



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 DeKoekkoek First Name Tonya Middle Initial A
 Street Address 714 East Green Street
 City/State/Zip Marshall MI 49068
 Home Phone 616-834-6531 Cell / Message Phone _____
 Company/Employer _____

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

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

Applicant Certification and Authorization

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

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

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

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

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

Tonya DeKoekkoek Name (Print or type) Tonya DeKoekkoek Applicant's Signature 2/22/14 Date

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

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

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 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

Name (Last, First Middle Initial)				
Home Address	Street	City	State	Zipcode
Date (Mo/Day/Yr)	Employee Signature		Daytime Phone Number	

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

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)
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Type of Account
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Checking <input type="checkbox"/> 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.



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) DeKoeKoeK		First Name (Given Name) Tonya		Middle Initial A	Other Names Used (If any)	
Address (Street Number and Name) 714 E. Green St.			Apt. Number	City or Town Marshall	State MI	Zip Code 49068
Date of Birth (mm/dd/yyyy) 09/07/1967	U.S. Social Security Number 370-84-2785	E-mail Address LTDEKOEKOEK@YAHOO.COM			Telephone Number 616-834-6531	

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):

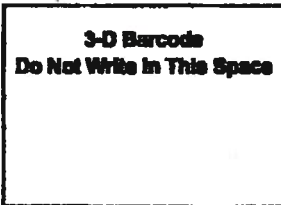
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (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: Tonya Debaubank	Date (mm/dd/yyyy): 02/22/2014
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

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



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 "List 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: <u>Driver License</u>		Document Title: <u>SS card</u>
Issuing Authority:		Issuing Authority: <u>MI</u>		Issuing Authority: <u>SS admin</u>
Document Number:		Document Number: <u>222 799 067 696</u>		Document Number: <u>370-84-2785</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>9.7.15</u>		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): 2.25.14 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>[Signature]</u>		Date (mm/dd/yyyy) <u>3.3.14</u>	Title of Employer or Authorized Representative <u>Acc+Mgr</u>	
Last Name (Family Name) <u>hsol</u>		First Name (Given Name) <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):
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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):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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**EMPLOYER SOLUTIONS STAFFING GROUP
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION**

Name: Tonya DeKoekKoek

Address: 714 East Green Street Marshall Mi 49068

Home Phone: 616-834-6531

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

1. Name: Larry DeKoekKoek

Phone (work): 1-616-834-6528

Phone (home): _____

2. Name: Donald Beattie

Phone (work): 1-269-924-8391

Phone (home): 1-269-781-5292

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

EMPLOYEE INFORMATION
(Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

USE BLACK or BLUE INK ONLY
ESC: CUNAW-SAD: P2 + 130

Social Security Number 3 70 84 2785
Date of Birth 09/07/1967 Sex M F
Name Tonya DeKoeKkoek
Street Address 714 East Green Street
City Marshall State Mi Zip 49068
Home Phone 616-834-6531

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.

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

DENTAL 

- \$ 5.99 Employee Only
- \$11.98 Employee + One
- \$19.77 Employee + Family
- NO

Name Larry DeKoeKkoek
Social Security Number 372-62-7427
Date of Birth 11/17/1955 Sex M F
Relationship: Spouse Child Domestic Partner

TERM LIFE 

- YES \$0.60 Employee Only
- YES \$0.90 Employee + One
- NO \$1.80 Employee + Family

Name Joshua DeKoeKkoek
Social Security Number 378-23-5370
Date of Birth 01/30/1994 Sex M F
Relationship: Spouse Child Domestic Partner

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.

Name _____
Social Security Number _____
Date of Birth _____ / _____ / _____ 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

Larry DeKoeKkoek / Joshua D.

RELATIONSHIP

husband / son

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 Tonya DeKoeKkoek

Date 02/22/2014

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.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u>1</u>
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u>1</u>
C	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.)	C	<u>1</u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u>0</u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u>0</u>
F	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.)	F	<u>0</u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • 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. • 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 	G	<u>6</u>
H	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.) ▶	H	<u>4</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.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2013	
▶ 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.					
1 Your first name and middle initial		Last name		2 Your social security number	
Tonya A		DeKoekkoek		370-84-2785	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.	
714 E Green St.				Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code				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"/>	
Marshall MP 49068					
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>10.00</u>	
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption.					
<ul style="list-style-type: none"> • 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. ▶ <u>7</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 (This form is not valid unless you sign it.)				Date ▶	
Tonya DeKoekkoek				2-22-14	
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)	
714 E. Green St. Marshall Mi.					

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 Tonya DeKneekKneek Social security number ▶ 370-84-2785
Street address where you live 714 East Green Street
City or town, state, and ZIP code Marshall Michigan 49068
County _____ Telephone number (616) 834-6531

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 ▶ Tonya DeKneekKneek Date 2/21/14
For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 22851L Form **8850** (Rev. 8-2009)

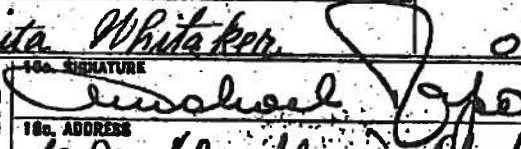
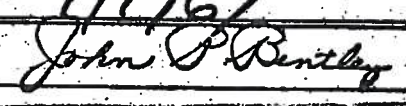
CERTIFICATE OF LIVE BIRTH

3647

BIRTH No. 121 -

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
Vital Records Section

Local File No. 1685

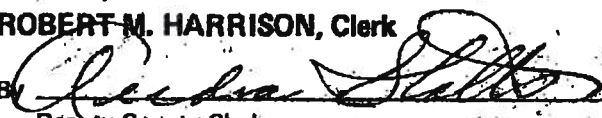
1. PLACE OF BIRTH a. COUNTY <u>Washtenaw</u> b. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Ann Arbor</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Mercy</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Michigan</u> b. COUNTY <u>Washtenaw</u> c. TOWNSHIP, CITY OR VILLAGE (Name of) <u>Chelsea</u> d. Is Residence within limits of a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> e. MAILING ADDRESS <u>18180 N. M. 52</u> ZONE	
3. CHILD'S NAME (Type or Print) a. (First) <u>Tonya</u> b. (Middle) <u>Ann</u> c. (Last) <u>Whitaker</u>		4. SEX <u>Female</u> Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> 5b. # TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 5. DATE OF BIRTH (Month) (Day) (Year) <u>9-7-67</u>	
FATHER OF CHILD			
7. FULL NAME a. (First) <u>Clifford</u> b. (Middle) <u>-</u> c. (Last) <u>Whitaker</u>		8. COLOR OR RACE <u>Wh.</u>	
9. AGE (At time of this birth) <u>25</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Michigan</u>	
11a. USUAL OCCUPATION <u>King Seeley</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Employee</u>	
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <u>Milla</u> b. (Middle) <u>Anita</u> c. (Last) <u>Herbert</u>		13. COLOR OR RACE <u>Wh.</u>	
14. AGE (At time of this birth) <u>26</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	
16. CHILDREN PREVIOUSLY BORN TO THE MOTHER (Do NOT include this child) a. How many OTHER children are now living? <u>0</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT'S NAME <u>Milla Anita Whitaker</u>			
I hereby certify that I attended the birth of this child who was born alive on the date stated above. 18a. SIGNATURE 		18b. ATTENDANT AT BIRTH M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify) _____ 18c. DATE BORN <u>9/7/67</u>	
18a. ADDRESS <u>109 N. Leonard Ave. Chelsea Mich.</u>		19. DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 13 1967</u>	
20. REGISTRAR'S SIGNATURE 		FOR MEDICAL AND HEALTH USE ONLY	

Part of each in order of birth stated.

STATE OF MICHIGAN)
 COUNTY OF WASHTENAW) ss.

I, ROBERT M. HARRISON, Clerk of said County of Washtenaw and Clerk of the Circuit Court for said County, do hereby certify that this is an exact reproduction of the certificate for the person(s) named therein as it now appears in the permanent records of the Washtenaw County Clerk's Office.

WITNESS the seal of said Court and County this 18th day of MAY, 1972

ROBERT M. HARRISON, Clerk

 Deputy County Clerk



OF-1170-001

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

Name Tonya Deboeckhaek
Address 714 E Green Street
City Marshall State MI Zip 49144 Social Security # 370-84-2785
Date of Birth 9-7-67 Age 46

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: Nov 2013 To: Present
Did you receive unemployment compensation at any point during your unemployment?
If yes, dates received compensation: From: To: Yes [] No [X]

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

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

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

11. Did you receive a high school diploma or GED? If yes, date received: 1986 Yes [X] No []
Have you been employed or been admitted to technical school or college since then? Yes [] No [X]

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

I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative, or the Department of Labor.

-> NEW HIRE SIGNATURE Tonya Deboeckhaek DATE 2/22/14

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