



Employer Solutions Staffing Group LLC

7501 Ohms Lane / Suite 405 Edina, MN 55439 T:952.835.1286 / F:952.835.4881

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Gonzalez First Name Gregoria Middle Initial
Street Address 921 Wilshire Dr.
City/State/Zip Wheeling
Home Phone Call / Message Phone 847-749-9668
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 [X] 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.

Gregoria Gonzalez Gregoria Gonzalez 7/10/2014
Name (Print or type) Applicant's Signature Date

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

Table with 4 columns: DOH, NHW, I-9, W4 and 4 rows: Emergency Contact Info, Background Release Form, Background Results, 5 Day Letter (if applicable), ESC Application.

For Employer's Use Only

Employer's name Employer Solutions Staffing Group Telephone no. ( 952 ) 335 - 1288 EIN ▲

Street address 7301 Chms Lane, Suite 405

City or town, state, and ZIP code Edina, MN 55439

Person to contact, if different from above Associated Consultants, Inc. Telephone no. ( 800 ) 925 - 0557

Street address 3730 Washington Boulevard

City or town, state, and ZIP code Indianapolis, IN 46205

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ▲

Date applicant: Gave information / / Was offered job / / Was hired / / Started job / /

Complete Only if Box 1 on Page 1 is Checked

State and county or parish of job \_\_\_\_\_  Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▲

Title

Date / /

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping . . . . . 3 hrs., 16 min.
Learning about the law or the form . . . . . 46 min.
Preparing and sending this form to the SWA . . . . . 42 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W-CAR:MP-T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.

Form  
8850

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

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

OMB No. 1545-1500

▶ See separate instructions.

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

Your name Gregoria Gonzalez Social security number ▶ 325-82-1078

Street address where you live 921 Wilshire Dr.

City or town, state, and ZIP code wheeling IL 60990

County Cook Telephone number (847) 749-9668

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

- 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 ▶ Gregoria Gonzalez Date 7/10/14

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cal. No. 22951L Form 8850 (Rev. 8-2009)

**EMPLOYEE INFORMATION**  
(Must Be Filled Out)

**ENROLLMENT FORM - PLAN 2**

USE BLACK OR BLUE INK ONLY  
ESC CUNY SAADPE 1530

Social Security Number 3 25-82-1078  
 Date of Birth 12/17/1961 Sex  M  F  
 Name Gregoria Gonzalez  
 Street Address 921 Wilshire  
 City Whedding State IL Zip 60090  
 Home Phone \_\_\_\_\_

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**

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.

**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
- NO \$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.

**REQUIRED DEPENDENT INFORMATION**

Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex  M  F  
 Relationship:  Spouse  Child  Domestic Partner

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex  M  F  
 Relationship:  Spouse  Child  Domestic Partner

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ 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

Fonacio Gonzalez

RELATIONSHIP

Husband

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 decimation of coverage.

Signature Gregoria Gonzalez

Date 07/10/2014

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

Name: Gregoria Gonzalez  
Address: 921 Wilshire Dr.  
Home Phone: cell ph. 847-749-9668

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

1. Name: Ignacio Gonzalez  
Phone (work): cell ph. 847-722-4636

Phone (home):     

2. Name: Alberto Gonzalez  
Phone (work): cell ph. 224-343-9257

Phone (home):

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

— Nayeli Gonzalez

— cell ph. 847-877-1682

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# 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) <i>Conzalez</i>		First Name (Given Name) <i>Gregoria</i>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <i>921 Wilshire</i>		Apt. Number	City or Town <i>Wheeling</i>	State <i>IL</i>	Zip Code <i>60090</i>	
Date of Birth (mm/dd/yyyy) <i>12/17/1961</i>	U.S. Social Security Number <i>233-82-11978</i>	E-mail Address <i>ggonzalez@gmail.com</i>		Telephone Number <i>847749-9668</i>		

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)

3-D Barcode  
Do Not Write In This Space

Signature of Employee: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_

**(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 \_\_\_\_\_

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: <u>Gonzalez Gregoria</u>				
List A	OR	List B	AND	List C
Identity and Employment Authorization		Employment Authorization		
Document Title:	Document Title:	Document Title:	Document Title:	Document Title:
Issuing Authority:	Issuing Authority:	Issuing Authority:	Issuing Authority:	Issuing Authority:
Document Number:	Document Number:	Document Number:	Document Number:	Document Number:
Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode  
Do Not Write in This Space

**Certification**

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 7-28-14 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>[Signature]</i>	Date (mm/dd/yyyy) <u>8-1-14</u>	Title of Employer or Authorized Representative <u>Acct Mgr.</u>
Last Name (Family Name) <u>hsol</u>	First Name (Given Name) <u>Tina</u>	Employer's Business or Organization Name <u>CMB</u>
Employer's Business or Organization Address (Street Number and Name) <u>[Blank]</u>		City or Town <u>[Blank]</u>
State <u>[Blank]</u>		Zip Code <u>[Blank]</u>

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

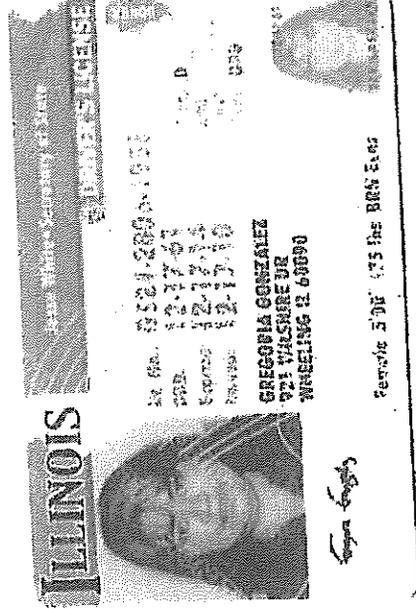
A. New Name (if applicable) Last Name (Family Name) \_\_\_\_\_ First Name (Given Name) \_\_\_\_\_ Middle Initial \_\_\_\_\_ B. Date of Rehires (if applicable) (mm/dd/yyyy): \_\_\_\_\_

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

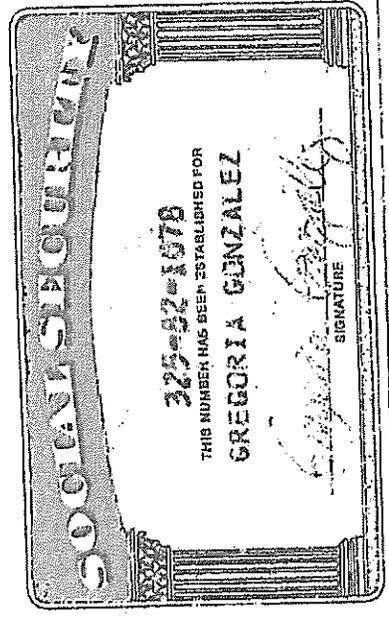
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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Detach the card below and sign it in ink immediately.  
 Keep your card in a safe place to prevent loss or theft.  
 Do not laminate your card.



Record your number in a safe place  
 number to prevent their misuse.  
 en application and submit evidence  
 to submit evidence of U.S.  
 find out exactly what you need to do  
 ce sure your employer gets your  
 ed keeping purposes. Such use is  
 al Security number by such an  
 e organization. Private organization  
 e they know your number.  
 r number must tell you: whether  
 number, and how the number will  
 ocial Security card will be marke  
 tion officials if you use the  
 o work your Social Security card  
 IZATION". If you show this card  
 ave to show your U.S. immigratio  
 year or more;  
 sign up for Medicare;  
 age 65 or older—to apply for SSI

# Form W-4 (2014)

**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 2014 expires February 17, 2015. 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).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**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.

## 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:   
 • 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 \$2,000 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 \$85,000 (\$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 \$85,000 and \$84,000 (\$95,000 and \$19,000 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 \$50,000 (\$20,000 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.

<b>W-4</b>	<b>Employee's Withholding Allowance Certificate</b>	OMB No. 1545-0074 <b>2014</b>	
Form Department of the Treasury Internal Revenue Service	▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		
1 Your first name and middle initial	Last name	2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input 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>	
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 1-800-772-1273 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5		
6 Additional amount, if any, you want withheld from each paycheck	6	\$	
7 I claim exemption from withholding for 2014, 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.) ▶ <i>Stacya Gough</i>		Date ▶ <i>7/10/14</i>	10 Employer identification number (EIN)
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	11 Employer identification number (EIN)

**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 2014. 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](http://www.irs.gov/w4).

### 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.

<b>Please print</b> Check one of the following Start <input type="checkbox"/> Stop <input checked="" type="checkbox"/> Change <input type="checkbox"/>		Effective Date As Soon As Possible Future Paydate ____/____/____
Name (Last, First, Middle Initial) <u>Gonzalez Gregorio</u>		Social Security Number <u>325-82-1078</u>
Home Address <u>921 Wilson Dr.</u>	City <u>Wheating</u>	State <u>IL</u>
Date (Mo/Day/Yr) <u>7/10/14</u>	Street	Zipcode <u>60090</u>
Employee Signature		Payroll Phone Number
<b>SUBMISSION OF THIS FORM MEANS YOUR ENTIRE PAYROLL CHECK WILL GO TO THIS FINANCIAL INSTITUTION</b>		
Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)		
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.		



# Direct Deposit Instructions

**For:** GREGORIA GONZALEZ  
**From:** SYLVIA NAUM  
Chase Banker (847) 947-1679  
**Re:** Direct Deposit request

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## INSTRUCTIONS FOR

Deliver the Direct Deposit Set-up Information Form to your employer right away (if banker did not submit on your behalf today). The Direct Deposit Set-up Information Form on the next page provides the necessary information required by your company's system.

Thank You!

### Chase Banker Instructions:

1. Make a copy of this Cover Sheet and Direct Deposit Set-up Information Form.
2. Help the customer save time by submitting the direct deposit on their behalf.
3. If unable to submit for the customer, instruct customer to give this Cover Sheet and Direct Deposit Set-up Information Form to the employer to activate direct deposit.
4. File a copy of this Cover Sheet and the completed Direct Deposit Set-up Information Form for follow-up. Once the deposit is confirmed, destroy the copy using sensitive trash guidelines.



Form A (revised 07/09)

WORK OPPORTUNITY TAX CREDIT

POR FAVOR INDIQUE CON "SÍ" O "NO" Y COMPLETE EL RESTO DEL FORMULARIO

Nombre Stephena Gonzalez  
Dirección 924 Wiltshire Dr.  
Ciudad Waukegan Estado IL Código Postal 60090  
Número del Seguro Social 325-82-1078 Fecha de nacimiento 12/17/1961 Edad 52

Favor de marcar UNA RESPUESTA para cada pregunta y complete pregunta número cinco (5):

- ¿Ha recibido usted o algún miembro de su domicilio las Estampillas para la Comida (SNAP) alguna vez durante los últimos quince (15) meses?  
Sí  No
- ¿Ha recibido usted Ingreso por Seguro Suplemental (SSI) durante los últimos sesenta (60) días?  
Sí  No
- ¿Es usted miembro del programa del Boleto para trabajar?  
Sí  No

5. Nombre del recipiente Parentesco  
Ciudad y estado donde recibió los beneficios \_\_\_\_\_

6. ¿Es usted veterano? Sí  No  ¿y discapacitado? Sí  No   
Las fechas del servicio: De: \_\_\_\_\_ Hasta: \_\_\_\_\_ Rama: \_\_\_\_\_

7. ¿Ha estado usted desempleado alguna vez durante los últimos doce (12) meses?  
Fechas de desempleo: De: 12/01/13 Hasta: 01/14/14 Sí  No

¿Ha recibido usted Compensación por desempleo?  
Fechas que recibió Compensación por desempleo: De: 7/1/12 Hasta: 9/27/13 Sí  No   
12/1/14 01/14/14

8. ¿Ha estado usted condenado de un crimen o ha estado usted liberado del carcel en los últimos doce (12) meses?  
Sí  No

Fecha de convicción: \_\_\_\_\_ Fecha de liberar: \_\_\_\_\_  
Nombre del oficial de libertad condicional bajo palabra: \_\_\_\_\_  
Número de teléfono del oficial de libertad condicional bajo palabra: \_\_\_\_\_

9. ¿Ha recibido usted ayuda de una agencia de rehabilitación vocacional aprobada por el estado o los veteranos?  
Sí  No   
Nombre de la agencia: \_\_\_\_\_ Número de teléfono: \_\_\_\_\_  
Dirección de la agencia: \_\_\_\_\_ Nombre del consejero: \_\_\_\_\_

10. ¿Ha asistido usted regularmente a un colegio o a una universidad para más que un promedio de diez (10) horas a la semana alguna vez durante los últimos seis (6) meses?  
Sí  No

11. ¿Ha recibido usted un bachillerato or GED?  
Fecha cuando lo recibió: 7/23/08 Sí  No

¿Ha estado usted empleado o admitado a un colegio desde entonces?  
Sí  No

12. ¿Cuanto en sueldos brutos ha ganado usted EN TOTAL durante los últimos seis (6) meses? \$ \_\_\_\_\_

Yo por la presente autorizo cualquier agencia, organización, o individuos a suministrar tal comprobación o información necesaria para determinar elegibilidad del crédito tributario a mi empleador, a representante del empleador, o al Departamento de Trabajo.

→ FIRMA DEL EMPLEADO Stephena Gonzalez FECHA 7/10/14

El jefe debe responder a las siguientes preguntas

Questions below to be completed by manager  
Starting Wage \_\_\_\_\_ Position \_\_\_\_\_ if yes, date \_\_\_\_\_  
Has employee worked for this company before? \_\_\_\_\_

Form A (revised 07/09)

WORK OPPORTUNITY TAX CREDIT

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

Name GREGORIA Gonzalez
Address 924 WILSHIRE DR
City WASHINGTON State IL Zip 60090 Social Security # 325-82-1078
Date of Birth 12/17/1961 Age 52

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?
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?
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days?
4. Are you part of the Ticket to Work program?

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? Yes No
If yes, dates received compensation: From: To:

8. Have you been convicted of a felony or released from prison in the last 12 months? Yes No
Date of Conviction: Date of Release:
Parole Officer's Name: Parole Officer's Phone #

9. Have you received rehabilitation services from a State approved or Department of Veterans Affairs approved Vocational rehabilitation agency? Yes No
Name of Agency Phone #
Address of Agency Counselor's Name

10. Have you attended High School, College or Technical School for more than an average of 10 hours per week at any time during the last 6 months? Yes No

11. Did you receive a high school diploma or GED? if yes, date received: Yes No
Have you been employed or been admitted to technical school or college since then? Yes No

12. How much in gross wages have you earned TOTAL in the past six months? \$

I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representatives, or the Department of Labor.
NEW HIRE SIGNATURE Gregoria Gonzalez DATE 7/10/14

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



**[IMPORTANT — PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

\_\_\_\_\_, or any of its subsidiaries may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the 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 your 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 NationSearch LLC, 11160 Huron St. Suite 100 Northglenn, CO 80234, (800)-827-9550 will be conducting the ICR or another outside organization. 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 investigative 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.

**ACKNOWLEDGEMENT 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 those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, credit reporting agency, employer, to provide any and all background information requested by NationSearch LLC, 11160 Huron St. Suite 100 Northglenn, CO 80234 (800)-827-9550, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**Notice to California Applicants:** Under Section 176E.22 of California Civil Code, you have the right to request from NationSearch, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which NationSearch has previously provided within the two-year period preceding your request. You may review the file maintained on you by contacting NationSearch during normal business hours. You may also obtain a copy of this report upon submitting proper identification. Upon making a written request, you may receive a summary of your report.

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

**Notice to Maine Applicants:** Under Chapter 210 Section 1714 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request as to whether or not an investigatory consumer report was requested, if such report was obtained, you may contact the Consumer Reporting Agency, NationSearch and request a copy of the report(s) compiled.

**Minnesota 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: <i>Stonzalez</i>	First: <i>Gregoria</i>	SS#: <i>325-82-1078</i>
Other Names used:		Date of Birth: For Employment Purposes Only <i>12/17/1961</i>
Motor Vehicle Number and State of Issue: <i>5524-2806-1958</i>		
(Driver's License #, NOT License Plate #) <i>Illinois 12-17-10</i>		
Address: <i>921 Wilshire Dr. Whiting IL 60090</i>		

Signature: *Gregoria Gonzalez* Date: *7/10/2014*

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: *G.G.*

Gregoria Gonzalez  
921 Whilshire Dr.  
Wheeling, IL 60090  
847-749-9668

9/26/2013-12/6/2013 I was working in the company in Buffalo Grove IL.  
Vapor Bus Internacional. I started with punch press machine and  
welding's relays.

Medical Murray Barrington IL 10-7-2007/6-14-2012

I was assembly small parts, a have to used microscopy for trimmed

small

parts, stared proyects for medical use, packing and some times, machine  
Operator. Visual inspection.

08-2006/01-2007 Video Jet Woodale IL

I was working assembly machines for ink labeling in products.

03-2006/7-2006 Motorola Schaumburg IL

I was working assembly the proyects, wiringe fallowing instructions to  
Start to end the cables.

2003-2006 Operate Mexican Restaurant Melrose Park IL

1988-2003 Fluid Managemente, LLC. Wheeling IL  
Assembler. Read and interpret electrical and mechanical assembly drawings  
Use of electrical hand tools (crimps tools, strippers, tweezers, screwdriver,  
Pliers, drill. Modified PC boards. Multi meters and measuring equipment.  
I was assembly diferents types of harness. Handle cutting machine. Punch  
Press machine.

1986-1998 Clear shield (solo cup) Wheeling IL  
Operator machine and paking good product. Visual inspection.

Education GED 2008, Basic Computer Courses. English as Second Leanguage  
Classes.

References Upon Request.