



# 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) <b>Ramirez</b>		First Name (Given Name) <b>Lucia</b>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <b>1647 Lee St</b>			Apt. Number	City or Town <b>Des Plaines</b>	State <b>IL</b>	Zip Code <b>60018</b>
Date of Birth (mm/dd/yyyy) <b>12/14/1965</b>	U.S. Social Security Number <b>352-92-8541</b>	E-mail Address <b>luciaramirez@sbcglobal.net</b>			Telephone Number <b>773-405-5587</b>	

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): **A# 073-428-267**
- 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: \_\_\_\_\_

3-D Barcode  
Do Not Write In This Space

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): <b>07/16/2013</b>
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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



**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 Lucia Ramirez Social security number ▶ 352 - 92 - 8541

Street address where you live 1647 Lee St.

City or town, state, and ZIP code Des Plaines IL 60018

County Cook County Telephone number (773) 405 - 5587

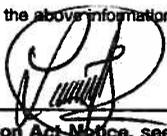
If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

- 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 ▶



Date 7/16/2013

WORK OPPORTUNITY TAX CREDIT

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

Name Lucia Ramirez
Address 1647 Lee St.
City Des Plaines State IL Zip 60018 Social Security # 352-92-8541
Date of Birth 12/14/1965 Age 47

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? and Disabled due to service?
Service Dates: From: To: Branch:

7. Have you been unemployed at any time during the last 12 months?
If yes, dates of unemployment: From: To:
Did you receive unemployment compensation at any point during your unemployment?
If yes, dates received compensation: From: To:

8. Have you been convicted of a felony or released from prison in the last 12 months?
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?
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?

11. Did you receive a high school diploma or GED? If yes, date received:
Have you been employed or been admitted to technical school or college since then?

12. How much in gross wages have you earned TOTAL in the past six months?
From Jan 2013 to June 2013

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 DATE 7/16/2013

Questions below to be completed by manager

Starting Wage Position
Has employee worked for this company before? If yes, date and location



**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 Ramirez First Name Lucia Middle Initial \_\_\_\_\_  
 Street Address 1647 Lee St.  
 City/State/Zip Des Plaines Il. 60018  
 Home Phone \_\_\_\_\_ Cell / Message Phone (773) 405-5587  
 Company/Employer Employer Solutions Staffing Group LLC

**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.

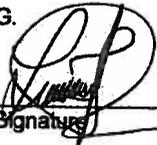
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government 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.

Lucia Ramirez  
Name (Print or type)

  
Applicant's Signature

07/16/2013  
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 _____

**PLEASE READ CAREFULLY  
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Employer Solutions Staffing Group LLC, (hereinafter called "the Company"),

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant



Date: 07/16/2013



## Addendum to Application

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

PLEASE COMPLETE PAGES 1-4	DATE <u>07/16/2013</u>
Name <u>Ramírez Torres Lucía</u> <small>Last First Middle Maiden</small>	
Social Security No. <u>352 - 92 - 8541</u>	
Telephone <u>(773) 405 - 5587</u>	
If under 18, please list age _____	Referred by <u>Alfredo Laguna</u>
Position applied for (1) <u>Machine Operator</u> and salary desired (2) <u>\$15.00/hour</u> (Be specific)	Days/hours available to work No Pref _____ Thur <input checked="" type="checkbox"/> Mon <input checked="" type="checkbox"/> Fri <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Sat <input checked="" type="checkbox"/> Wed <input checked="" type="checkbox"/> Sun _____
How many hours can you work weekly? <u>40+</u>	Can you work nights? _____
Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME	
When available for work? <u>immediately</u>	
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input checked="" type="checkbox"/> No ___ Yes If so, please explain _____	
Do you anticipate any absences from work on a regular basis? ___ No <input checked="" type="checkbox"/> Yes If so, please explain <u>I previously notified to the company and to my immediate supervisor date in that I will be absent.</u>	

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Tecnologico #2</u>		<u>3 years</u>	<u>certificate</u>
College	<u>Universidad en Guatemala</u>		<u>3 years</u>	<u>certificate</u>
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No \_\_\_ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

### WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name <u>Lucia Ramirez</u> Position <u>Supervisor</u> Company <u>Arc Tronics Inc</u> Address <u>1150 Pagni drive Elk Grove Village IL 60007-6686</u> Telephone <u>(847) 437 0211</u>	Supervisor name <u>Patricia Flores</u> Employment dates <u>Last one</u> From <u>1998</u> Start To <u>April 2013</u> Final <u>\$16.25/hour</u> Your last job title <u>Supervisor</u>
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Reason for leaving (be specific) Laid-Off (Lack of work)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

- hand place surface mount components on PCB
- automated machine (screen printing) operator
- automated through hole machine operator
- automated high speed SMT components placement operator
- Touch up and Repair Department Supervisor
- Postwave Department Supervisor

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ Employment dates _____ From <u>1998</u> Start To _____ Final Your last job title _____
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Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ Employment dates _____ From _____ Start To _____ Final Your last job title _____
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Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Who were you referred by? \_\_\_\_\_

May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?  Yes \_\_\_ No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number R562-5206-5955 State of issue Illinois

Operator  Commercial (CDL) \_\_\_ Chauffeur \_\_\_

Expiration date 12/14/2015

Have you had any accidents during the past three years? \_\_\_ Yes  No  
 If so, how many? \_\_\_\_\_

Have you had any moving violations during the past three years? \_\_\_ Yes  No  
 If so, how many? \_\_\_\_\_

**OFFICE USE ONLY**

Typing \_\_\_ Yes \_\_\_ No      Personal Computer \_\_\_ Yes \_\_\_ No      10-key \_\_\_ Yes \_\_\_ No  
 \_\_\_ WPM                      \_\_\_ PC \_\_\_ Mac

Word Processing \_\_\_ Yes \_\_\_ No      Other \_\_\_\_\_  
 \_\_\_ WPM                      Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name <u>Raquel Jiménez</u>	Name <u>José Jimenez</u>
Position <u>Machine Operator</u>	Position <u>Painter</u>
Company <u>Arc Tronics</u>	Company _____
Address _____	Address _____
Telephone <u>(773) 988 7977</u>	Telephone <u>(773) 988 2494</u>

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES? \_\_\_ Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? \_\_\_ Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_



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 Staffing Group LLC

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, Lucia Ramirez, 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) Accellent

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.

Applicant Signature

07/16/2013

Date

Other Names Used: \_\_\_\_\_

Social Security Number	352-92-8541
Date of Birth: To be used for screening purposes only	12/14/1965
Drivers License number : State of Issue:	R562-5206-5955 Illinois

Street Address	City	State	Zip Code
1647 Lee St	Des Plaines	IL.	60018

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.

**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.

**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

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

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

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>
<b>B</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>B</b>	<u>0</u>
<b>C</b>	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.) . . . . .	<b>C</b>	<u>0</u>
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>0</u>
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	<u>0</u>
<b>F</b>	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.)	<b>F</b>	<u>0</u>
<b>G</b>	<b>Child Tax Credit</b> (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>	<b>G</b>	<u>0</u>
<b>H</b>	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.) ▶	<b>H</b>	<u>0</u>

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.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b> ▶ 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.	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2013</div>
1 Your first name and middle initial <u>Lucia</u> Last name <u>Ramirez Torres</u>		2 Your social security number
Home address (number and street or rural route) <u>1647 Lee St</u> City or town, state, and ZIP code <u>Des Plaines IL 60018</u>		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>0</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u>0.00</u>
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"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>0</u>
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.) ▶		Date ▶ <u>07/16/2013</u>
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)

Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact. I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

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

Name: Lucia Ramirez

Address: 1647 Lee St. Des Plaines Il. 60018

Home Phone: (773) 405-5587

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

1. Name: Alfredo laguna

Phone (work): (847) 520-1553

Phone (home): (773) 240-0323

2. Name: \_\_\_\_\_

Phone (work): \_\_\_\_\_

Phone (home): \_\_\_\_\_

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

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# 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**

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

Social Security Number
352 - 92 - 8541

Name (Last, First Middle Initial)				
Ramirez Lucia				
Home Address	Street	City	State	Zipcode
1647 Lee St.	Des Plaines	Illinois	60018	
Date (Mo/Day/Yr)	Employee Signature	Daytime Phone Number		
07/16/2013		(773) 405-5587		

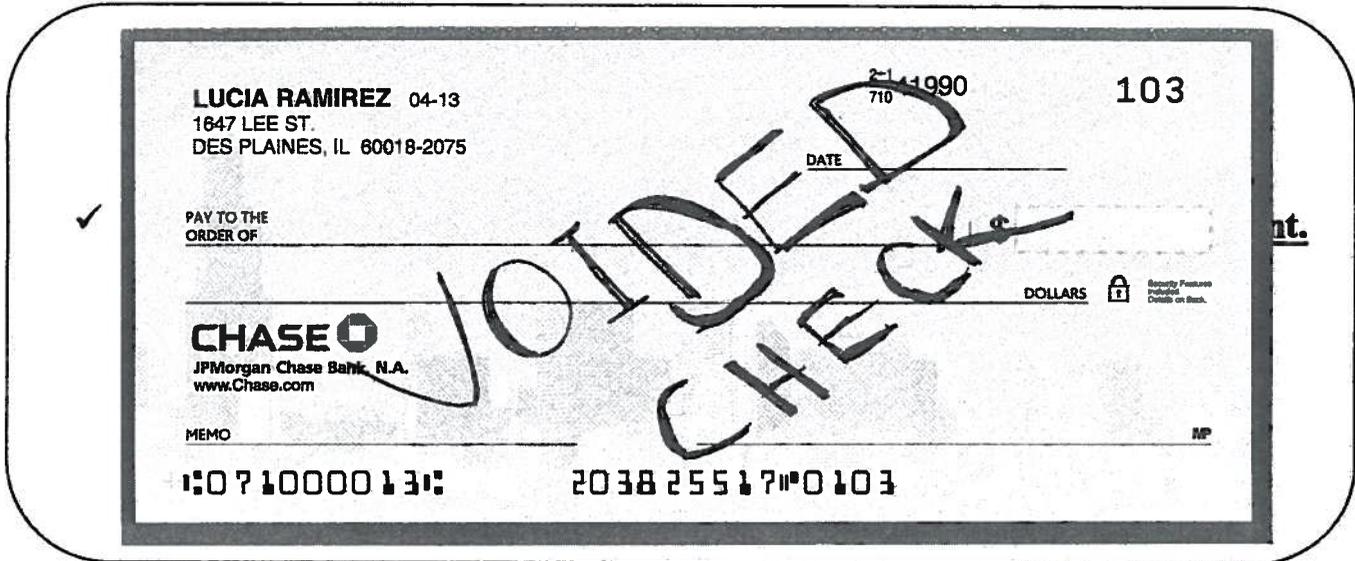
**SUBMISSION OF THIS FORM MEANS YOUR ENTIRE PAYROLL CHECK WILL GO TO THIS FINANCIAL INSTITUTION**

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

Type of Account

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

I authorize Employer Solutions Staffing Group to direct deposit funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize Employer Solutions Staffing Group to initiate a correcting (debit) entry. I understand that 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.



**SOCIAL SECURITY**

352-92-8541

THIS NUMBER HAS BEEN ESTABLISHED FOR

**LUCIA  
RAMIREZ TORRES**

*[Signature]*  
SIGNATURE

04/03/2013

**ILLINOIS** Jesse White • Secretary of State

**DRIVER'S LICENSE**



Lic. No.: **R562-5206-5955**  
 DOB: **12-14-65**  
 Expires: **12-14-19**  
 Issued: **01-14-11**

Class: D  
 End:   
 Rest:   
 Type: **ORG**

**LUCIA RAMIREZ**  
 1647 LEE ST  
 DES PLAINES IL 60018



Female 5'02" 120 lbs BRN Eyes



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 Staffing Group LLC

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, Lucia Ramirez, 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) Accellent

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.

Applicant Signature

07/16/2013

Date

Other Names Used: \_\_\_\_\_

Social Security Number	352-92-8541
Date of Birth: To be used for screening purposes only	12/14/1965
Drivers License number : State of Issue:	R562-5206-5955 Illinois

Street Address	City	State	Zip Code
1647 Lee St	Des Plaines	Il.	60018

EMPLOYEE INFORMATION  
(Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

USE BLACK or BLUE INK ONLY

Social Security Number 352-92-8541

Date of Birth 12/ 114/ 11965 Sex M F

Name Lucia Ramirez

Street Address 1647 Lee St. Des Plaines

City Des Plaines State IL  Zip 60018

Home Phone 773-405-5587

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 

Date 07/ 16/ 2013

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. \_\_\_\_\_

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

VISION

- YES \$2.35 Employee Only
- YES \$4.00 Employee +1
- NO \$5.64 Employee + Family

TERM LIFE

- YES \$0.60 Employee Only
- YES \$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.