



employer solutions staffing group  
Leveraging Resources in a Changing Market

7301 Ohms Lane Suite 405  
Edina, MN 55439

Tel: 952.835.1288 • Fax: 952.835.1255  
www.esgstaffingsolutions.com

## New Hire Application

Personal Data— PLEASE PRINT LEGIBLY IN INK

Last Name Wherry First Name Michael Middle Initial D  
Street Address 1410 S Busse rd Apt/Ste 2m  
City/State/Zip Mount Prospect Illinois 60056  
Phone Number 224-795-0085 Email Address BigMezzy@yahoo.com  
Staffing Agency/Recruitment Partner CMG Corporate management group

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.

Michael Wherry  
Name (Print or type)

[Signature]  
Applicant's Signature

10/3/14  
Date

A copy or facsimile ("fax") will be considered the same as an original signature. Email will ONLY be used for employment correspondence.

For ESSG Office Use Only				
DOH _____	NHW _____	I-9 _____	8850 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Unemployment Letter (if applicable) _____	ESC Application _____
For ESSG Client Use				
DOH _____	ROP _____	Work Site Loc. _____	WC Code _____	

# Illinois Withholding Allowance Worksheet



Illinois Department of Revenue  
**Form IL-W-4**

## General Information

Complete this worksheet to figure your total withholding allowances.

Everyone must complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

## Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- No one else can claim me as a dependent.
- I can claim my spouse as a dependent.

- Write the total number of boxes you checked. 1 1
- Write the number of dependents (other than you or your spouse) you will claim on your tax return. 2 \_\_\_\_\_
- Add Lines 1 and 2. Write the result. This is the total number of basic personal allowances to which you are entitled. 3 1
- If you want to have additional Illinois Income Tax withheld from your pay, you may reduce the number of basic personal allowances or have an additional amount withheld. Write the total number of basic personal allowances you elect to claim on Line 4 and on Form IL-W-4, Line 1. 4 \_\_\_\_\_

## Step 2: Figure your additional allowances

Check all that apply:

- I am 65 or older.
- My spouse is 65 or older.
- I am legally blind.
- My spouse is legally blind.

- Write the total number of boxes you checked. 5 \_\_\_\_\_
- Write any amount that you reported on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. 6 \_\_\_\_\_
- Divide Line 6 by 1,000. Round to the nearest whole number. Write the result on Line 7. 7 \_\_\_\_\_
- Add Lines 5 and 7. Write the result. This is the total number of additional allowances to which you are entitled. 8 \_\_\_\_\_
- If you want to have additional Illinois Income Tax withheld from your pay, you may reduce the number of additional allowances or have an additional amount withheld. Write the total number of additional allowances you elect to claim on Line 9 and on Form IL-W-4, Line 2. 9 \_\_\_\_\_

If you have non-wage income and you expect to owe Illinois Income Tax on that income, you may choose to have an additional amount withheld from your pay. On Line 3 of Form IL-W-4, write the additional amount you want your employer to withhold.

✂ ----- Cut here and give the certificate to your employer. Keep the top portion for your records. ----- ✂

## Illinois Department of Revenue IL-W-4 Employee's Illinois Withholding Allowance Certificate

Social Security number

359-66-6865

Name

1410 S. Basse Rd Apt 2M

Street address

MT Prospect IL 60056

City

State

ZIP

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate.

- Write the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 1
- Write the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 \_\_\_\_\_
- Write the additional amount you want withheld (deducted) from each pay. 3 \_\_\_\_\_

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

[Signature] 10/15/14  
Your signature Date

Employer: Keep this certificate with your records. If you have retained the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 35 Ill. Adm. Code 100.7110.

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

EMPLOYEE INFORMATION (Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

USE BLACK or BLUE INK ONLY  
FSC CU (NAV/SAD) F2 v13.0

Social Security Number 359-66-6865  
Date of Birth 05/29/1978 Sex  M  F  
Name Michael Dennis Wherry  
Street Address 140 S Busse Rd Apt 2M  
City Mount Prospect State IL Zip 60056  
Home Phone 824-795-0085

Do you or any dependents have Medicare?  
 Yes  No If Yes:  
Medicare Health Insurance Claim Number (HICN) \_\_\_\_\_  
Medicare Effective Date \_\_\_\_\_  
Names of Covered Person(s)  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

BENEFIT SELECTION

Weekly Rates

MEDICAL 

- \$20.91 Employee Only
- \$42.44 Employee + One
- \$56.67 Employee + Family
- NO to MEDICAL, TERM LIFE, and STD benefits.

DENTAL 

- \$ 5.99 Employee Only
- \$11.98 Employee + One
- \$19.77 Employee + Family
- NO

TERM LIFE 

- YES \$11.60 Employee Only  
\$0.90 Employee + One
- NO \$1.80 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 W/A  
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

Barbara Wherry

RELATIONSHIP

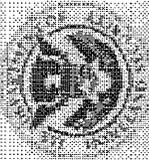
Mother

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

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

Signature [Handwritten Signature]

Date 10/03/2014



# Employment Eligibility Verification

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

USCIS

Form I-9

OMB No. 1615-0047  
Expires 09/31/2016

**▶ 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 documents 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>Wherry</i>		First Name (Given Name) <i>Michael</i>		Middle Initial <i>D</i>		Other Names Used (if any)	
Address (Street Number and Name) <i>1410 S. Basse Rd</i>		Apt. Number <i>2m</i>		City or Town <i>Mt Prospect</i>		State <i>IL</i>	
Date of Birth (mm/dd/yyyy) <i>05/29/1978</i>		U.S. Social Security Number <i>359 66 6865</i>		E-mail Address <i>Bymezzy@yahoo.com</i>		Zip Code <i>60056</i>	
						Telephone Number <i>784-785-0885</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

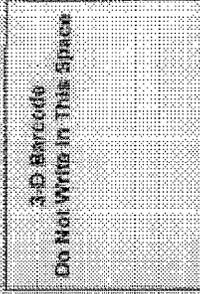
2. Form I-94 Admission Number \_\_\_\_\_

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)



Signature of Employee: *Michael Wherry* Date (mm/dd/yyyy) *05/29/2016*

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee)

STOP

Employer Completes This Page

STOP

**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: Wherry Michael D

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
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):
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 Barcodes  
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): 10.13.14 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Tina Krol</u>		Date (mm/dd/yyyy) <u>10.21.14</u>	Title of Employer or Authorized Representative <u>Acct Mgr.</u>	
Last Name (Family Name) <u>Krol</u>	First Name (Given Name) <u>Tina</u>	Employer's Business or Organization Name <u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u>		
Employer's Business or Organization Address (Street Number and Name) <u>7301 OHMS LANE SUITE 405</u>		City or Town <u>EDINA</u>	State <u>MN</u>	Zip Code <u>55439</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 Rehire (if applicable) (mm/dd/yyyy)
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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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# SOCIAL SECURITY CARD

359-66-6865

THIS NUMBER HAS BEEN ESTABLISHED FOR

MICHAEL WHERRY

*Michael Wherry*

SIGNATURE

# ILLINOIS

Jesse White - Secretary of State

## DRIVER'S LICENSE



*Michael Wherry*

Ik. No.: W600-5447-8153  
DOB: 05-29-78  
Expires: 05-29-17  
Issued: 04-23-74

MICHAEL D WHERRY  
1470 S BUSSE ROAD  
APT 2M  
MOUNT PROSPECT IL 60056

Class D  
E 4  
rest  
/PH COR

05-29-78

Male 6'01" 325 lbs BRN Eyes

245-0973-25

# 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).

**Exemptions.** 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** on page 2. 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-3P.

**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 1382, 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 released it will be posted at [www.irs.gov/efile](http://www.irs.gov/efile).

## Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent.	A	1
B	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	B	1
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).	E	
F	Enter "1" if you have at least \$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. <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>	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	2

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.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b>	OMB No. 1545-0047 <b>2014</b>
<p>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>		
1 Your first name and middle initial <b>Michael D</b>	Last name <b>Wherry</b>	2 Your social security number <b>359-66-6865</b>
Home address (number and street or rural route) <b>1410 S Basse Rd Apt 2m</b>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code <b>m<sup>+</sup> prospect IL 60056</b>		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"/>
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	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.
		5 <b>0</b> 6 <b>5</b>
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.) <b>[Signature]</b>		Date <b>10/3/14</b>
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)

## EMERGENCY CONTACT INFORMATION

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

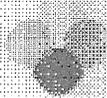
Employee Name: Michael Wherry  
Address: 1410 S Busse Rd Apt 2m Mt Prospect IL 60056  
Home Phone: 224 795 0085

EMERGENCY CONTACTS	
Please list two people (in priority order) who could be contacted in case of an emergency.	
<p style="text-align: center;">Contact #1</p> Name: <u>Barbara Wherry</u> Relationship: <u>Mother</u>	Home Phone: <u>—</u> Cell Phone: <u>219 - 614 - 3220</u> Work Phone: <u>—</u>
<p style="text-align: center;">Contact #2</p> Name: <u>Sarah Macdonald</u> Relationship: <u>Girl friend</u>	Home Phone: <u>—</u> Cell Phone: <u>630-965-0524</u> Work Phone: <u>—</u>

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

Sister - Tina House - 815 483-1443  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This information will remain confidential and will only be used in the case of an emergency.*



# employer solutions staffing group

Leveraging Resources in a Changing Market

## Direct Deposit/Payroll Debit Card Authorization

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card.  
If you do not provide a written election, wages will be paid by Payroll Debit Card.

### SECTION 1 - BASIC INFORMATION

Employee Name <u>Michael Loherry</u>	SSN# (last 4 digits)	Effective Date
---	----------------------	----------------

### SECTION 2 - PAYROLL ELECTION

Direct Deposit (Please complete Sections 3 and 5 below)  
 Payroll Debit Card (Please complete Sections 4 and 5 below)

### SECTION 3 - DIRECT DEPOSIT

<input checked="" type="checkbox"/> Update Bank Account	<p>I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.</p> <p>Initial <u>MDW</u> Date <u>10/3/14</u></p>
Bank Name <u>US Bank</u>	
Routing# <u>071904779</u>	
Account# <u>149374540300</u>	
Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	

- To help us avoid making an error, please attach a copy of a voided check. (A deposit slip will not work)
- If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods.

### SECTION 4 - PAYROLL DEBIT CARD (GLOBAL CAST CARD)

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.

Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

#### CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)

First Name <u>Michael</u>	M.I. <u>Dennis</u>	Last Name <u>Loherry</u>	Date of Birth <u>05/29/78</u>
Street Address (no box or apartment) <u>1410 South Busse Road Apt 2m</u>			Social Security# <u>354-661665</u>
City <u>Mount Prospect</u>	State <u>IL</u>	Zip <u>60056</u>	Cell Phone (mobile) <u>224-795-0085</u>

GET TEXT ALERTS, when your paycheck is deposited on your card?  Yes, sign me up, for text alerts  
 All we need to know your cell phone service provider and mobile number above! My mobile service provider is:

#### RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Routing # <u>073972181</u>	Payroll Debit Card Account #
--	------------------------------

I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 5 - AUTHORIZATION

I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). \* E-mail is required for pay stub information.

\* E-mail: Bigmuzzy@yahoo.com  
 this information will only be used to send your paystubs electronically

Employee's Signature: Michael Loherry Date: 10/3/14

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

OMB No. 1545-1509

▶ See separate instructions.

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

Your name Michael Wherry Social security number ▶ 359-667865  
Street address where you live 1410 S Busse Rd Apt 2m  
City or town, state, and ZIP code Mount Prospect, Illinois 60056  
County Cook Telephone number 224-745-0065  
If you are under age 40, enter your date of birth (month, day, year) 05/29/1978

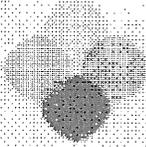
1.  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
2.  Check here if any of the following statements apply to you.
  - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but not age 40 or older and I am a member of a family that:
    - a. Received SNAP benefits (food stamps) for the past 6 months, or
    - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
3.  Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
4.  Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
5.  Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
6.  Check here if you are a member of a family that:
  - Received TANF payments for at least the past 18 months, or
  - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

**Signature--All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶

Date 10/3/14



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**STATEMENT OF CONFIDENTIALITY**

This agreement made this 10 day of 3, 2014, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Michael Wherry hereafter referred to as "employee".

**WITNESSETH:**

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

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

Michael Wherry  
Employee Signature

\_\_\_\_\_  
Employer Solutions Staffing Group LLC, Representative



**EMPLOYER SECTION:**

ESG FEIN#:	ESG Client Name & State:
Hiring Manager:	Position: <u>CNC Operator</u> Starting Wage: \$

**EMPLOYEE SECTION:**

Employee Name: <u>Michael Wherry</u>	Street Address: <u>1410 S Busse Rd 2m</u>	Apt	City/State: <u>MT Prospect, IL</u>	Zip: <u>60056</u>
SS#: <u>359-66-0865</u>	Date of Birth: <u>05/29/78</u>	Age: <u>36</u>	Have you worked for this company before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, location:

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

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

**Additional Tax Credits**

IEC (Native American): Are you or your spouse a member of a Native American Tribe?    
*\*If you checked yes please provide a copy of your CDIB card.*

CA Residents:  Are you the child of foster parents?  Do you receive CalWorks?  Workforce Investment Act?  
 Are you a migrant or seasonal farm worker?  Have you ever been convicted of a misdemeanor?

SC Residents:  Do you receive Family Independence Benefits?

**PLEASE READ, SIGN, AND DATE:**

Under penalties of perjury, I declare the information above to be true and accurate to the best of my knowledge, and I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative (Associated Consultants, Inc. dba Retrotax), or the Department of Labor.

New Employee Signature: [Signature] Date: 10/9/14

Maintain regular, weekly, communication with your employer if you are unable to return to work. Contact your employer a minimum of after every visit with your primary health care provider. Keep the claims representative advised of your status.

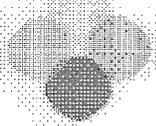
Notify your employer immediately of any new injuries or conditions that impact your physical condition.

If it is necessary to miss scheduled work due to a work injury, you must be seen by your primary health care provider the same day in order to receive compensation for the time away from work. The physician must complete a Report of Workability.

**I have read my responsibilities and agree to abide by these guidelines.**

Signed: 

Printed Name: Michael Wheery



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## Important/Importante

### LOST OR STOLEN PAYCHECKS

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

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

### CHEQUES DE PAGO PERDIDOS O ROBADOS

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

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

AGREED/SE ACUERDA—

Name/Nombre (con letra de molde):

Signature/Firma:

MICHAEL D WHERRY  
1410 S BUSSE RD, APT 2M  
MT PROSPECT, IL 60056-4742

7/17/79

103

DATE

PAY TO THE  
ORDER OF

\$

DOLLARS

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**[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.

**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 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:** Notice to California Applicants: Under section 179a.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 source of information, and a period of time reports on you, which NationSearch has previously furnished within the two-year period preceding your request. You may view the file maintained on you by contacting NationSearch during normal business hours. You may also obtain a copy of the report(s) 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 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request, whether or not an investigative 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:	First:	SS#
Wherry	Michael	359-66-6865
Other Names used:	Date of Birth:	For employment Purposes Only
	05/29/78	
Motor Vehicle Number and State of Issue: (Driver's License #, NOT License Plate #)	W600-5447-8153	
Address:	1410 S Busse Rd Apt 2m Mt prospect, IL, 60056	

Signature: Michael Wherry Date: 10/3/14

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:

MDW