ESSG Group LLC **New Hire Application**

Today's Date: **PLEASE PRINT LEGIBLY IN INK**

Last Name MAKUCH First Name MARCIN Middle Initial

Street Address 3912 N. NEWCASTLE AVE

City/State/Zip CHICAGO, IL 60634

Home Phone 773-428-0573 Cell / Message Phone 773-428-0573

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.

MARCIN MAKUCH — Name (Print or type)

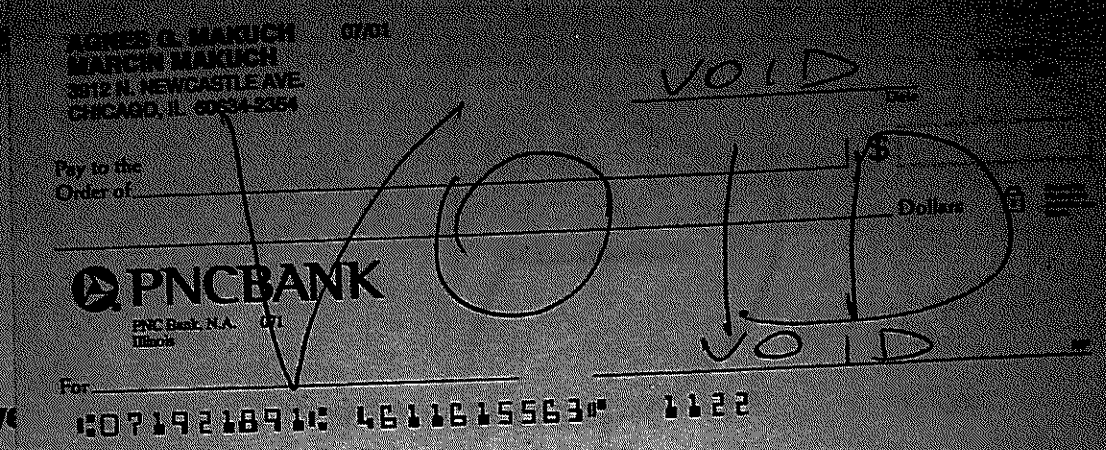
Applicant's Signature

06/13/2014 — 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 Acct



Employe

If you are applying [illegible] 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 paydate for the deposit to show.

Please print

Check one of the following Start / Stop / Change	**Effective Date** As Soon As Possible / Future Paydate	
	Social Security Number: 351-96-4963	
Name (Last, First, Middle Initial): MAKUCH, MARCIN		
Home Address / Street: 3912 N. NEWCASTLE City / State: CHICAGO, IL 60634		
Date (Mo/Day/Yr): 06/13/2014	Employee Signature	Daytime Phone Number: 773 428-0573

SUBMISSION OF THIS FORM

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)	PNC BANK	
Type of Account: (Check one) Savings / Money Market Checking / Money Market Investment Required		
Authorization of ACH Debit from your [illegible]		

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

...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)	First Name (Given Name)	Middle Initial	Other Names Used (if any)
MAKUCH	MARCIN	S	

Address (Street Number and Name)	Apt. Number	City or Town	State	Zip Code
3912 N. NEWCASTLE		CHICAGO	IL	60634

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address	Telephone Number
10/12/1981	351-96-1963	marcin_makuch@yahoo.com	773-428-0573

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):

- [x] **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: _____

3-D Barcode
Do Not Write In This Space

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):
Marcin	06/13/2014

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

[redacted]

VSI-IND 219301-EMP | OFFICE USE ONLY | ReHire Date ___/___/_____

ENROLLMENT FORM - PLAN 2

EMPLOYEE INFORMATION (Must Be Filled Out)

Social Security Number 351-96-4963

Date of Birth 10/12/1981 Sex (M) F

Name MARCIN MAKUCH

Street Address 3912 N. NEWCASTLE

City CHICAGO State IL Zip 60634

Home Phone 773-428-0573

Do you or any dependents have Medicare?

☐ Yes ☐ No If Yes:

Medicare Health Insurance Claim Number (HICN)

Medicare Effective Date ___/___/_____

Names of Covered Person(s)

1.

2.

3.

BENEFIT SELECTION — Weekly Rates

MEDICAL

☐ $20.91 Employee Only

☐ $42.44 Employee + One

☒ $56.67 Employee + Family

☐ NO to MEDICAL, TERM LIFE, and STD benefits.

DENTAL

☐ $ 5.99 Employee Only

☐ $11.98 Employee + One

☐ $19.77 Employee + Family

☒ NO

TERM LIFE

☒ YES $0.60 Employee Only
$0.90 Employee + One
☐ 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.

You **MUST** enroll in the Medical Insurance Plan before adding Term Life or STD. Your coverage level for Term Life will be identical to your medical plan selection.

REQUIRED DEPENDENT INFORMATION

Name AGNES MAKUCH

Social Security Number 360-74-2871

Date of Birth 04/23/1983 Sex M (F)

Relationship: ☒ Spouse ☐ Child ☐ Domestic Partner

Name NOAH MAKUCH

Social Security Number 350-08-2316

Date of Birth 06/06/2009 Sex (M) F

Relationship: ☐ Spouse ☒ Child ☐ Domestic Partner

Name SEAN MAKUCH

Social Security Number 350-08-1269

Date of Birth 06/06/2009 Sex (M) F

Relationship: ☐ Spouse ☒ Child ☐ Domestic Partner

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.

NAME OF BENEFICIARY

AGNES MAKUCH

RELATIONSHIP

WIFE

Accidental Death & Dismemberment is part of the Term Life Benefit.

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declination of coverage.

▶ Signature Marcin Makuch Date 06/13/2014

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

Name: MARCIN MAKUCH

Address: 3912 N. NEWCASTLE

Home Phone: 1-773-428-0573

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

1. Name: AGNES MAKUCH

   Phone (work):

   Phone (home): 1-773-428-0572

2. Name:

   Phone (work):

   Phone (home):

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

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

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

▶ See separate instructions.

OMB No. 1545-1500

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

Your name MARCIN HAKUCH Social security number ▶ 351-96-[illegible]

Street address where you live 3912 N. NEWCASTLE AVE

City or town, state, and ZIP code CHICAGO, IL 60634

County COOK Telephone number (773) 428-0573

If you are under age 40, enter your date of birth (month, day, year) 10-12-1981

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 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 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 that to the best of my knowledge it is true, correct, and complete.

Signature ▶ [signature]

(2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,000 and includes more than $350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on the 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

Two earners/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 will usually be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at *www.irs.gov/w4*.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for **yourself** if no one else can claim you as a dependent	A	1
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	1
C	Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above)	E	
F	Enter "1" if you have at least $1,900 of **child or dependent care expenses** for which you plan to claim a credit (**Note.** Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
G	**Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • 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	4
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	6

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

▶ **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.**

OMB No. 1545-0074

2013

1 Your first name and middle initial	Last name	2 Your social security number
MARCIN S	MAKUCH	351-96-4963
Home address (number and street or rural route)	3 ☐ Single ☒ Married ☐ Married, but withhold at higher Single rate. **Note.** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
3912 N. NEWCASTLE AVE.		
City or town, state, and ZIP code	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ ☐	
CHICAGO IL 60634		

5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	6
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. • 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.) ▶ [signature] Date ▶ [illegible]

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)

[illegible] (Revised [illegible]) **WORK OPPORTUNITY TAX CREDIT**

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

Name MARCIN MAKUCH
Address 3912 N. NEWCASTLE
City CHICAGO State IL Zip 60634 Social Security # 351-[illegible]
Date of Birth 10-12-1981 Age ______

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?
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: POLAND 1999 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 [illegible] eligibility to my employer, employer representative, or the Department of Labor.

NEW HIRE SIGNATURE [signature] DATE ______

[illegible] to be completed by manager
[illegible] Position

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 _____.

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, MARCIN MAKUCH, 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.

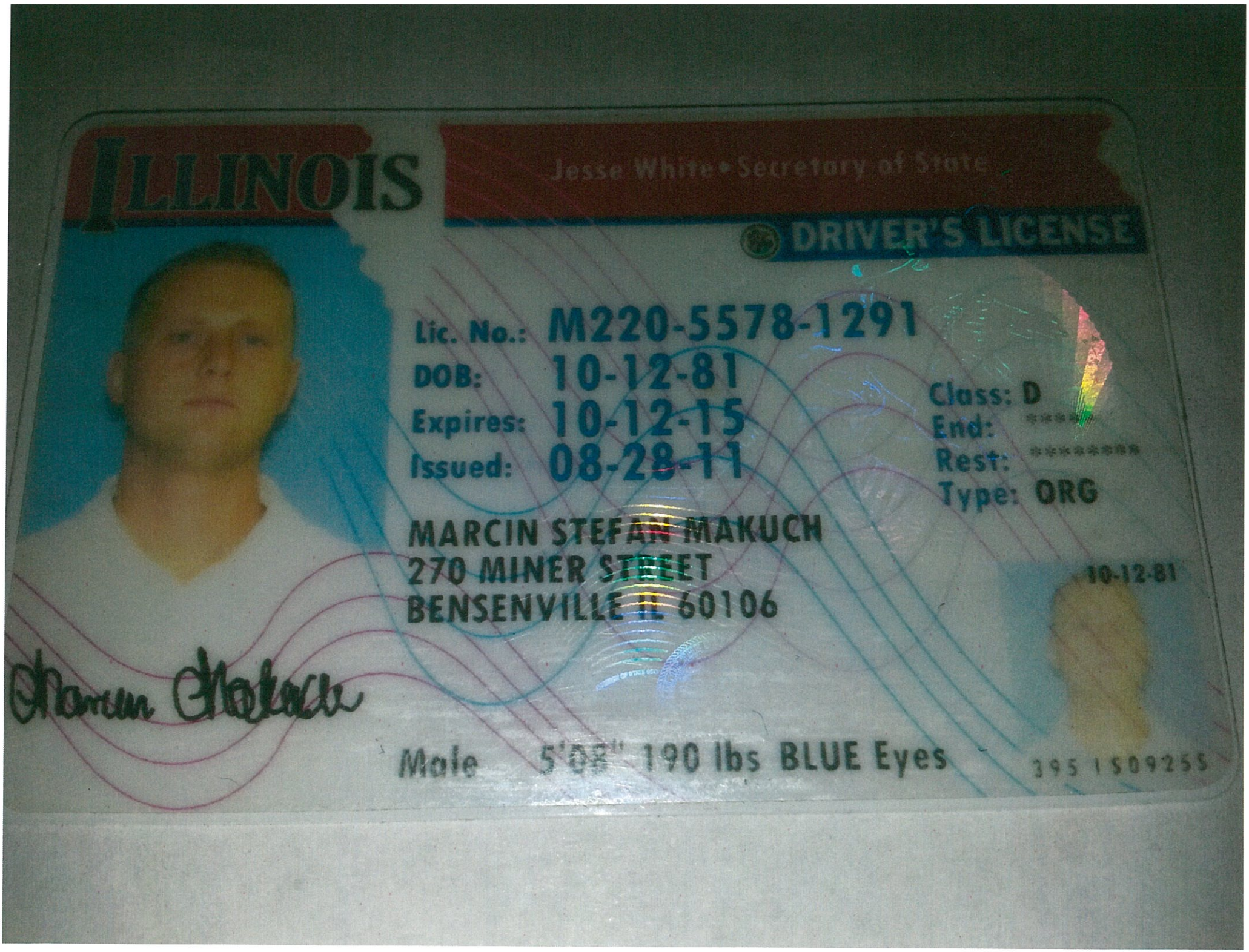
Applicant Signature _____ Date 6-13-2014

Other Names Used: MARCIN STEFAN MAKUCH

Social Security Number	351-96-4963
Date of Birth: To be used for screening purposes only	10/12/1981
Drivers License number : State of Issue:	M220-5578-1291 ILLINOIS

Street Address	City	State	Zip Code
3912 N. NEWCASTLE	CHICAGO	IL	60634

Revised 2/2/2014


ILLINOIS
Jesse White • Secretary of State
DRIVER'S LICENSE
Lic. No.: M220-5578-1291
DOB: 10-12-81
Expires: 10-12-15
Issued: 08-28-11
Class: D
End:
Rest:
Type: ORG
MARCIN STEFAN MAKUCH
270 MINER STREET
BENSENVILLE IL 60106
10-12-81
Male 5'08" 190 lbs BLUE Eyes
395 1509255