



Employer Solutions Staffing Group LLC New Hire Application

8:12
13+10%14.30 1.88
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 Johnson First Name Travis Middle Initial K
Street Address 229 Bovic ct unit D
City/State/Zip Bolingbrook IL 60440
Home Phone 630-759-9294 Cell / Message Phone 630-640-2945
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.

Travis K Johnson
Name (Print or type)

Travis Johnson
Applicant's Signature

8/6/13
Date

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

For ESSG Office Use Only				
DOH _____	NHW _____	I-9 _____	8880 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	5 Day Letter (if applicable) _____	ESC Application _____

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

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

Name Travis Johnson
Address 229 Davis St unit D
City Bolingbrook State IL Zip 60440 Social Security # 343-89-3013
Date of Birth 10/27/92 Age 20

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?
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?
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: June 10
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? \$

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 8/14/13

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

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

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

OMB No. 1545-1500

▶ See separate instructions.

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

Your name Travis K Johnson Social security number ▶ 343-88-3075

Street address where you live 229 Bowie Ct Unit D

City or town, state, and ZIP code Bolingbrook IL 60440

County Will County Telephone number (630) 440-2945

If you are under age 40, enter your date of birth (month, day, year) 10/27/92

- 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 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 ▶ Travis Johnson

Date 8/16/13

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 22851L

Form 8850 (Rev. 8-2008)

IND 221900-CMG OFFICE USE ONLY Retire Date

EMPLOYEE INFORMATION (Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

Social Security Number 343-88-3075

Date of Birth 10/27/1992 Sex M F

Name Travis Johnson

Street Address 229 Bowie Ct unit D

City Balingbrook State IL Zip 60440

Home Phone 630-757-9297

Do you or any dependants have Medicare?

Yes No If Yes:

Medicare Health Insurance Claim Number (HICN)

Medicare Effective Date

Names of Covered Person(s)

- 1. 2. 3. 4.

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 Travis Johnson

Date 08/06/2013

- 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

- \$23.58 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 \$10.48 Employee +1
NO \$17.28 Employee + Family

VISION

- YES \$2.38 Employee Only
NO \$4.00 Employee +1
NO \$9.64 Employee + Family

TERM LIFE

- YES \$0.60 Employee Only
NO \$0.90 Employee +1
NO \$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
Relationship: Spouse Domestic Partner Child

Name
Social Security Number
Date of Birth
Relationship: Spouse Domestic Partner Child

Name
Social Security Number
Date of Birth
Relationship: Spouse Domestic Partner Child

Name
Social Security Number
Date of Birth
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

RELATIONSHIP

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

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

Name: Travis K Johnson

Address: 229 Dawit Ct wtt D

Home Phone: 630-759-9294

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

1. Name: Travis Johnson

Phone (work): -

Phone (home): 815-600-2947

2. Name: Tivania Young

Phone (work): _____

Phone (home): 630-988-2712

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



Addendum to Application

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4 DATE 8/4/13

Name Johnson Travis K
Last First Middle Maiden

Social Security No. 343 - 88 - 3075

Telephone (630) 640 - 2945

If under 18, please list age _____ Referred by _____

Position applied for (1) _____ 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? open Can you work nights? yes

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

When available for work? 9/12/13

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>Bolingbrook</u>	<u>345 Boulder way</u>	<u>4</u>	<u>General Studies</u>
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>Castepillar Travis Johnson</u>	Supervisor name <u>BJ Gerchl</u>	
Position <u>machine operator</u>	Employment dates	Pay or salary
Company <u>Castepillar</u>	From <u>10/31/11</u>	Start <u>13.34</u>
Address _____	To <u>7/18/12</u>	Final <u>15.25</u>
Telephone <u>(630) 859-5000</u>	Your last job title <u>machine operator</u>	

Reason for leaving (be specific) Supplemental

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

Name <u>Travis Johnson</u>	Supervisor name _____	
Position <u>Picker</u>	Employment dates	Pay or salary
Company <u>NFL</u>	From <u>2/11/13</u>	Start <u>10.00</u>
Address _____	To <u>7/25/13</u>	Final <u>10.00</u>
Telephone <u>(630) 771-1234</u>	Your last job title _____	

Reason for leaving (be specific) NEW Job

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	Pay or salary
Company _____	From _____	Start _____
Address _____	To _____	Final _____
Telephone (____) _____	Your last job title _____	

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Who were you referred by? _____

May we contact your present employer? Yes ___ No

Did you complete this application yourself? Yes ___ No

If not, who did? _____

**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 *Francis Almond* Date: 8/6/13



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Exemption from withholding. If you are exempt, complete only lines 1, 2, 8, 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 \$360 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.

worksheets that apply. However, you may (or zero) allowances. For regular withholding must be based on allowances and may not be a flat amount or of wages.

Head of household. Generally, you can claim head of household status on your tax return only if you are single and pay more than 50% of the cost 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.

Nonresident alien. If you have a large amount of nonresident 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 1582, 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.)

Worksheet with sections A through H for calculating allowances. Includes instructions for accuracy and adjustments to income.

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

Form W-4 Employee's Withholding Allowance Certificate. Includes fields for name, address, marital status, and allowances.



Direct Deposit Set-Up Form

EMPLOYEE INFORMATION

Employee

TRAVIS K JOHNSON

Address

229 BOWIE CT

City

BOLINGBROOK

State

IL

Zip

60440-5706

Company Employee ID

ACCOUNT INFORMATION

Chase routing number

071000013

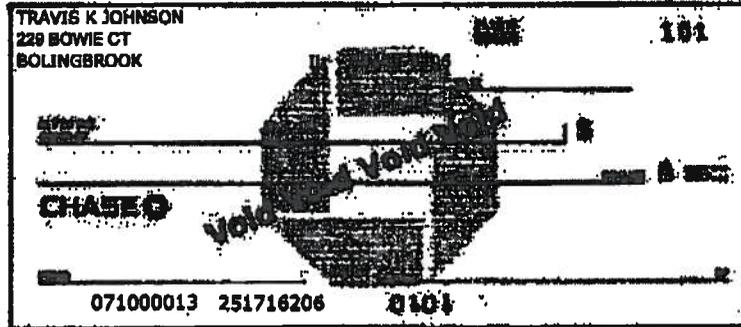
Account number

251716206

Deposit To:

Checking

Savings



EMPLOYEE AGREEMENT

I authorize acclnt to automatically deposit my payroll check into my account listed above. (This includes authorization to correct any entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

Travis K Johnson
Employee Signature

8/7/13
Date

Employee: If there are any questions, please call: **BRIAN SHELTON**
Chase Banker (630) 226-4688



Travis Johnson

229 Bowie Court unit D, Bolingbrook, IL 60440
Home: 630 759 9294 - Cell: 630 640 2945 : travisk68@gmail.com

Summary

Machine Operator with positive attitude and a commitment to safety, quality, customer service and lean manufacturing.

Highlights

- Initiative to work independently
- Production procedures
- Fast learner
- Interpersonal skills

Accomplishments

Machine Set Up

- Gave directions to other workers regarding machine set-up and use.

Production

- Consistently met production and schedule levels.

Work Experience

Furnisher Specialist

October 2011 to April 2012

Caterpillar Inc – Montgomery, IL

- Changed equipment over to new product.
- Consulted welding chart specifications to select appropriate type and thickness of metal.
- Examined weld for bead size and other specifications.
- Fabricated large and small parts per drawing and assembled parts as required.
- Helped achieve company goals by supporting production workers
- Maintained necessary level of communications between shifts.
- Responsible for achieving production requirements.
- Started machine operations by inserting control instructions into control units.

Education

Bolingbrook High School 2011

Bolingbrook, IL, USA

General Education

High school diploma



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: Travis Johnson

Social Security Number: 343-88-3075 Date of Birth: 10/27/1992

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: Travis Johnson Date 8/8/13

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

Public Burden Statement:
Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4208, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.



Nationsearch
The background you need

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

AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

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

Travis Johnson

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

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

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

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

Travis Johnson
Applicant Signature

8/6/13
Date

Other Names Used: _____

Social Security Number	343-88-3075
Date of Birth: To be used for screening purposes only	10/27/1992
Drivers License number : State of Issue:	J525-8119-2304

Street Address	City	State	Zip Code
221 Bowie Ct unit D	Bolingbrook	IL	60440

License No. JS25-8119-2386
 Exp: 10-27-92
 Expire: 01-27-19
 Expiry: 11-09-12
 Class: D
 End: 0000
 Birth: 000000
 Type: DUP

TRAVIS R JOHNSON
 29 BOWIE CT
 AGONIPESBORO, IL 60440

Male 5'07" 165 lbs B/M Eyes

DRIVER LICENSE

SOCIAL SECURITY
 343-88-3075
 THIS NUMBER HAS BEEN ESTABLISHED FOR
TRAVIS RENOYL JOHNSON
Travis R. Johnson
 SIGNATURE



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 (Employee 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) Johnson		First Name (Given Name) Travis		Middle Initial K	Other Names Used (If any)	
Address (Street Number and Name) 229 Bowie Ct Unit D			Apt. Number	City or Town Bolingbrook	State IL	Zip Code 60440
Date of Birth (mm/dd/yyyy) 10/27/92	U.S. Social Security Number 393-98-3075	E-mail Address Travis.k68@gmail.com			Telephone Number 630-640-7445	

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:

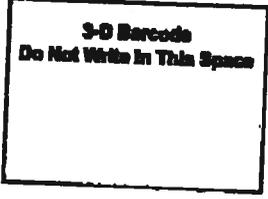
- 1. Alien Registration Number/USCIS Number: _____
- OR
- 2. Form I-94 Admission Number: _____

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: *Travis Johnson* Date (mm/dd/yyyy): **8/16/13**

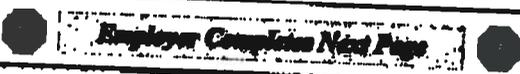
Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

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 Identify and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title:		Document Title: <u>Driver License</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>J525-8119-2906</u>		Document Number: <u>343-88-3075</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>1-27-14</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): 8.14.13 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>[Signature]</u>		Date (mm/dd/yyyy) <u>8.14.13</u>	Title of Employer or Authorized Representative <u>Acct Mgr</u>	
Last Name (Family Name) <u>Boel</u>		First Name (Given Name) <u>Tina</u>	Employer's Business or Organization Name <u>ESG</u>	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State
				Zip Code

Section 3. Reverification and Rehire (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):
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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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