

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 PATEL First Name JAYSHREE Middle Initial B
Street Address 358-72-7790
City/State/Zip DES PLAINES IL 60016
Home Phone 847-257-0292 Cell / Message Phone 847-942-7604
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.

JAYSHREE B. PATEL
Name (Print or type)

Patil Jinnab
Applicant's Signature

07-15-2013
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

- Start
- Stop
- Change

Effective Date

- As Soon As Possible
- Future Paydate

____/____/____

Name (Last, First Middle Initial) **PATEL JAYSHREE B**

Home Address **645 NELSON LN**

Street **DES PLAINES**

Zipcode **60016**

Social Security Number **358-72-7790**

Date (Mo/Day/Yr)

Employee Signature

Patil Jayshree B.

IL
State

Daytime Phone Number

847-257-0292

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

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.) **LASALLE BANK N.A (Bank of America)**

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.



Bharat B. Patel
Sanskrit B. Patel
 4709 Chicago St, Unit B
 Skokie, IL 60076-1519

250710

2287

PAY TO THE
 ORDER OF

DATE

\$

LASALLE BANK N.A.
 CHICAGO, IL 60641

DOLLARS



Complete Security
 Features. Details
 on Back.

FOR

⑆071000505⑆ 04⑆⑆371⑆321⑆⑆2⑆⑆ 2287

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

Name: JAYSHREE B. PATEL

Address: 645 NELSON LN DES PLAINES IL 60016

Home Phone: 847 - 257 - 0292 .

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

1. Name: Bharat B. Patel

Phone (work): 630 - 330 - 5087

Phone (home): 847 - 257 - 0292 cell: 847 - 338 - 3161

2. Name: Mihir B. Patel

Phone (work):
cell: 847 - 338 - 5085

Phone (home): 224 - 567 - 8559

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 ON

Social Security Number

Date of Birth Sex M F

Name JAYSHREE B PATEL

Street Address 645 NELSON LN

DES PLAINES IL

City DES PLAINES State Zip

Home Phone

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 medical selection is a declination of coverage.

Signature Patil Jarnee B.

Date

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. _____
4. _____

- You MUST enroll in the Medical Insurance Plan before adding any additional benefits.
- Your coverage level for the additional benefits will be identical to your medical plan selection.

BENEFIT SELECTION

Weekly Rates

MEDICAL

- \$23.69 Employee Only
- \$48.08 Employee +1
- \$64.20 Employee + Family
- NO to all benefits.
If checked, stop! Go no further.

DENTAL

- YES \$5.23 Employee Only
- NO \$10.46 Employee +1
- \$17.26 Employee + Family

VISION

- YES \$2.35 Employee Only
- NO \$4.00 Employee +1
- \$5.64 Employee + Family

TERM LIFE

- YES \$0.60 Employee Only
- NO \$0.90 Employee +1
- \$1.80 Employee + Family

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.

REQUIRED DEPENDENT INFORMATION

Name _____

Social Security Number --

Date of Birth / / Sex M F

Relationship: Spouse Domestic Partner Child

Name _____

Social Security Number --

Date of Birth / / Sex M F

Relationship: Spouse Domestic Partner Child

Name _____

Social Security Number --

Date of Birth / / Sex M F

Relationship: Spouse Domestic Partner Child

Name _____

Social Security Number --

Date of Birth / / Sex M F

Relationship: Spouse Domestic Partner Child

BENEFICIARY INFORMATION

For Term Life \ Accidental Loss of Life, Limb & Sight, please write in your beneficiary information.

NAME OF BENEFICIARY

BHARATKUMAR B. PATEL

RELATIONSHIP Spouse.

Accidental Loss of Life, Limb & Sight is part of the Medical Benefit.



Addendum to Application

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4

DATE 07-15-2013

Name PATEL JAYSHREE B
Last First Middle Maiden

Social Security No. 358 - 72 - 7790

Telephone (847) 257 0292

If under 18, please list age _____

Referred by Rekha R. Patel (Employee)

Position applied for (1) OPERATOR

and salary desired (2) \$14.30
(Be specific)

Days/hours available to work
 No Pref _____ Thur 2pm to 10pm
 Mon 2pm-10pm Fri 2pm to 10pm
 Tue 2pm-10pm Sat 2pm to 10pm
 Wed 2pm-10pm Sun _____

How many hours can you work weekly? 40+

Can you work nights? NO

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

When available for work? 07-16-2013

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

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

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|-------------------------------|--|---------------------------|------------------------|
| High School | <u>Sheth G.C. High School</u> | <u>Pilani, G.S. INDIA</u> | <u>11</u> | <u>B.S.S.C</u> |
| College | <u>M.G. Panchal</u> | <u>Pilani G.S. INDIA</u> | <u>3</u> | <u>maths. language</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. _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? CAR

Driver's license number P340-4225-9834 State of issue IL

Operator Commercial (CDL) Chauffeur

Expiration date 08-17-2017

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

_____ WPM

Personal Computer Yes No

_____ PC _____ Mac

10-key Yes No

Word Processing Yes No

_____ WPM

Other _____

Skills _____

Please list two references other than relatives or previous employers.

Name JAYANTI PATEL

Position Group lead

Company Rogan Corp

Address 3455 Wood Lead Dr
Northbrook IL

Telephone (47) 903-1585

Name Angelo Youns

Position Supervisor

Company Rogan Corp

Address 3455 Wood Lead Dr
Northbrook IL

Telephone (708) 220-1443

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 _____

**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

Patil Jirvee B.

Date: 07-15-2013



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) PATEL | | First Name (Given Name) JAYSHREE | | Middle Initial B | Other Names Used (if any) | |
| Address (Street Number and Name) 645 NELSON LN | | | Apt. Number | City or Town DES PLAINES | State IL | Zip Code 60016 |
| Date of Birth (mm/dd/yyyy) 08-17-1959 | U.S. Social Security Number 358-72-7790 | | E-mail Address jayshreepatel59@gmail.com | | Telephone Number 847-257-0292 | |

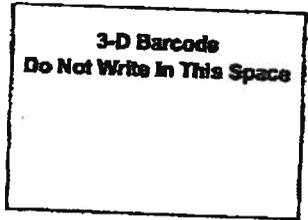
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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: Patil Juvkee B | Date (mm/dd/yyyy): 07-15-2013 |
|--|--------------------------------------|

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

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

STOP **Employer Completes Next Page** STOP

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|---|----|---|-----|---|
| Document Title: | | Document Title: <u>Drivers Licence</u> | | Document Title: <u>SS card</u> |
| Issuing Authority: | | Issuing Authority: <u>IL</u> | | Issuing Authority: <u>SS Admin</u> |
| Document Number: | | Document Number: <u>P340-4225-9834</u> | | Document Number: <u>358-72-7790</u> |
| Expiration Date (if any)(mm/dd/yyyy): | | Expiration Date (if any)(mm/dd/yyyy): <u>8.17.17</u> | | Expiration Date (if any)(mm/dd/yyyy): |
| Document Title: | | | | 3-D Barcode Do Not Write In This Space |
| Issuing Authority: | | | | |
| Document Number: | | | | |
| Expiration Date (if any)(mm/dd/yyyy): | | | | |
| Document Title: | | | | |
| Issuing Authority: | | | | |
| Document Number: | | | | |
| Expiration Date (if any)(mm/dd/yyyy): | | | | |

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 7.16.13 (See instructions for exemptions.)

| | | | | |
|--|--|--|--|--|
| Signature of Employer or Authorized Representative <u>Tina Kool</u> | | Date (mm/dd/yyyy) <u>7.18.13</u> | Title of Employer or Authorized Representative <u>Acc + Mgr</u> | |
| Last Name (Family Name) <u>Kool</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): |
| | |

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: |
| | | |

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 07/18/2013
Page: 1 of 1

Case Verification Number: 2013199102728BK

Case Information:**Employee Information:**

| | | | |
|-------------------------|--------------------------------|----------------|------------|
| Last Name: | Patel | First Name: | Jayshree |
| Middle Initial: | | Maiden Name: | |
| Social Security Number: | *** ** 7790 | Date of Birth: | 08/17/1959 |
| Citizenship Status: | A citizen of the United States | Email Address: | |

Document Information:

| | | | |
|-------------------------------------|---|---------------------------|----------------------|
| List B Document: | Driver's license or ID card issued by a U.S. state or outlying possession | List C Document: | Social Security Card |
| Document Name: | Driver's license | Document State: | Illinois |
| Driver's License or ID Card Number: | | Document Expiration Date: | 08/17/2017 |
| Alien Number: | | I-94 Number: | |

Additional Information:

| | | | |
|------------------------|------------|-------------------------|------------|
| Hire Date: | 07/18/2013 | Employer Case ID: | |
| Three-Day Rule Reason: | | Three-Day Rule - Other: | |
| Submitted By: | CKRO8357 | Submitted On: | 07/18/2013 |

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):

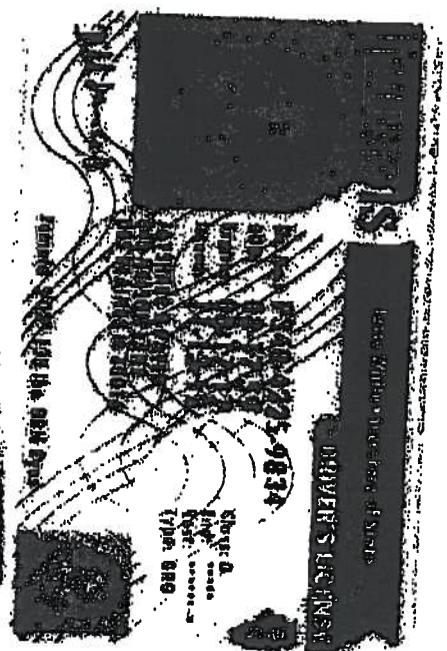
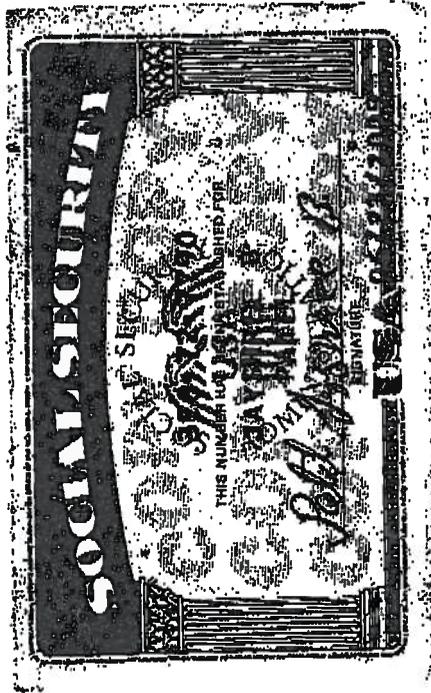
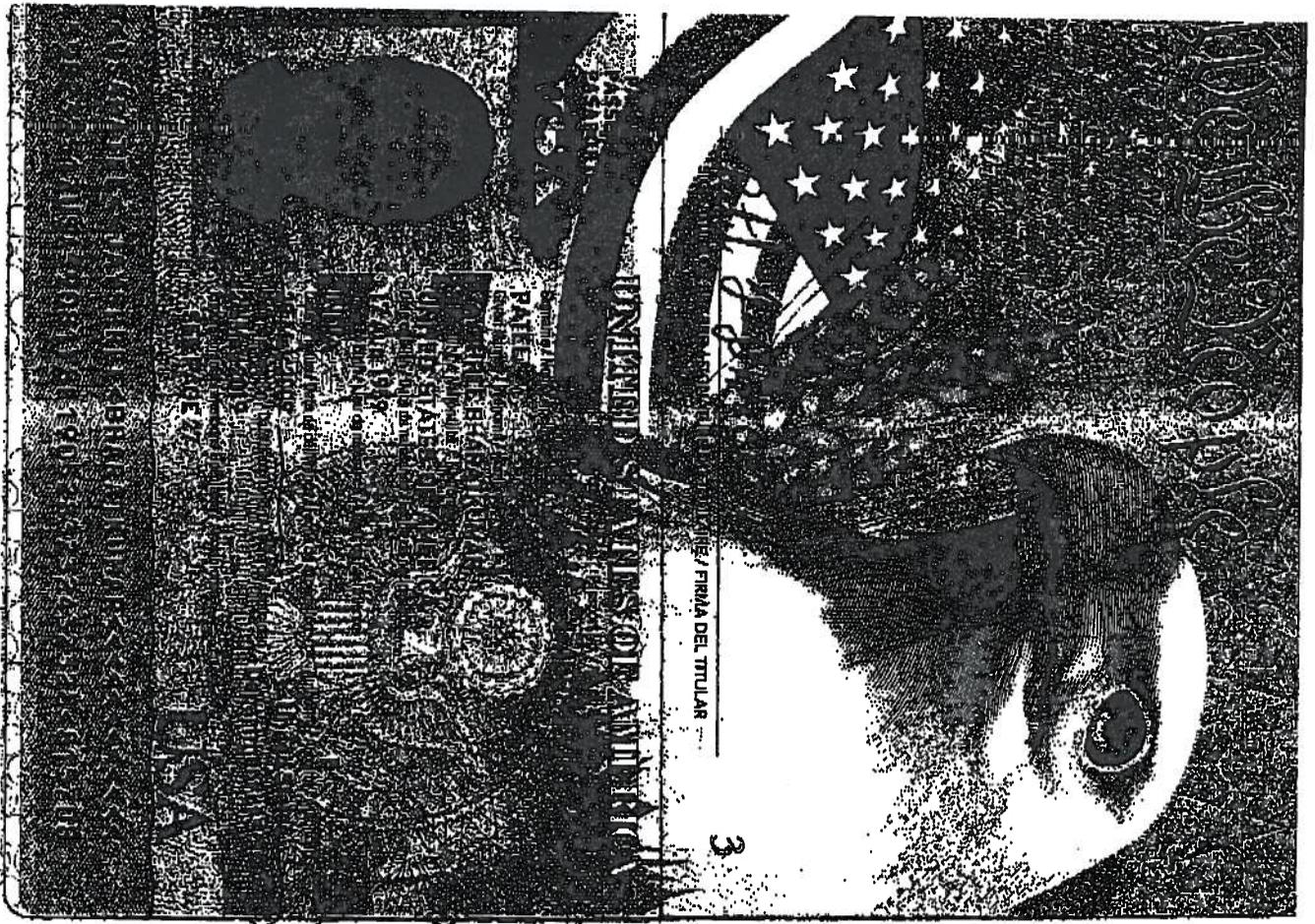
Case Result: _____ Response Date: _____

Case Closure:

Closure Statement: _____

Closed By: _____ Closed On: _____

SENSITIVE BUT UNCLASSIFIED



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 _____ |
| 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 _____ |
| 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 _____ |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return | D _____ |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) | E _____ |
| 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 _____ |
| 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 _____ |
| 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 _____ |

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 | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 5px 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 <h1 style="font-size: 2em; margin: 0;">2013</h1> |
| 1 Your first name and middle initial JAYSHREE B | Last name PATEL | 2 Your social security number 358-72-7790 |
| Home address (number and street or rural route) 645 NELSON LN | | 3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |
| City or town, state, and ZIP code DES PLAINES IL 60016 | | 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 0 |
| 6 Additional amount, if any, you want withheld from each paycheck | | 6 \$ 25.00 |
| 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 ▶ 7 Exempt | | |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. | | |
| Employee's signature (This form is not valid unless you sign it.) ▶ Patil Jayshree B | | Date ▶ 07-15-2013 |
| 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) |

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>Rogan Corp JAYSHREE D. PATEL</u> Position <u>Molding machine operator</u> Company <u>Rogan Corp Paramount</u> Address <u>3455 Woodhead Dr</u> <u>Northbrook IL</u> Telephone <u>(908) 220 1443</u> | Supervisor name <u>Angelo Youns</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From <u>01-22-13</u></td> <td>Start <u>9.00</u></td> </tr> <tr> <td>To <u>Current</u></td> <td>Final <u>9.00</u></td> </tr> </table> Your last job title <u>operator</u> | Employment dates | Pay or salary | From <u>01-22-13</u> | Start <u>9.00</u> | To <u>Current</u> | Final <u>9.00</u> |
|---|---|------------------|---------------|----------------------|-------------------|-------------------|-------------------|
| Employment dates | Pay or salary | | | | | | |
| From <u>01-22-13</u> | Start <u>9.00</u> | | | | | | |
| To <u>Current</u> | Final <u>9.00</u> | | | | | | |

Reason for leaving (be specific) MA

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. machine operate, check quality, work in clean room.

| Name <u>Jayshree Patel</u> Position <u>operator</u> Company <u>Rogan (Paramount)</u> Address <u>600 Deerfield Parkway</u> <u>Buffalo Grove IL</u> Telephone <u>(847) 858-8413</u> | Supervisor name <u>Aris</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From <u>05-2012</u></td> <td>Start <u>11.00</u></td> </tr> <tr> <td>To <u>01-2013</u></td> <td>Final <u>11.75</u></td> </tr> </table> Your last job title <u>operator</u> | Employment dates | Pay or salary | From <u>05-2012</u> | Start <u>11.00</u> | To <u>01-2013</u> | Final <u>11.75</u> |
|--|--|------------------|---------------|---------------------|--------------------|-------------------|--------------------|
| Employment dates | Pay or salary | | | | | | |
| From <u>05-2012</u> | Start <u>11.00</u> | | | | | | |
| To <u>01-2013</u> | Final <u>11.75</u> | | | | | | |

Reason for leaving (be specific) Lay off

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. injection molding machine operate, check quality labeling, packing.

| Name <u>Jayshree Patel</u> Position <u>assembler</u> Company <u>Federal Mogul (Aeroflex)</u> Address <u>Mc 4800 McCormick Blvd</u> <u>Skokie IL 60076</u> Telephone <u>(847) 568-2237</u> | Supervisor name <u>Jaffari</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From <u>4-20-2011</u></td> <td>Start <u>13.00</u></td> </tr> <tr> <td>To <u>5-12-2012</u></td> <td>Final <u>13.00</u></td> </tr> </table> Your last job title _____ | Employment dates | Pay or salary | From <u>4-20-2011</u> | Start <u>13.00</u> | To <u>5-12-2012</u> | Final <u>13.00</u> |
|--|---|------------------|---------------|-----------------------|--------------------|---------------------|--------------------|
| Employment dates | Pay or salary | | | | | | |
| From <u>4-20-2011</u> | Start <u>13.00</u> | | | | | | |
| To <u>5-12-2012</u> | Final <u>13.00</u> | | | | | | |

Reason for leaving (be specific) Lay off

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? Rekha Patel (Employee accent)

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

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

OMB No. 1545-1560

▶ See separate instructions.

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

Your name JAYSHREE B. PATEL Social security number ▶ 358-72-7790

Street address where you live 645 NELSON LN

City or town, state, and ZIP code DES PLAINES IL 60016

County COOK Telephone number (847) 257-0292

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 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 ▶ Pati Jayshree B.

Date 07/15/13

WORK OPPORTUNITY TAX CREDIT

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

Name JAYSHARFEE B PATEL
Address 645 NELSON LN
City DEER PLAINES State IL Zip 60016 Social Security # 358-72-7790
Date of Birth 08-17-1959 Age 53

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?
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?
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days?
4. Are you part of the Ticket to Work program?

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:

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: 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? \$ 9000 = 00

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 Patel Jayshree B DATE 07-15-2013

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: JAYSHREE B PATEL

Social Security Number: 358-72-7790 Date of Birth: 08-17-1959

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: Patil Jeeva B. Date 07-15-2013

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.