



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 Nobarro First Name Valente Middle Initial _____
 Street Address 5531 N 23rd Pl
 City/State/Zip Cicero IL 60804
 Home Phone (708) 843-2425 Cell / Message Phone _____
 Company/Employer _____

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

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

Applicant Certification and Authorization

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

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

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

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

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

Valente Nobarro
Name (Print or type)

Valente Nobarro
Applicant's Signature

08-13-13
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 _____

IND 221900-CMG OFFICE USE ONLY Retire Date [] [] [] [] [] []

EMPLOYEE INFORMATION (Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

USE BLACK or BLUE INK ONLY

Social Security Number 3411-94-0131
Date of Birth 03/08/1978 Sex F
Name Valente Nabarro
Street Address 5531 N 23rd Pl
City Cicero State IL Zip 60804
Home Phone 708-843-2425

Do you or any dependents have Medicare?

[X] 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 Valente Nabarro

Date 08/13/2013

- 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

Weekly Rate

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
\$10.46 Employee +1
[] NO \$17.28 Employee + Family

VISION

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

TERM LIFE

- [] YES \$0.60 Employee Only
\$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.

**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

Valerie Navarro

Date:

08.13.13

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? Car

Driver's license number 1608 6018 0701 State of issue IL

Operator Commercial (CDL) Chauffeur

Expiration date 03 08 17

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>Brian Hujau</u>	Name <u>Tom Ramirez</u>
Position <u>Inspector</u>	Position <u>Restaurant Owner</u>
Company <u>Electro Motive Diesel</u>	Company <u>Ramirez Restaurant</u>
Address <u>Kenelworth and 34th</u>	Address <u>Ashland and Grand</u>
<u>Berwyn IL</u>	<u>Chicago IL</u>
Telephone <u>(708) 931-0118</u>	Telephone <u>(708) 344-1884</u>

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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 _____



Addendum to Application

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4 DATE 08.13.13

Name Valente Nabarro
Last First Middle Maiden

Social Security No. 341-94-6131

Telephone 708 843-2425

If under 18, please list age _____ Referred by _____

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

How many hours can you work weekly? 40+ Can you work nights? Yes

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

When available for work? ASAP

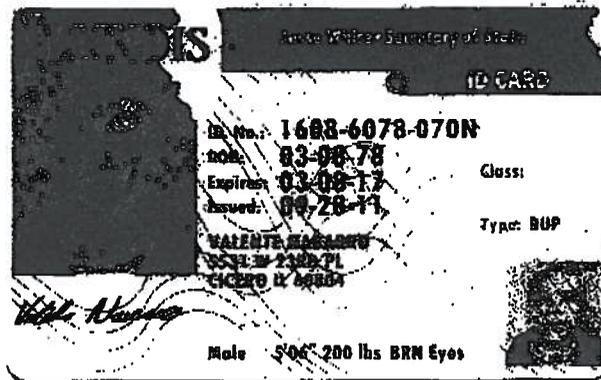
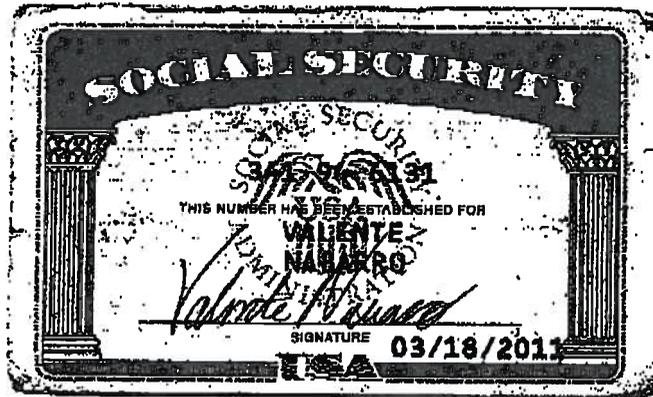
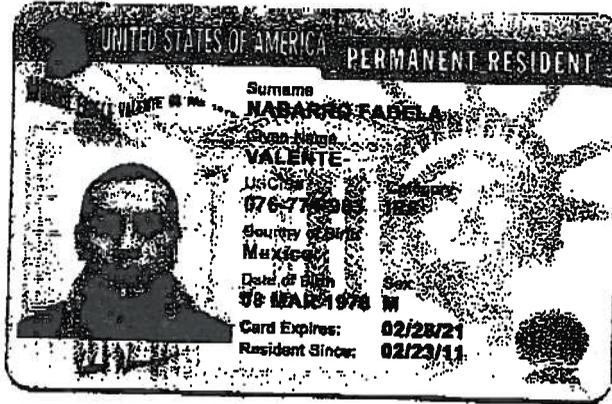
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No Yes If so, please explain _____

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>CONCORD HS</u>		<u>4</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. Suspense D. and
NO INSURANCE



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>Anixles</u>		Supervisor name <u>Maurice</u>	
Position <u>Order Picker</u>		Employment dates	
Company <u>Anixles</u>		Pay or salary	
Address <u>11614 S Austin Ave</u>		From <u>May 2011</u>	Start <u>\$11.00</u>
<u>Alsip IL 60803</u>		To <u>Dec 2011</u>	Final <u>\$10.00</u>
Telephone <u>(708) 597-7100</u>		Your last job title <u>Order Picker</u>	
Reason for leaving (be specific) <u>Needed full time job</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Order Picker - load, unload trucks</u>			

Name <u>Switchboard Apparatus</u>		Supervisor name <u>Mike DePage</u>	
Position <u>Assembly Line</u>		Employment dates	
Company <u>Switchboard Apparatus</u>		Pay or salary	
Address <u>618 Lambert Rd</u>		From <u>Feb 2012</u>	Start <u>\$9.85</u>
<u>Elmhurst IL</u>		To <u>Sep 2012</u>	Final <u>\$10.15</u>
Telephone <u>(708) 450-0990</u>		Your last job title <u>Assembly line</u>	
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. <u>Assembly line</u>			

Name _____		Supervisor name <u>Duan</u>	
Position <u>Machine Operator</u>		Employment dates	
Company <u>Nindy City Wire</u>		Pay or salary	
Address <u>366 International Blvd</u>		From <u>Feb 2013</u>	Start <u>\$11.00</u>
<u>Bolingbrook IL</u>		To <u>Present</u>	Final <u>\$11.00</u>
Telephone <u>(630) 633-4500</u>		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. <u>Machine Operator</u>			

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? _____

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 job 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 \$190,000 (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	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	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 Valente	Last name Nabarro	2 Your social security number 341-94-6131
Home address (number and street or rural route) 5531 N 23rd Pl		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 Cicero IL 60804		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	1
6 Additional amount, if any, you want withheld from each paycheck	6 \$	
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		
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.) ▶ Valente Nabarro		Date ▶ 08-13-13
8 Employer's name and address (Employer: complete lines 9 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)



Non-Federal Direct Deposit Enrollment Request Form
Authorization agreement for automatic deposits (ACH credits)

Directions for Customer Use:

- 1) **Ensure entire form is complete, then sign and date**
 - Use the ABA routing number from the state where your account was opened
- 2) **Ensure appropriate Employer / Company address is used when mailing completed form.**
- 3) **Employer/Company should review this form for completeness and suitability. If Employer / Company prefers or requires their own form, use account type, number and ABA routing number below to help complete their form**
- 4) **Mail form directly to Employer / Company (Note: It is not necessary for employer or company to return the form to the bank once direct deposit is set up into the payroll system)**

Employer / Company Name: _____

Employer Address	City	State	Zip
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I (we) authorize the above named Company to initiate credit entries to my Bank of America Checking and/or Savings accounts indicated below and to credit the same to such amount. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Note: Funds can be deposited into one account or split between accounts as a set percent or dollar amount.

Account type	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	State Acct Opened
Account number	291011708773	
ABA Routing Number	081904808	
Deposit Amount	100 % OR \$ _____ (Flat Amount)	OR <input type="checkbox"/> Remaining

Account type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	State Acct Opened
Account number	_____	
ABA Routing Number	_____	
Deposit Amount	_____ % OR \$ _____ (Flat Amount)	OR <input type="checkbox"/> Remaining

Account type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	State Acct Opened
Account number	_____	
ABA Routing Number	_____	
Deposit Amount	_____ % OR \$ _____ (Flat Amount)	OR <input type="checkbox"/> Remaining

If monies to which I am not entitled are deposited to my account, I authorize the Company (Issuer) to direct the financial institution to return said funds and I authorize the financial institution to act on the Company's direction and to return said funds. This authority will remain in effect until Employer/Company has received written notification from me of its termination in such time and in such manner as to afford Company and financial institution a reasonable opportunity to act on it.

Valente		Nabarro
First Name	Middle Name	Last Name
5531 W 23rd Pl	Cicero	IL 60804
Address	City	State Zip

Signature (required)	Date	Tel Number
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NOTE: Written credit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

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 Valente Navarro Social security number ▶ 341-94-6131

Street address where you live 5531 N 23rd Pl

City or town, state, and ZIP code Cicero IL 60804

County Cook Telephone number (708) 843-2425

If you are under age 40, enter your date of birth (month, day, year) 03-05-1978

- 1 Check here if you are completing this form **before August 28, 2009**, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 Check here if any of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but not age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, or
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 16 but not age 25 or older, and:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, and
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:
 - Discharged or released from active duty in the U.S. Armed Forces, or
 - Unemployed for a period or periods totaling at least 6 months.
- 5 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months, or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ Valente Navarro

Date 03/13/1978

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

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

Name Valente Nabarro
Address 5531 N 23rd Pl
City Cicero State IL Zip 60804 Social Security # 341-94-6131
Date of Birth 08-05-1978 Age 35

Please CHECK ONE ANSWER for each of the following questions, and complete question #5:

- 1. Have you or any family member living with you received Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) during the past 24 months? Yes No
- 2. Have you or any family member living with you received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) at any time during the past fifteen (15) months? Yes No
- 3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days? Yes No
- 4. Are you part of the Ticket to Work program? Yes No

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

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

7. Have you been unemployed at any time during the last 12 months? Yes No
If yes, dates of unemployment: From: _____ To: _____
Did you receive unemployment compensation at any point during your unemployment?
If yes, dates received compensation: From: _____ To: _____ Yes No

8. Have you been convicted of a felony or released from prison in the last 12 months? Yes No
Date of Conviction: _____ Date of Release: _____
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? \$ _____

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 <u>Valente Nabarro</u>	DATE <u>08-13-13</u>

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: Valente Nabarro

Social Security Number: 341-94-6131 Date of Birth: 03-08-1978

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: Valente Nabarro Date 03-13-13

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

Public Burden Statement:
Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.



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) <u>Nabarro</u>		First Name (Given Name) <u>Valente</u>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <u>5531 N 23rd Pl</u>			Apt. Number <u>1</u>	City or Town <u>Cicero</u>		State <u>IL</u>
Date of Birth (mm/dd/yyyy) <u>03-08-1978</u>		U.S. Social Security Number <u>341-94-6131</u>		E-mail Address <u>valentnabarro@yahoo</u>		Telephone Number <u>(708) 843-2425</u>

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

I attest, under penalty of perjury, that I am (check one of the following):

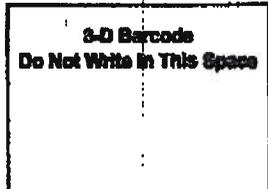
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): 016-714-983
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____ . Some aliens may write "N/A" in 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 "NA" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <u>Valente Nabarro</u>	Date (mm/dd/yyyy): <u>08-13-2013</u>
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

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

