

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

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

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

Your name

Nathan Bozek

Social security number ▶

113849977

Street address where you live

5111 Orchard ave

City or town, state, and ZIP code

Hamburg NY 14075

County

Errie

Telephone number

11-05-1995 716 560 1307

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

Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

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 unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

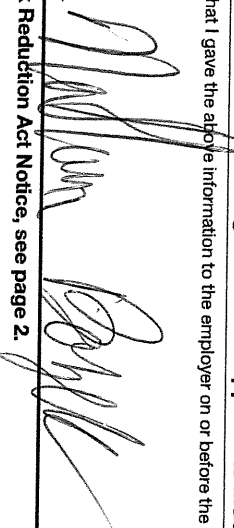
Check here if you are a member of a family that:

- 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 ▶



Date

04/27/2015

TAX CREDIT QUESTIONNAIRE

EMPLOYER SECTION:



ESG FEIN#:	ESG Client Name & State
Hiring Manager:	Position:
	Starting Wage: \$

EMPLOYEE SECTION:

Employee Name:	Street Address:	City/State:	Zip:
Nathan Beelle	5111 Orchard Ave	Hannburg	71075
SS#: 113-84-9977	Date of Birth: 11/05/1995	Age: 19	Have you worked for this company before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			If yes, location:

Please complete all questions, and sign and date the form.

1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997? (If yes, please provide information below.) Name of the person receiving benefits: City: _____ County: _____ State: _____ Relationship to you: _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months? (If yes, please provide information below.) Name of the person receiving benefits: _____ County: _____ State: _____ Relationship to you: _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months? Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits. *If you checked yes please provide a copy of your SSI documentation.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Have you received any type of vocational rehabilitation services within the past two years? If yes, please indicate which type of agency you worked with and provide their location information below: <input type="checkbox"/> Vocational Rehabilitation Agency <input type="checkbox"/> Dept. of Veterans Affairs <input type="checkbox"/> Employment Network (Ticket to Work Program) Name of Agency: _____ Phone #: _____ City: _____ County: _____ State: _____ *If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
5. Are you a Veteran of the U.S. Military? *If yes, please provide a copy of your DD-214 and letter of separation. (If yes, please provide information below. If no, please continue to question #6.) Dates of Service - From: ____/____/____ To: ____/____/____ Branch of Service: _____ Are you entitled to or are you receiving compensation for a service-connected disability? 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?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months? Conviction Date: ____/____/____ Release Date: ____/____/____ Was this a <input type="checkbox"/> Federal or <input type="checkbox"/> State conviction? If State - County: _____ State: _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Additional Tax Credits

IEC (Native American): Are you or your spouse a member of a Native American Tribe?

*If you checked yes please provide a copy of your CDIB card.

CA Residents: Are you the child of foster parents? Do you receive CalWorks? Workforce Investment Act?

SC Residents: Are you a migrant or seasonal farm worker? Have you ever been convicted of a misdemeanor?

Do you receive Family Independence Benefits?

PLEASE READ, SIGN, AND DATE:

Under penalties of perjury, I declare the information above to be true and accurate to the best of my knowledge, and 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 (Associated Consultants, the dda RetroTax), or the Department of Labor.

Employer Signature: Nathan Beelle Date: 27 April 2015

EMERGENCY CONTACT INFORMATION

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

Employee Name: Nathan Bozok
Address: 5111 Orchard Avenue Hamburg NY 14075
Home Phone: 716-627-5063

EMERGENCY CONTACTS

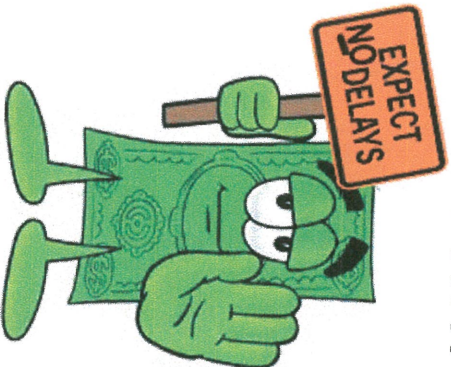
Please list two people (in priority order) who could be contacted in case of an emergency

Contact #1	Home Phone:
Name: <u>Michael Bozok</u> Relationship: <u>Father</u>	<u>716-627-5063</u> Cell Phone: <u>716-481-1489</u> Work Phone:
Contact #2	Home Phone:
Name: <u>Jane Steiger</u> Relationship: <u>Grandmother</u>	<u>716 627 3427</u> Cell Phone: <u>716 704 4360</u> Work Phone:

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



RECEIVE YOUR PAY WITHOUT DELAY



In order for you to continue to receive your pay each week without delay we are encouraging all employees to use direct deposit or Global Cash Card. It is becoming more and more difficult for employees to cash checks without fees or delay due to increased security at all banks. Also, if your check is lost or stolen you will have to wait 3 days for another check.

GLOBAL CASH CARD

If you don't have a bank account, computer access or don't want to use direct deposit you can use Global Cash Card which works like a Visa.

- There are **NO FEES** for the card for your first transaction as a cash withdrawal at an ATM or if you use it like a credit card (not debit) to make individual signature purchases.
- If you don't have access to a computer you can receive **TEXT** notifications for your pay check amount on pay day as well as what the current balance is. You can also receive low balance notifications set to the dollar amount that you determine on the attached form.
- You may call Customer Service 24 hours a day, 7 days a week, 365 days a year at 888-220-4477 for balance inquiries or other questions. (Para Español, apriete dos)
- You can pay bills with the GOC (by phone/internet/in person). You can also set up your online account to make automatic payments.

Please complete the attached form and turn it in to your manager as soon as possible indicating whether you would like direct deposit or Global Cash Card. Please make sure you include an email address.

Fill Out This Form!





employer solutions staffing group^{LLC}
Leveraging Resources in a Changing Market

Important/Importante

LOST OR STOLEN PAYCHECKS

If a paycheck is **lost** (*missing, misplaced, destroyed, lost in the mail, etc.*), you must notify your staffing recruiter that the check cannot be found. If it can be verified that the check has not been cashed, ESSG will stop payment on the check and re-issue the check to you, deducting a fee of between \$25-\$35.

If your paycheck was **stolen**, you must first file a police report before we can re-issue the check. Once you have done so, you must provide a copy of the policy report to your staffing recruiter that the check was stolen. If the check has not been cashed and if the loss of the check was not your fault, ESSG will issue a new check and no fee will be deducted.

CHEQUES DE PAGO PERDIDOS O ROBADOS

Si un cheque de pago se pierde (que falta, fuera de lugar, destruido, perdido en el correo, etc), usted debe notificar a su reclutador de personal que el cheque no se puede encontrar. Si se puede verificar que el cheque no ha sido cobrado, ESSG se detendrá el cheque de pago y reemitir el cheque a usted, descontando un cargo de entre \$ 25 - \$ 35.

Si su cheque de pago fue robado, primero debe denunciar el robo a la policía antes de que podamos volver a emitir el cheque. Una vez hecho esto, usted debe proporcionar una copia de la denuncia a su reclutador de personal que el cheque fue robado. Si el cheque no ha sido cobrado y si la pérdida del cheque no fue su culpa, ESSG emitirá un nuevo cheque y no hay cuota se deducirá.

AGREED/SE ACUERDA—

Name/Nombre (con letra de molde):

Nathan Berde

Signature/Firma:


STATEMENT OF CONFIDENTIALITY

This agreement made this 27 day of April, 2015, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Nathan Berde hereafter referred to as "employee".

WITNESSETH:

For the duration of my employment and after resignation or termination of this employment with employer, for any reason whatsoever, the employee shall not use or disclose to any other person or company, and confidential or proprietary information or know-how related to the business of the employer.

In view of the difficulty of determining the amount of damages which may result to the employer from a violation of any of the provisions hereof, the employee agrees to pay to the employer the sum of \$10,000 as liquidated damages for every such violation; provided, however, that the payment of such amount as liquidated damages shall not be construed as a release or waiver by the employer of the right to prevent any such violation in equity or otherwise.



Employee Signature

Employer Solutions Staffing Group LLC, Representative

NEW YORK STATE

Thomas P. Miller
Commissioner of Motor Vehicles



Nathan Miller

DRIVER LICENSE

TN ID: 299 146 895 CLASS D

BOZEK
NATHAN, THOMAS

40 MILLER
BLAUDEL NY 14219

DOB: 11-05-95
SEX: M EYES: BL HT: 5-08

HAIR: NONE
SCARS: NONE

ISSUED: 11-05-12 EXPIRES: 11-05-16

RT88AJK208

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-VerifyReport Prepared: 04/30/2015
Page: 1 of 1

Case Verification Number: 2015120145857FS

Case Information:**Employee Information:**Last Name: Bozek
Middle Initial: T
Social Security Number: *** ** 9977
Citizenship Status: A citizen of the United StatesFirst Name: Nathan
Other Names Used:
Date of Birth: 11/05/1995
Email Address:**Document Information:**List B Document: Driver's license or ID card issued by a U.S. state or outlying possession
Document Name: Driver's license
Driver's License or ID Card Number:
Alien Number:List C Document: Social Security Card
Document State: New York
Document Expiration Date: 11/05/2016
I-94 Number:**Additional Information:**Hire Date: 04/27/2015
Three-Day Rule Reason: CSC4411
Submitted By:Employer Case ID:
Three-Day Rule - Other: Submitted On: 04/30/2015**Initial Case Result:**Case Result: Employment Authorized

Employee Referred to SSA:

Referred By:

Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result:

Response Date:

Resubmitted to SSA (after Review and Update Employee Data):Last Name:
Middle Initial:
Social Security Number:
Resubmitted By:First Name:
Other Names Used:
Date of Birth:
Resubmitted On:**Case Result from SSA (after Resubmission):**Case Result:

Request Name Review:Comments:
Submitted By:

Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result:

Response Date:

Employee Referred to DHS:

Referred By:

Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

Closed By:

Closed On:

SENSITIVE BUT UNCLASSIFIED

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 04/30/2015
Page: 1 of 1

Case Verification Number: 2015120145857FS

Case Information:

Employee Information:

Last Name: Bozek
Middle Initial: T
Social Security Number: *** ** 9977
Citizenship Status: A citizen of the United States

First Name: Nathan
Other Names Used:
Date of Birth: 11/05/1995
Email Address:

Document Information:

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession
Document Name: Driver's license
Driver's License or ID Card Number:
Alien Number:

List C Document: Social Security Card
Document State: New York
Document Expiration Date: 11/05/2016
I-94 Number:

Additional Information:

Hire Date: 04/27/2015
Three-Day Rule Reason: CSCH4411
Submitted By:

Employer Case ID:
Three-Day Rule - Other: 04/30/2015
Submitted On:

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By:

Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result:

Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:
Middle Initial:
Social Security Number:
Resubmitted By:

First Name:
Other Names Used:
Date of Birth:
Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:
Submitted By:

Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result:

Response Date:

Employee Referred to DHS:

Referred By:

Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

Closed By:

Closed On:

SENSITIVE BUT UNCLASSIFIED
