

13



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 LE THI DUONG First Name LE Middle Initial T
 Street Address 6206 N. BERNARD St.
 City/State/Zip CHICAGO, ILL. 60659
 Home Phone (773) 588 8172 Cell / Message Phone (773) 600-0191
 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 rehires.

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.

LE THI DUONG [Signature] 7/17/13
 Name (Print or type) Applicant's Signature Date

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

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

Form **8850**
(Rev. August 2008)
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 LE THI DUONG Social security number ▶ 580-18-9217

Street address where you live 6206 N. BERNARD ST

City or town, state, and ZIP code CHICAGO ILL. 60659

County US Cook Telephone number (773) 600-0191

If you are under age 40, enter your date of birth (month, day, year) 10/14/1959

1 Check here if you are completing this form before August 26, 2009, and you lived in the area impacted by Hurricane Katrina on August 26, 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 6 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 90 days.
 - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 6 years and, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 18 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 ▶ *Le Thi Duong*

Date 7/17/2013

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).

Best 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 dependents 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 1382, 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 \$120,000 (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:
 • 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** _____

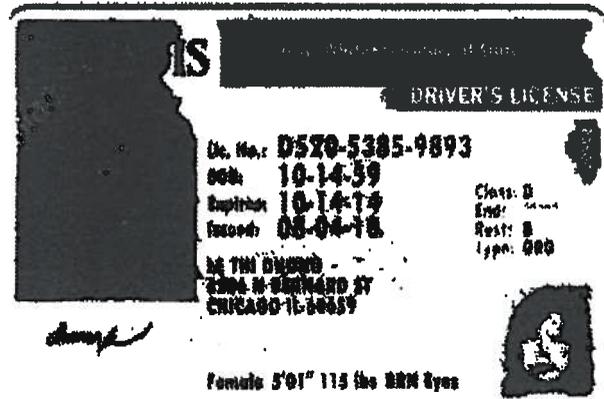
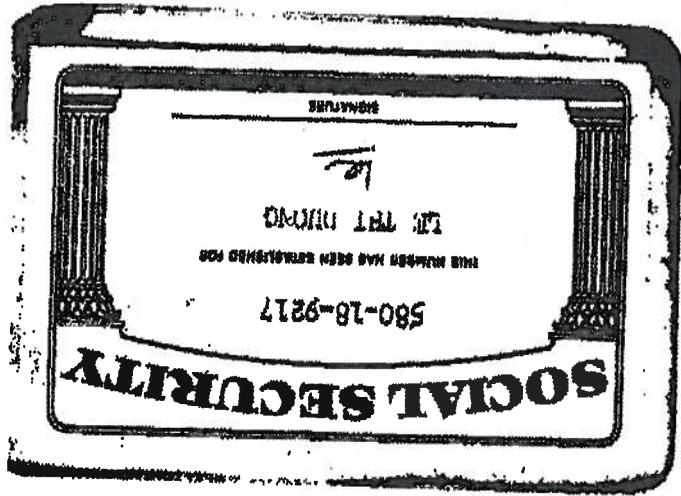
G Child Tax Credit (including additional child tax credit). See Pub. 572, Child Tax Credit, for more information.
 • If your total income will be less than \$85,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.
 • If your total income will be between \$85,000 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		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 Le T.		Last name Duong		2 Your social security number 580-18-9217
Home address (number and street or rural route) 6206 N. Bernard St.		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 Chicago IL 60659		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 3		
6 Additional amount, if any, you want withheld from each paycheck		6 000		
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.		7 Exempt		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ► [Signature] Date ► 7/17/13				
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)
Accellent 140 E. Hinta Rd, Wheeling, IL 60090				



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

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

Name LE THI DUONG
Address 6206 N. BERNARD ST.
City CHICAGO State IL Zip 60659 Social Security # 580-18-9217
Date of Birth 10/14/1959 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: 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: 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? \$ 15,000

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 DATE 7/17/13

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: LE THI DUONG

Social Security Number: 580-18-9017 Date of Birth: 10/14/1959

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: [Signature] Date: 7/17/13

Privacy Act Notice:

The Internal Revenue Code of 1986, Section 51, as amended and its ensuing 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. 111-6). 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 8-4208, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.



Addendum to Application

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4 DATE 7/17/13

Name DUONG LE THI
Last First Middle Maiden

Social Security No. 580-18-9217

Telephone 773-584-4172

If under 18, please list age _____ Referred by HENRY VAN

Position applied for (1) MACHINE OPERATOR Days/hours available to work
 and salary desired (2) _____
 (Be specific) No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

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

When available for work? ANY TIME

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				
College				
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. _____

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>Job BELTONE ELECTRONICS</u>		Supervisor name <u>TRANS EDWARD</u>	
Position <u>CC, TECHNICIAN III</u>		Employment dates	
Company <u>BELTONE ELECTRONICS</u>		From	Pay or salary
Address <u>4200 W. BURN MOUNT AVE</u>		To	Start <u>\$5.75</u>
Telephone () <u>(333) 844-7392</u>		Final <u>\$15.28</u>	
Your last job title <u>QUALITY CONTROL ANALYST</u>			
Reason for leaving (be specific) <u>THE COMPANY MOVED TO MINNESOTA.</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>QUALITY CONTROL ANALYST; TECHNICIAN OPERATOR. I LEARNED USE OF SMALL HAND TOOLS, INCLUDING A SOLDERING IRON AND MICROSCOPE.</u>			

Name _____		Supervisor name _____	
Position _____		Employment dates	
Company _____		From	Pay or salary
Address _____		To	Start
Telephone () _____		Final	
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.			

Name _____		Supervisor name _____	
Position _____		Employment dates	
Company _____		From	Pay or salary
Address _____		To	Start
Telephone () _____		Final	
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? _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No
 What is your means of transportation to work? CAR
 Driver's license number D520-5385-9893 State of issue ILL.
 Operator Commercial (CDL) Chauffeur
 Expiration date 10-14-14
 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>Dalia Boehm</u>	Name <u>TRAVIS EDWARD</u>
Position <u>BENEFITS MANAGER</u>	Position <u>SUPERVISOR</u>
Company <u>BEITONE</u>	Company <u>BEITONE</u>
Address <u>4200 W. BRYN MAWR</u>	Address <u>4200 W. BRYN MAWR HWY</u>
<u>CHICAGO, ILL. 60646</u>	<u>CHICAGO, ILL. 60646</u>
Telephone (847) <u>224-5267</u>	Telephone () _____

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:

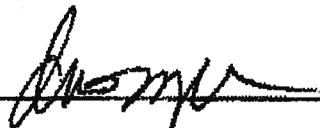
Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist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



Date:

7/17/13



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1515-0047
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 Employee Information and Attestation (Employee must complete and sign this section of Form I-9 no later than the first day of employment, but not before accepting a job offer)				
Last Name (Family Name) DUONG		First Name (Given Name) LE		Middle Initial THI
Address (Street Number and Name) 6206 N. BERNARD ST.		Apt. Number	City or Town CHICAGO	State ILL. Zip Code 60659
Date of Birth (mm/dd/yyyy) 10/14/1959	U.S. Social Security Number 580-18-0217	E-mail Address LE.T.DUONG10@GMAIL.COM		Telephone Number (772) 588-8000

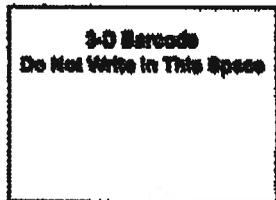
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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:	Date (mm/dd/yyyy): 10/14/1959
------------------------	--------------------------------------

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

IND 221900-CMG OFFICE USE ONLY Refire Date / /

EMPLOYEE INFORMATION
(Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

Social Security Number 580-18-9217

Date of Birth 10/14/1969 Sex M F

Name LE THI DUONG

Street Address 6206 N. BERNARD ST.

City CHICAGO State IL Zip 60659

Home Phone 773-688-8172

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 [Signature] 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

MEDICAL

- \$23.08 Employee Only
- \$48.08 Employee +1
- \$64.28 Employee + Family
- NO to all benefits.
If checked, stop! Go no further.

DENTAL

- YES \$8.23 Employee Only
- YES \$18.48 Employee +1
- NO \$17.28 Employee + Family

VISION

- YES \$2.38 Employee Only
- YES \$4.00 Employee +1
- NO \$8.84 Employee + Family

TERM LIFE

- YES \$8.60 Employee Only
- YES \$0.00 Employee +1
- NO \$1.80 Employee + Family

SHORT-TERM DISABILITY

- YES \$4.36 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 Jessica Vuong

Social Security Number 318-90-2875

Date of Birth 01/10/1993 Sex M F

Relationship: Spouse Domestic Partner Child

Name Sen Vuong

Social Security Number 580-18-9710

Date of Birth 01/07/1957 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

SEN VUONG

RELATIONSHIP

HUSBAND

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

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

Name: LE THI DUONG

Address: 6206 N. BERNARD ST. CHICAGO, ILL. 60659

Home Phone: (773) 588-8172

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

1. Name: SEN VUONG

Phone (work): (773) 719-3301

Phone (home): _____

2. Name: HENRY VAN

Phone (work): (773) 290-9828

Phone (home): _____

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

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

Social Security Number
580-18-9217

Name (Last, First Middle Initial)
DUONG THA LE THI

Home Address Street City State Zipcode
6206 N. BERNARD ST. CHICAGO ILL. 60659

Date (Mo/Day/Yr) Employee Signature Daytime Phone Number
10/14/59 [Signature] (773) 568-8172

SUBMISSION OF THIS FORM MEANS YOUR ENTIRE PAYROLL CHECKS 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

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.

