



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 WUNGWATTANA First Name WEERAPAN Middle Initial -

Street Address 823 CREEPY VALLEY RD

City/State/Zip VERNON HILLS, IL 60064

Home Phone 847-816-7639 Cell / Message Phone 847-217-1007

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.

WEERAPAN WUNGWATTANA Weerapan Nungwattana 2/27/2014
Name (Print or type) Applicant's Signature Date

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

For ESSG Office Use Only				
DOH _____	RI-W _____	I-9 _____	8850 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	5 Day Letter (if applicable) _____	ESSG Application _____

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

Name: WERAPAN WUNGWATTANA

Address: 823 CHERRY VALLEY RD VERNON HILLS, IL 60061

Home Phone: 847-816-7639

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

1. Name: WIRAT WUNGWATTANA

Phone (work): _____

Phone (home): 847-816-7639 CELL 847-217-1007

2. Name: DEAR WUNGWATTANA

Phone (work): _____

Phone (home): 847-219-0193

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

Employer Solutions Staffing Group Direct Deposit Authorization

If you are applying for direct deposit, please make sure that you are mark whether the account is a savings or checking. Failure to provide this information can result in the deposit being delayed for several days. Please also note that it is possible for your direct deposit to be delayed a day or two the first week that your direct deposit is processed. Every bank is different and, although this doesn't happen frequently, it does happen. If you cannot wait a day or two past pay day for your deposit, then we suggest staying with a paper paycheck. The time that the money goes into your account on pay day varies by bank. Please allow until at least 10 am on your payday for the deposit to show.

Please print

Check one of the following	Effective Date
<input checked="" type="checkbox"/> Start	<input checked="" type="checkbox"/> As Soon As Possible
<input type="checkbox"/> Stop	<input type="checkbox"/> Future Paydate
<input type="checkbox"/> Change	_____

Social Security Number
341-70-9241

Name (Last, First Middle Initial): WUNGWATTANA WEE RAPAN

Home Address: 828 CHERRY VALLEY RD. VERNON HILLS FL 33061

Date (Mo/Day/Yr): 3/27/2014

Employee Signature: Weerapan Wungwattana

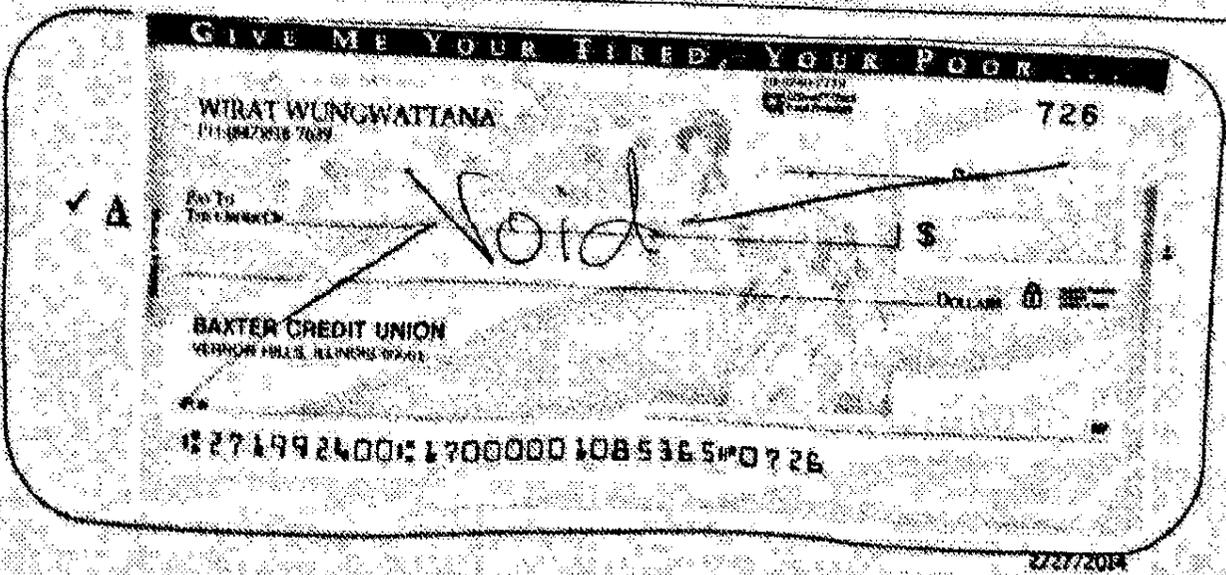
Daytime Phone Number: 847-816-4639

SUBMISSION OF THIS FORM MEANS YOUR ENTIRE PAYROLL CHECK WILL GO TO THIS FINANCIAL INSTITUTION

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.): Baxter Credit Union

Type of Account: Checking Savings Money Market Checking Money Market Investment Requires Submission of ACH form from your broker

I authorize Employer Solutions Staffing Group to direct deposit funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize Employer Solutions Staffing Group to initiate a correcting (debit) entry. I understand that this authorization may be rejected or discontinued by Employer Solutions Staffing Group at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to Employer Solutions Staffing Group for distribution. This will delay payment of funds to you.





U.S. Department of Labor
Employment and Training Administration

OMB Control No. 1205-0074
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-100 for each certification request filed.

New Hire Name: KEERAPAN WUNSWATTANA

Social Security Number: 344-70-9241 Date of Birth: 12/30/1987

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: Keerapan Wunswattana Date 2/27/2014

Privacy Act Notice:
The Federal Privacy Code of 1986, Section 51, as amended and its implementing legislation, P.L. 104-198, specify that the State Workforce Agency and the "designated" agencies responsible for administering the WOTC certification procedures or 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. Release of this information is voluntary, however the information is required to determine your employer's eligibility for the WOTC tax credit.

Public Burden Statement:
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Respondents should be aware that notwithstanding any other notice that may appear on this form, the collection of information by this form is required to obtain or retain benefits, P.L. 111-5, Public Reporting Burden Reduction Act, which provides that the time for reviewing information, searching existing data sources, gathering and maintaining the data needed, for reviewing and reporting the collection of information. Send comments regarding this burden estimate or the U.S. Department of Labor, Office of Management and Information, Washington, D.C. 20214 Paperwork Reduction Project (1205-0074). Please do not send us money or any other thing.

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

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

Name WILL PAPAN WILLIAM PAPAN
 Address 855 CHERRY VALLEY RD
 City VERMILION State IL Zip 60061 Social Security # 361-70-9241
 Date of Birth 12/20/1958 Age 56

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 JULY 11/2013 To FEB 28/2014
 Did you receive unemployment compensation at any point during your unemployment? Yes No
 If yes, dates received compensation: From JULY 10/2013 To 12/31/13

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: 03/29/91 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? \$ 4,000.00

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 Monopina Hunglathoms DATE 2/27/2014

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 2008
Department of Labor
Employment Security Agency

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

See separate instructions.

OMB No. 1205-1001

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

Your name: NIRAPAN WONGNATTANA Social security number: 344-70-4341

Street address where you live: 825 CHEEY VALLEY RD

City or town, state and ZIP code: VERNON HILLS, IL 60061

Country: UNITED STATES Telephone number: 1847-816-7639

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

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.

Check here if you received a conditional certification from the state workforce agency (SFWA) 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 3 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 18 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:
 - Received SNAP benefits (food stamps) for the past 6 months, or
 - 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:
 - 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
 - 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
 - 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 an apprenticeship) or been admitted to a technical or post-secondary school since I received the certificate.

- 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.
- 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 3 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
 - Received TANF payments during the past 2 years because federal or state law limited the maximum amount of TANF payments that could be made.

Signature—All Applicants Must Sign

I certify that I gave the above information to my employer on or before the day I was offered a job, and I do so to the best of my knowledge, and correct and complete.

Job applicant's signature: Nirapan Wongnattana

Date: 2/27/2014

Signature Narayan Nungwattana Date 2/27/2014

Please initial this box in affirmation that you have been advised of your rights as it pertains to this consumer investigative report, and are aware of the agency conducting the investigation.

WV

Form W-4 (2013)

Purpose: This form is used by your employer to determine the correct amount of federal income tax to withhold from your pay. It also determines the amount of Social Security and Medicare taxes to withhold from your pay. You must file this form with your employer each year or whenever your personal or financial situation changes.

Extension to tax withholding: If you are married, you may elect to have your employer withhold tax on your wages as if you were single. This election is made on Form W-4-P, which you must file with your employer.

State: If a state or local tax authority has a withholding law, you must file Form W-4-STATE with your employer. The state or local tax authority will provide you with a copy of this form. You must file this form with your employer each year or whenever your personal or financial situation changes.

State: If a state or local tax authority has a withholding law, you must file Form W-4-STATE with your employer. The state or local tax authority will provide you with a copy of this form. You must file this form with your employer each year or whenever your personal or financial situation changes.

Check for withholdings and make necessary corrections: If you are married, you must file Form W-4 with your employer each year or whenever your personal or financial situation changes. You must file this form with your employer each year or whenever your personal or financial situation changes.

Head of household: If you are the head of a household, you must file Form W-4 with your employer each year or whenever your personal or financial situation changes. You must file this form with your employer each year or whenever your personal or financial situation changes.

Tax credits: If you are eligible for tax credits, you must file Form W-4 with your employer each year or whenever your personal or financial situation changes. You must file this form with your employer each year or whenever your personal or financial situation changes.

Marriage status: If you are married, you must file Form W-4 with your employer each year or whenever your personal or financial situation changes. You must file this form with your employer each year or whenever your personal or financial situation changes.

Two names or multiple jobs: If you have a second job or are a contractor, you must file Form W-4 with your employer each year or whenever your personal or financial situation changes. You must file this form with your employer each year or whenever your personal or financial situation changes.

Remember: If you are a contractor, you must file Form W-9 with your client each year or whenever your personal or financial situation changes. You must file this form with your client each year or whenever your personal or financial situation changes.

Check your withholding: After you file Form W-4, you should check your withholding each year to make sure you are paying the right amount of tax. You should check your withholding each year to make sure you are paying the right amount of tax.

Future developments: Information about any future developments affecting Form W-4 will be posted at www.irs.gov.

Personal Allowance Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent.

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.

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.)

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

E Enter "1" if you will file as head of household on your tax return (see instructions under Head of Household above).

F Enter "1" if you have at least \$1,000 of child or dependent care expenses for which you plan to claim a credit. (Note: Do not include child support payments. See Pub. 501, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 502, Child Tax Credit, for more information.

- If your total income will be less than \$42,000 (\$28,000 if married), enter "2" for each eligible child. (Enter "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 \$42,000 and \$44,000 (\$28,000 and \$30,000 if married), enter "1" for each eligible child.

H Add lines A through G and enter total here. (This may be different from the number of exemptions you claim on your tax return.)

For all jobs, complete all worksheets that apply.

- If you plan to claim a certain number of exemptions or adjustments from withholding in excess of those by the IRS, your employer may be required to send a copy of this form to the IRS.
- If you are single and have more than one job or are married and you and your spouse both work, and the combined income from all jobs exceeds \$42,000 (\$30,000 if married), see the Two-Earnings/Multiple Jobs Worksheet on page 2 of this form.
- If neither of the above situations applies, stop here and enter the number from line H or line G of Form W-4 below.

W-4 Employee's Withholding Allowance Certificate

OMB No. 1545-0047

13

Name: NARAYAN NUNGWATTANA

Address: 828 CHERRY VALLEY RD
VERNON HILLS, IL 60061

SSN: 341-70-9341

Married Single

Total number of allowances you are claiming from your job: 13

Additional amount, if any, you want withheld from each paycheck: 0

Exemption from withholding for 2013: None

Check one box that best describes the reason for this 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 income tax withheld (because I expect to have no tax liability).

If you check either box, you must file Form 1040 with your tax return.

Under penalty 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: Narayan Nungwattana Date: 2/27/2014

VSC-IND 219901-EMP **EMPLOYEE INFORMATION**

ENROLLMENT FORM - PLAN 2 (Must Be Filled Out) **FOR BLACK OR BLUE RICE ONLY** (ESC CHN/V/AD/P/11)

Social Security Number 344-70-4241
Date of Birth 12-20-1958 Sex M
Name NEETAJAN NUNGWATTAN
Street Address 622 CHURCH VALLEY RD
City SPRINGFIELD State IL Zip 60061
Home Phone 847-216-7639

Do you or any dependent have Medicare?
 Yes No. If Yes:
Medicare Health Insurance Claim Number (HIC #) _____
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 
 \$3.99 Employee Only
 \$11.98 Employee + One
 \$19.77 Employee + Family
 NO

TERM LIFE 
 YES \$0.60 Employee Only
 \$0.90 Employee + One
 NO \$1.50 Employee + Family

SHORT-TERM DISABILITY 
 YES
 NO \$4.20 Employee Only
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: _____
Social Security Number: _____
Date of Birth: ____/____/____ Sex: M
Relationship: Spouse Child Domestic Partner

Name: _____
Social Security Number: _____
Date of Birth: ____/____/____ Sex: M
Relationship: Spouse Child Domestic Partner

Name: _____
Social Security Number: _____
Date of Birth: ____/____/____ Sex: M
Relationship: Spouse Child Domestic Partner

BENEFICIARY INFORMATION

For Term Life - Accidental Death & Dismemberment, please write in your beneficiary information:
NAME OF BENEFICIARY _____
RELATIONSHIP _____
Accidental Death & Dismemberment is part of the Term Life benefit.

I have read the benefit plan and understand its provisions. I understand that open enrollment is only available for a limited time and I understand that making no benefit selections is a disqualification of coverage.
Signature Neetajan Nungwattan Date 03/14/2014



your workforce management & staffing experts®

[IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

..... of any data substantives may obtain information about you from a consumer reporting agency for employment purposes. This may be for subject of a consumer report and/or an investigative consumer report which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, state and federal records, social security verification, address trace, motor vehicle records, driving records, verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised, Nationalearch LLC, 11160 Huron St, Suite 100 Northglenn, Co 80248, 1800-827-7600 will be conducting the background investigation. The scope of this notice and authorization is all encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigations, consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and a SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents, and have authorized the obtaining of consumer reports and/or investigative consumer reports by the Company and have given my consent of this authorization and throughout my employment, if applicable. I hereby authorize and warrant that I, as an individual, am a self-employed agency administrator, state or federal agency institution, school or university (public or private), information service bureau, credit reporting agency, employer, or provide any and all background information requested by Nationalearch LLC, 11160 Huron St, Suite 100 Northglenn, CO 80248 1800-827-7600, another outside organization acting on behalf of Nationalearch LLC, and/or the Company, and agree that electronic and/or electronic or photographic copy of this Authorization shall be as valid as the original.

Notice to California Applicants: California Applicants must use the California Consumer Reporting Agency (CCRA) form for background checks. See all instructions on the back of the CCRA form. For more information, please contact the National Consumer Reporting Agency at 1800-827-7600.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by this Company by contacting the consumer reporting agency identified above directly.

Notice to State Applicants:

Massachusetts and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report, if one is obtained by the Company.

Last Name: NUNG NATTANA **First:** WEEKAPAN **SSN:** 341-70-9241

Other Names used: _____ **Date of Birth:** 12/20/1958

Motor Vehicle Number and State of Issue: (Driver's License & NCII License Plate #) W533-5805-8961 IL

Address: 833 CHERRY VALLEY RD VERNON HILLS, IL 60061



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 (Employees 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) WUNGWATTANA		First Name (Given Name) WEECAPAN		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) 828 CHECKY VALLEY RD		Apt. Number	City or Town VERNON HILLS		State IL	Zip Code 60061
Date of Birth (mm/dd/yyyy) 12/20/1958	U.S. Social Security Number 341-70-9241	E-mail Address WEECAPANWUNGWATTANA@YAHOO.COM			Telephone Number 847-816-7639	

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 Employer: <i>Weeapan Wungwattana</i>	Date (mm/dd/yyyy): 2/27/2014
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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

Employee Completes Next Page

