Type or print your first name and middle initial. Last name <div style="font-size: 1.5em; font-family: cursive;">Indira C Blandon</div>		2 Your social security number
Home address (number and street or rural route) <div style="font-size: 1.5em; font-family: cursive;">3140 grandville Apt 304</div>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code <div style="font-size: 1.5em; font-family: cursive;">Waukegan IL 60085</div>		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 <b>3</b>
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here.		7
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.) ▶		Date ▶
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)

Form W-4 (2011)

Page 2

Deductions and Adjustments Worksheet

Note. Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2011 itemized deductions... 2 Enter: \$11,600 if married filing jointly... 3 Subtract line 2 from line 1... 4 Enter an estimate of your 2011 adjustments to income... 5 Add lines 3 and 4... 6 Enter an estimate of your 2011 nonwage income... 7 Subtract line 6 from line 5... 8 Divide the amount on line 7 by \$3,700... 9 Enter the number from the Personal Allowances Worksheet... 10 Add lines 8 and 9...

Two-Earners/Multiple Jobs Worksheet (See Two earners or multiple jobs on page 1.)

Note. Use this worksheet only if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1... 2 Find the number in Table 1 below that applies to the LOWEST paying job... 3 If line 1 is more than or equal to line 2, subtract line 2 from line 1... Note. If line 1 is less than line 2, enter "-0-"... 4 Enter the number from line 2 of this worksheet... 5 Enter the number from line 1 of this worksheet... 6 Subtract line 5 from line 4... 7 Find the amount in Table 2 below that applies to the HIGHEST paying job... 8 Multiply line 7 by line 6... 9 Divide line 8 by the number of pay periods remaining in 2011...

Table 1

Table 2

Table with 8 columns: Married Filing Jointly (Lowest), All Others (Lowest), Married Filing Jointly (Highest), All Others (Highest). Rows show wage brackets and corresponding withholding amounts.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding.

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.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

8222

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

Name: Indre Blandon

Address: 3140 grandville Apt 304

Home Phone: 224-545-3174

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

1. Name: Lamarr Blandon

Phone (work): \_\_\_\_\_

Phone (home): 847-445-3390

2. Name: Precious Blandon

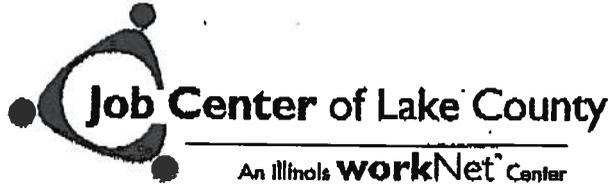
Phone (work): \_\_\_\_\_

Phone (home): 773-226-0668

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Fax sent by a customer of the JOB CENTER of LAKE COUNTY*



TRAINING • CONNECTING • DEVELOPING ILLINOIS' WORKFORCE

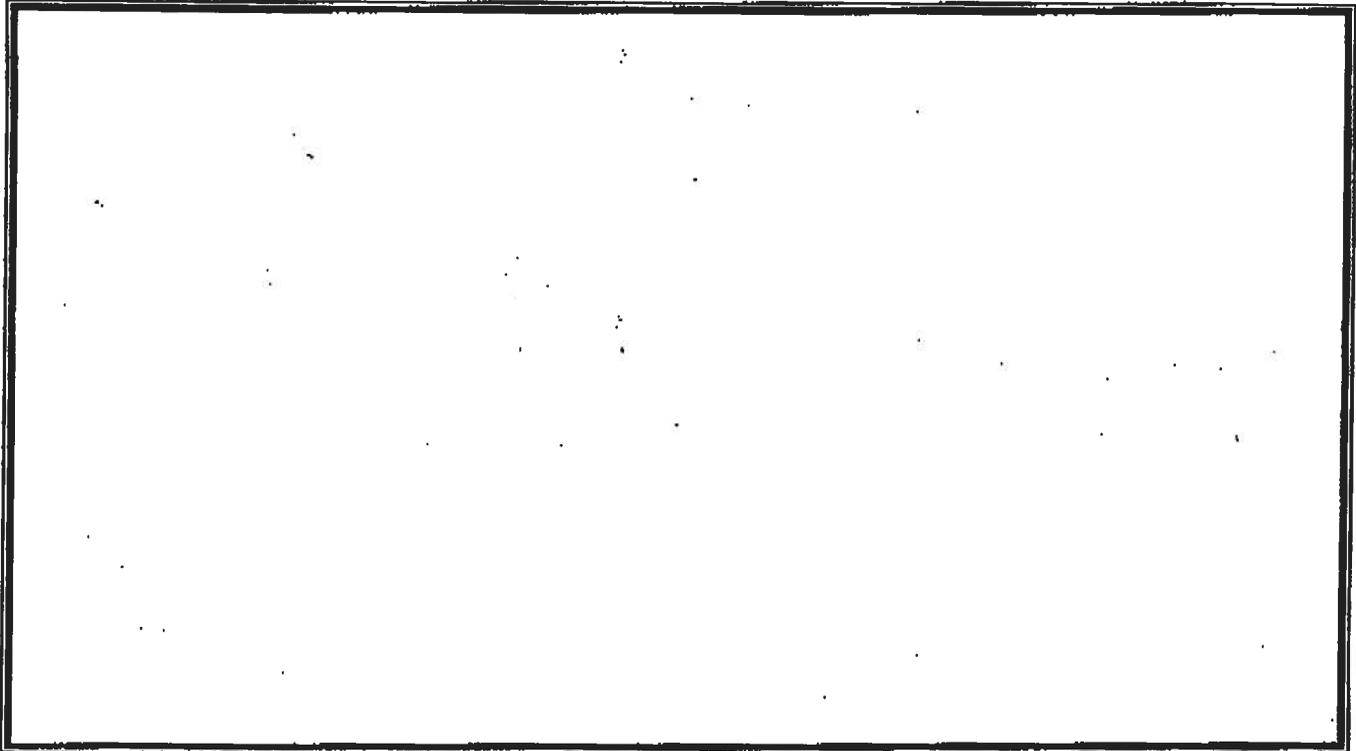
1 North Genesee St.  
Waukegan, IL 60085  
Phone: (847) 377-3450 (general)  
Fax: (847) 249-2214

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Fax #: 1303 736 7767 # of pages: 13

To: Angie Organization:

From: Indira Bladon



# 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
<input checked="" type="checkbox"/> Start	<input type="checkbox"/> As Soon As Possible
<input type="checkbox"/> Stop	<input type="checkbox"/> Future Paydate
<input type="checkbox"/> Change	____/____/____

Social Security Number  
346-80-6523

Name (Last, First, Middle Initial) Indira Blandon				
Home Address 3140 Grandville		City Waukegan	State IL	Zipcode 60085
Date (Mo/Day/Yr) 2/12/13	Employee Signature <i>[Signature]</i>		Daytime Phone Number 224-545-3174	

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

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.

✓ **Attach a voided check HERE or photocopy of a check for checking account.**  
**DO NOT ATTACH A DEPOSIT SLIP.**

2/12/2013

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

OMB No. 1615-0047; Expires 08/31/12  
**Form I-9, Employment  
Eligibility Verification**

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 documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)**

Print Name: Last <u>Blandon</u>	First <u>Indira</u>	Middle Initial <u>C</u>	Maiden Name
Address (Street Name and Number) <u>3140 grandville</u>		Apt. # <u>304</u>	Date of Birth (month/day/year) <u>11/05/87</u>
City <u>Waukegan</u>	State <u>IL</u>	Zip Code <u>60085</u>	Social Security # <u>346-80-6523</u>

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 #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year) \_\_\_\_\_

[Signature]  
Employee's Signature

Date (month/day/year) 2/12/13

**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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

**Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)**

List A	OR	List B	AND	List C
Document title: _____		<u>Identification Card</u>		<u>Sec Sec Card</u>
Issuing authority: _____		<u>Illinois</u>		<u>Sec Sec Admin</u>
Document #: _____		<u>4534-0387-9158</u>		<u>346-80-6523</u>
Expiration Date (if any): _____		<u>11-05-16</u>		<u>-</u>
Document #: _____				
Expiration Date (if any): _____				

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 2/12/13 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>[Signature]</u>	Print Name <u>Angelica Gonzales</u>	Title <u>Actg Manager</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year) <u>2-12-13</u>

**Section 3. Updating and Reverification (To be completed and signed by employer.)**

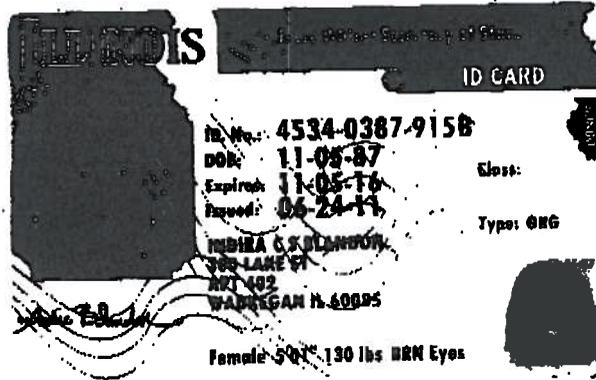
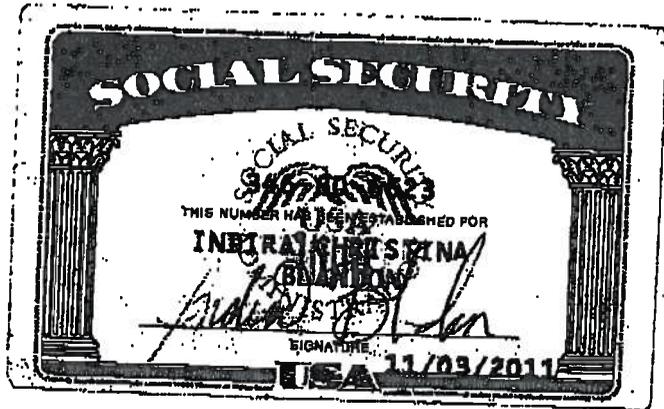
A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
-----------------------	-------------------	---------------------------------

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 <u>[Signature]</u>	Date (month/day/year) <u>2-12-13</u>
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## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 02/12/2013

Page: 1 of 1

Case Verification Number: 2013043132602NV

**Case Information:****Employee Information:**

Last Name:	Blandon	First Name:	Indira
Middle Initial:	C	Maiden Name:	
Social Security Number:	*** ** 6523	Date of Birth:	11/05/1987
Citizenship Status:	A citizen of the United States		

**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:	ID card	Document State:	Illinois
Driver's License or ID Card Number:		Document Expiration Date:	11/05/2016
Alien Number:		I-94 Number:	

**Additional Information:**

Hire Date:	02/12/2013	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	AGON1201	Submitted On:	02/12/2013

**Initial Case Result:**

Case Result: Employment Authorized

**Employee Referred to SSA:**

Referred By: Referred On:

**Case Result from SSA (after SSA Tentative Nonconfirmation):**

Case Result: Response Date:

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

Last Name:	First Name:
Middle Initial:	Maiden Name:
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:

The employee continues to work for the employer after receiving an Employment Authorized result.

Closed By:

AGON1201

Closed On:

02/12/2013

**SENSITIVE BUT UNCLASSIFIED**

*Fax sent by a customer of the JOB CENTER of LAKE COUNTY*



**Job Center of Lake County**

An Illinois **workNet** Center

TRAINING • CONNECTING • DEVELOPING ILLINOIS WORKFORCE

800 Lancer Lane  
Grayslake, IL 60030  
Phone: (847) 543-7400 (general)

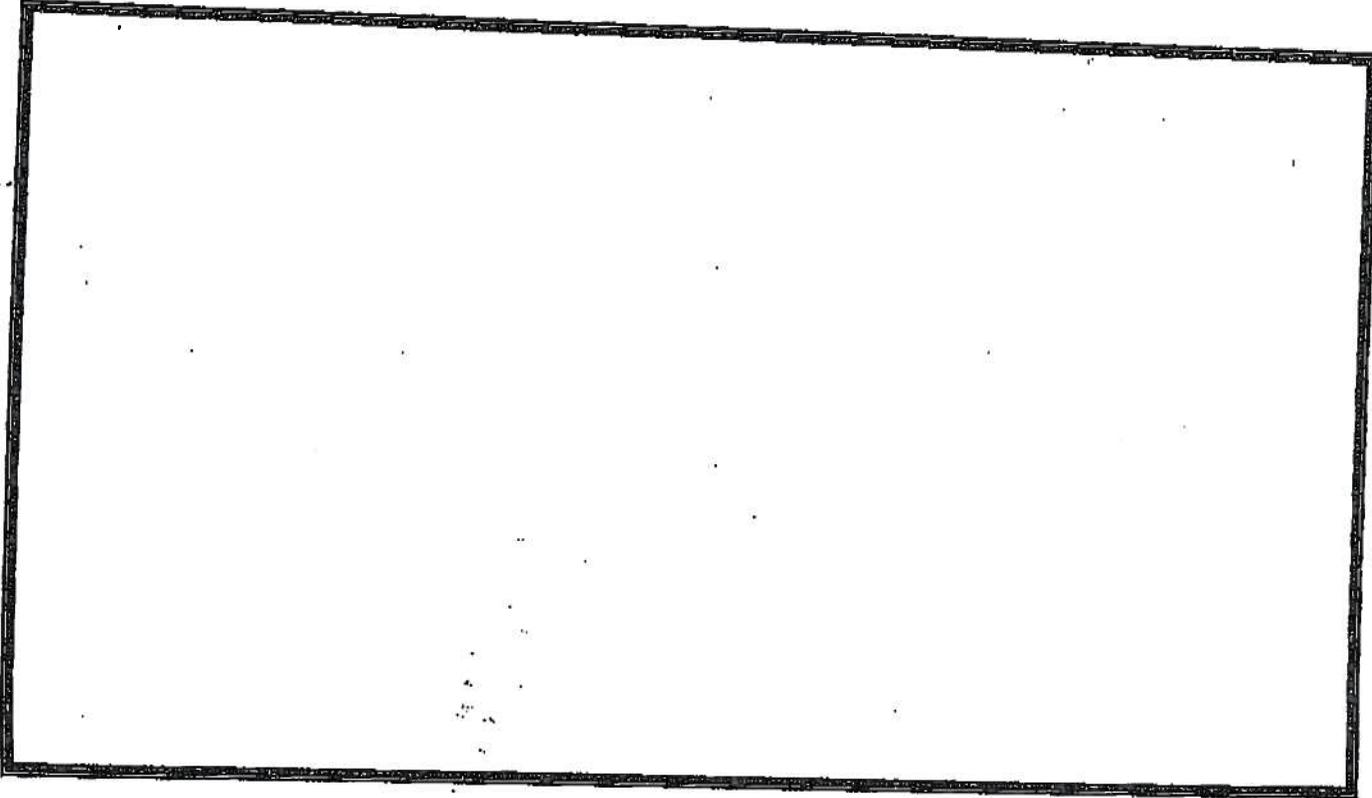
Fax #: 303-736-7767

# of pages: 2

To: Angie

Organization:

From: Indira Blandon



### Employer Solutions Staffing Group Direct Deposit Authorization

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<input type="checkbox"/> Stop	<input type="checkbox"/> Future Paydate
<input type="checkbox"/> Change	_____ / _____ / _____

Name (Last, First Middle Initial)		Social Security Number	
Blandon Indira C		346-80-6523	
Home Address	Street	City	State
3140	grandville	Waukegan	IL
Date (Mo/Day/Yr)	Employee Signature	Daytime Phone Number	Zipcode
11/05/07	<i>[Signature]</i>	224-545-3174	60085

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

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

Type of Account

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

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VOID

INDIRA CHRISTINA BLANDON  
3140 GRANDVILLE APTS04  
WAUKEGAN IL 60085

Bank Credit Union  
Route 120 & Whelan Rd.  
Round Lake, IL 60073  
(847) 270-4082

01 - 0203  
70-8240  
2718

DATE \_\_\_\_\_

PAY To The Order Of: \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

BCU

⑆ 27 1992400⑆ 17 1000 18400894 ⑆ 0 203



Nationsearch.com 11160 Huron St. #201 Thornton, CO. 80234  
 Phone 800.827.9550 Fax 800.827.6118

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES**

I hereby authorize Nationsearch.com, and its designated agents and representatives to conduct a review of my background through a consumer report and /or an investigative consumer report to be generated for employment purposes, promotion, reassignment or retention as an employee of

I understand and am aware that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: names and dates of previous/current employment, work experience, criminal history records, sexual offenders lists, motor vehicle records, educational records, professional license verification, credit history, civil cases, OFAC list, OIG/GSA lists and any other sanctions lists. Upon request, Nationsearch.com will supply a copy of the consumer report (completed) along with a copy of the rights under the FCRA.

I, Indira Bhandari, authorize the release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at (company name) Indira Bhandari

I hereby release Nationsearch.com and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of any kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization for release of information. I hereby certify that all information provided below and on my resume, CV or questionnaire is correct to the best of my knowledge. Any false statements provided on this form and/or on my resume, CV or application questionnaire will be considered just cause for the termination of employment at any time. This authorization and consent shall be valid in original, fax, copy or scanned form.

Please provide the following information, which is required by government agencies and other entities for identification purposes when conducting the background screening process. This information is confidential and will not be used for any other purpose.

[Signature]  
 Applicant Signature

2/12/13  
 Date

Other Names Used: \_\_\_\_\_

Social Security Number	346-80-6523
Date of Birth: To be used for screening purposes only	11/05/87
Drivers License number : State of Issue:	B 4534-0387-915

Street Address	City	State	Zip Code
3140 grandville	Waukegan	IL	60085

Revised 2/22/2011



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: Indira Blandon

Social Security Number: 346806523 Date of Birth: 11/05/87

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: [Signature] Date 2/12/13

**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.

**Indira Blandon**  
3140 Grandville Apt 304  
Waukegan, IL 60085  
1-224-545-3174  
[IBlandon09@gmail.com](mailto:IBlandon09@gmail.com)

**OBJECTIVE:** To work with a reputed organization in a position where I can develop and utilize my skills while implementing exemplary services that will add value to the company and provide me with the opportunity for growth and advancement.

**EDUCATION:** College of Lake County Grayslake, Illinois  
Associates of Arts May 2013  
Current Grade Point Average 3.4/4.0

**COMPUTER SKILLS:** Expert user of Word Office 2010 (PowerPoint, Excel, Word), Windows Vista & XP

**EMPLOYMENT:** Baxter Healthcare Round Lake, Illinois  
Production Technician January 2011 to Present

- Adhere to all applicable regulations, policies, and procedures for health, safety, and environmental compliance.
- Set up and operate production equipment in accordance with current good manufacturing practices and standard operating procedures that fulfill FDA requirements
- Express leadership and work independently and in groups to complete projects and meet deadlines

Walgreens Gurnee, Illinois  
Assistant Manager September 2008 to January 2011

- Provide customer service by assisting customers, responding to customer inquiries and complaints.
- Direct employees engaged reconciling cash receipts and performing services for customers.
- Monitor sales activities to ensure that customers receive satisfactory service and quality goods.

**VOLUNTEER:** Allendale Association Lake Villa, Illinois  
Youth Counselor Summer 2011 and 2012

- Assist youth with homework
- Program planning and implementation of the recreational day life skill program