



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) Varbanov		First Name (Given Name) Alan		Middle Initial J	Other Names Used (if any)	
Address (Street Number and Name) 524-E. Knox St.			Apt. Number	City or Town Palatine	State IL	Zip Code 60074
Date of Birth (mm/dd/yyyy) 4-26-73	U.S. Social Security Number 3149-62-8970		E-mail Address Vade.Bunchev@yahoo.com			Telephone Number 779-221-5250

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

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

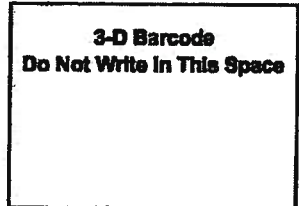
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy): 7-17-13
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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	



Employer Completes Next Page



ILLINOIS

Jesse White • Secretary of State

DRIVER'S LICENSE

Sex: M
DOB: 04-26-73
Expires: 04-26-15
Issued: 12-29-11

Class: D
End:
Rest:
Type: COR

ALAN J VARRONECEUR
324 E. MOX STREET
PALATINE IL 60074



Male 5'11" 170 lbs BLUE Eyes

305 1003755



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: Alan Varbancoew

Social Security Number: 345-62-8970 Date of Birth: 4-26-73

Employer Name: Employer Solutions Staffing Group

? Employer Federal ID (EIN) Number: Id SAPH50020

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: [Signature] Date 7-13-13

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.

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

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

Name Alan Vandenberg
Address 524 E. Kvaer St.
City Palatka State IL Zip 60074 Social Security # 345-62-8970
Date of Birth 4-26-73 Age 40

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: JAN 13 To: JUNE 13
Did you receive unemployment compensation at any point during your unemployment?
If yes, dates received compensation: From: JUN 13 To: JUNE 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: 1992 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? \$2002.00

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 [Signature] DATE 7-17-13

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

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 Alan Varboncoeur Social security number ▶ 345-62-8970

Street address where you live 524 E. Knox St.

City or town, state, and ZIP code Palatine, IL 60074

County Cook Telephone number (779) 221-5250

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

- 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 ▶ [Signature] Date 7/17/13

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

Name: Alan Varbancoeur

Address: 524 E. Knox St. Palatine IL 60074

Home Phone: 774-221-5250

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

1. Name: Tracy Chabrier Varbancoeur

Phone (work): _____

Phone (home): 847-744-0612

2. Name: Nancy Dale

Phone (work): 815-644-2868

Phone (home): 815-426-6134

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



Employer Solutions Staffing Group LLC *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 Varbancoew First Name Alan Middle Initial J

Street Address 524 E. Knox St.

City/State/Zip Palatine IL. 60074

Home Phone 779-221-5250 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.

Alan Varbancoew Name (Print or type) Alan Varbancoew Applicant's Signature 7-10-13 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 _____

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 jobs 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 \$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.)

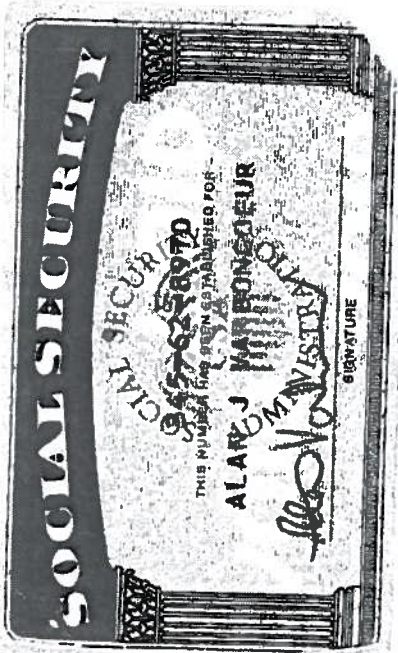
A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or 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 (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. <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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">► 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.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2013</div>
1 Your first name and middle initial <i>Alan J.</i>		2 Your social security number <i>345-62-8970</i>
Last name <i>Varban Coeur</i>		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
Home address (number and street or rural route) <i>524 E. Knox St.</i>		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"/>
City or town, state, and ZIP code <i>Palatine IL 60074</i>		5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)
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 ►		
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 <small>(This form is not valid unless you sign it.)</small> <i>Alan J. Coeur</i>		Date ► <i>7-17-13</i>
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)		



SOCIAL SECURITY

9-27-62

THIS NUMBER HAS BEEN ASSIGNED FOR

ALAN J. WILSON

ALAN J. WILSON

SIGNATURE

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 <input checked="" type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change	Effective Date <input checked="" type="checkbox"/> As Soon As Possible <input type="checkbox"/> Future Paydate _____ / _____ / _____
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Social Security Number 345-62-8970

Name (Last, First Middle Initial) Varben Coeur Alan J.				
Home Address	Street	City	State	Zipcode
524 E Knox St.	Palatine	IL		60074
Date (Mo/Day/Yr) 7-17-13	Employee Signature 	Daytime Phone Number 779-221-5250		

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

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.) BMO Harris Bank
Type of Account <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Checking <input type="checkbox"/> 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 the 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.

✓ **Attach a voided check HERE or photocopy of a check for checking account.**
DO NOT ATTACH A DEPOSIT SLIP.

Direct Deposit

TO: Solutions Staffing Group

To Whom It May Concern:

I would like to establish Direct Deposit. Below you can find any information you will need to route my Direct Deposit.

Employee ID#:

Last 4 Digits of SSN: 8970

Direct Deposit Instructions:

Routing #:

Account Type:

Account #:

071025661

CHECKING

4808141469

I hereby authorize to make such deposits directly to my BMO Harris Bank N.A. account(s) shown above and authorize BMO Harris Bank N.A. to accept such deposits.

Sincerely,



7-17-13

Date

For Direct Deposit to your BMO Harris Bank N.A. Account, attach a voided check or pre-printed deposit slip and direct this form to your Human Resources/Payroll Processing Department.

EMPLOYEE INFORMATION
(Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

USE BLACK or BLUE INK ONLY

Social Security Number **345-62-8970**

Date of Birth **09/26/1973** Sex **M** **F**

Name A. Varbanov

Street Address 524 E. WOX St.

City Palatine State **IL** Zip **60074**

Home Phone **779-221-5250**

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. _____
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 A. Varbanov

Date **07/17/2013**

- 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 Rates

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
- NO \$10.46 Employee +1
- \$17.26 Employee + Family

VISION

- YES \$2.35 Employee Only
- NO \$4.00 Employee +1
- \$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 / / Sex **M** **F**

Relationship: Spouse Domestic Partner Child

Name _____

Social Security Number -

Date of Birth / / Sex **M** **F**

Relationship: Spouse Domestic Partner Child

Name _____

Social Security Number -

Date of Birth / / Sex **M** **F**

Relationship: Spouse Domestic Partner Child

Name _____

Social Security Number -

Date of Birth / / Sex **M** **F**

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.



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

Employer Solutions Group

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, Alan Van, 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) Employer Solutions Group.

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.

Alan Van
 Applicant Signature

7-17-13
 Date

Other Names Used: _____

Social Security Number	345 -62-8970
Date of Birth: To be used for screening purposes only	April 26, 1973
Drivers License number : State of Issue:	V615-0107-3119 IL.

Street Address	City	State	Zip Code
524 E. KNOX ST.	Palatine	IL.	60074

People of the State of Illinois,
v.
Alan Varboncoeur
Defendant

Case No(s) 10 cm 847

9/8/11

PROBATION ORDER

YOU HAVE BEEN GRANTED THE PRIVILEGE OF PROBATION. IF YOU FAIL TO OBEY THE FOLLOWING CONDITIONS, YOUR PROBATION MAY BE MODIFIED OR REVOKED. IF REVOKED, YOU CAN BE RESENTENCED ON THE OFFENSE FOR WHICH YOU RECEIVED PROBATION. The above named defendant, having been convicted of the offense(s) designated below, is hereby sentenced to probation, subject to the terms and conditions stated below, provided, that any violation of said conditions may result in the above named defendant being subject to the Administrative Sanctions Program of the Probation Department, or modification or revocation of this disposition.

OFFENSE(S) Domestic Battery a Class 4 felony and/or Class A misdemeanor, for a period of 9 months/year

THE CONDITIONS OF SENTENCE ARE THAT DEFENDANT SHALL:

Not violate any criminal statute or ordinance of any jurisdiction;

Serve _____ days Periodic Imprisonment in the Winnebago County Jail and abide by all rules thereof and report in compliance with the Periodic Imprisonment Order.

Defendant shall report immediately to the Adult Probation Department located on the first floor of the Winnebago County Courthouse. Furthermore, Defendant shall report monthly or as often as the probation officer may direct;

Serve _____ days in the Winnebago County Jail with _____ days of that time stayed contingent upon full compliance of all terms of probation;

Not possess any firearms or dangerous weapons;

Receive _____ days credit for time actually served;

Not leave the State of Illinois without consent of the court and giving advance notice to and obtaining written permission from probation officer;

Day for day credit does not apply (730 ILCS 130/3);

Permit probation officer to visit the defendant at the defendant's home or elsewhere as requested by the probation officer;

Pursuant to 725 ILCS 5/110-14; receive \$5.00/day credit for _____ days served towards fines allowable per ILCS.

Inform the Clerk of the Circuit Court and the probation office of a change of address within 24 hours;

Cooperate with and satisfactorily complete any assessment, treatment, education and/or counseling as directed by the probation office, including, but not limited to, participation in services offered at the R.I.C. Also sign releases of information consenting to disclosure of all assessment, treatment, education and counseling information to the court and probation.

If an offense referenced in this order is: a felony, a qualifying offense or an attempt at a qualifying offense, classified as a felony under the Juvenile Court act of 1987, or is an offense requiring registration under the Sex Offender Registration Act, submit a blood and/or tissue and/or saliva specimen within 45 days for DNA testing pursuant to 730 ILCS 5/5-4-3.

Attend the Victim Impact Panel on _____ at _____ P.M. or as directed by the Court and/or Probation Office;

Register as a sex offender and comply with Sex Offender Registration Act 730 ILCS 150/1 et seq.;

Shall work or pursue a course of study or vocational training;

Not consume alcohol or illicit drugs unless prescribed by a physician;

Perform _____ hours of community/public service at times and places designated by the Probation Office. Such hours to be completed by _____

Submit to random urinalysis and/or blood test and/or breathalyzer test at the direction of the probation department or any agency referred to for counseling, and shall sign releases of information disclosing the test results to the court and probation;

Surrender all rights in the weapon pursuant to 720 ILCS 5/24-6(b);

Undergo medical testing for sexually transmissible diseases pursuant to 730 ILCS 5/5-3(g) and shall appear and obtain the results in court on _____ The results are to be forwarded to the sentencing judge;

Not have any contact directly or indirectly with the following persons or places:

Other: complete a WIP on 8/17/11 @ 7pm

Be monitored by drug court;

Appear in courtroom _____ on _____

Pay restitution* in the amount of \$ _____, to be paid in full by _____

PAY THE FOLLOWING:

- Court Costs, Fines and/or Penalties \$ 200
- Probation Fee (per month) \$ _____
- DNA Analysis Fee \$ 200.00
- Street Value Fine \$ _____
- Drug Assessment Fee \$ _____
- Lab Analysis Fee \$ 100.00
- Trauma Center Fund Fine \$ 100.00
- Spinal Cord Injury Fund \$ 5.00
- State's Attorney's Trial Fee (\$25 x _____ days of actual trial) \$ _____
- Public Defender Fee \$ _____
- Crimestoppers Contribution \$ _____
- Victim Impact Panel Fee \$ 10.00
- Sexual Assault Fine \$ 100.00
- Domestic Violence Fine \$ 200.00
 - Family Non-Family
- Domestic Battery Fine \$ 10.00
- Viol. of an Order of Prot. Fine \$ 20.00
- STD/HIV Testing \$ 40.00
- Restitution*(as directed) \$ _____

Bond from this/these case(s) and case #s _____ in the amount of \$ 90 to be applied to fines, costs and restitution;

Immediately report to and pay monies ordered in full at the Clerk of the Circuit Court located in this building.

Money ordered shall be paid in full by: 9/11/11

Immediately report to and pay \$ _____ to the Clerk of the Circuit Court located in this building. The balance of monies owed shall be paid in full by date ordered or you are subject to further proceedings.

Judgment is hereby entered in favor of the prosecuting entity and or victim for the above stated fines, costs, penalties and/or restitution.

FAILURE TO MAKE PAYMENT AS ORDERED MAY RESULT IN THE ISSUANCE OF A WARRANT FOR DEFENDANT'S ARREST.

Circuit Clerk is to send restitution to: _____

Defendant Address: 8333 Autumnwood Dr. Apt 1115

Defendant's Signature: [Signature]

Judge: [Signature]

Entered: 7/20/11