

NOTIFICATION/RELEASE OF INFORMATION FORM

The purpose of this form is to notify you that consumer report will be conducted on you in the course of consideration for employment with:

Last Name: Ardiu
First Name: Habibe Middle Name: NIA
Social Security #: [REDACTED] State of Issue: [REDACTED]
Current Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

In connection with this request I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to information about my employment, education, consumer credit history, driving record, criminal record and general public history to the person or company with which this form has been filed, or their agent. This releases the aforesaid parties from any liability and responsibility for collection of the above information.

APPLICANT'S SIGNATURE: [REDACTED]

DATE: 7/31/14

EMPLOYMENT APPLICATION

Position Applying for: _____
 Full-Time Part-Time
 Seasonal
S M T W T F Sat
 Hours Available: _____

_____ and/or its affiliate _____, is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, disability, or any other legally protected status.

NAME		Social Security Number		Are you at least 18 years of age? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
First	Middle	Last			
Present Street Address		City		State	Zip
Alternative Street Address		City		State	Zip
Phone Number		Alternative Phone Number		Are you a U.S. Citizen or can you provide verification of your legal right to work in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Position Desired		<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Date Available for Work	Have you ever been employed by _____?	
			8-18-14	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Position: _____ Date: _____	

List names of friends or relatives now employed by _____ and/or its affiliate _____:

List office machines you can operate (include WPM and Shorthand)

List other equipment you can operate

Do you have any special skills or training related to the position sought?

EDUCATION	Name of Institution	City & State	Circle Last Year Completed
High School	[REDACTED]	[REDACTED]	9 10 11 12
College			1 2 3 4
Graduate School	N/A	N/A	Degree received <input type="checkbox"/> Yes <input type="checkbox"/> No
Other	N/A	N/A	N/A

MILITARY SERVICE BRANCH	Rank Attained	Date Entered	Date of Discharge
N/A	N/A	N/A	N/A

EMPLOYMENT: Include all previous jobs starting with the present or most recent.
 May we contact your present employer? Yes No

1. Employer White Fleischer & Fino, LLP		Position Held & Duties Legal Assistant	
[Redacted]		Supervisor Patricia Bulger	
Dates Employed From: 1/13 To: Present 7/31/14		Pay Rate Starting: [Redacted] Ending: [Redacted]	
Reason for Leaving			

2. Employer On Yourmark, Inc.		Position Held & Duties Administrative Assistant	
[Redacted]		Supervisor Joanna Arayo	
Dates Employed From: 7/11 To: 12/13		Pay Rate Starting: [Redacted] Ending: [Redacted]	
Reason for Leaving new job			

3. Employer South Shore Eyecare		Position Held & Duties Admin. medical Assistant	
[Redacted]		Supervisor Frank Pirozzolo	
Dates Employed From: 7/09 To: 6/10		Pay Rate Starting: [Redacted] Ending: [Redacted]	
Reason for Leaving School			

Have you ever been convicted of a felony or a misdemeanor (other than minor traffic violations)? Yes No
 If yes, Please explain: _____

PLEASE READ THIS STATEMENT CAREFULLY

I agree to comply with all rules of this Company. I understand that any falsification or omission of information provided on this application or while interviewing will be grounds for dismissal from employment, even if not discovered until after my separation from the Company. I authorize a thorough investigation to be made in conjunction with this application concerning my character, general reputation, personal characteristics and mode of living, whichever may be applicable. I understand this investigation may include personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. If I am hired, I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time, at the option of the Company or myself. I understand that no other representative of the Company other than the President of N.A. Property, Inc. has the authority to modify this agreement in any way, and that any such modification must be in a writing signed by both the President and myself.

I have read and affirm the above statement as my own.

[Redacted Signature] 7-31-14
 Signature Date

Employment Eligibility Verification

Please 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 eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name Last Ardiu	First Habibe	Middle Initial	Maiden Name N/A
Address (Street Name and Number, City, State, Zip Code)		Apt #	Date of Birth (month/day/year) 7/31/1990
City		State	
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.		<input checked="" type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #)	
Employee's Signature		Date (month/day/year) 7/31/14	

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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any) ___/___/___		___/___/___		___/___/___
Document #: _____		_____		_____
Expiration Date (if any) ___/___/___		___/___/___		___/___/___

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ___/___/___, and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title _____	Document # _____
Expiration Date (if any): ___/___/___	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 (month/day/year)



WHITE FLEISCHNER FINO, LLP	[REDACTED]
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FAX COVER SHEET

FAX NUMBER TRANSMITTED TO: [REDACTED]

TO: Darren Indyke

RE: Social Security

FROM: Habibe Avdiu

DATE: August 4, 2014

TOTAL PAGES (2) INCLUDING COVER SHEET

COMMENTS:

Please see attached.

THIS MATERIAL BEING TRANSMITTED IS CONFIDENTIAL AND SOLELY FOR THE PERSON OR ENTITY NAMED ABOVE AND MAY BE COVERED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOUR ARE NOT THE INTENDED RECIPIENT, PLEASE DO NOT READ THE COMMUNICATION. IF YOU HAVE RECEIVED THE MATERIAL IN ERROR PLEASE NOTIFY US BY TELEPHONE AND RETURN AT THE ABOVE ADDRESS VIA POSTAL MAIL



HABIBE AVDIU

EDUCATION:

•CUNY College of Staten Island: 2800 Victory Boulevard, New York, NY 10314 [REDACTED]

Date of Completion: May 2010

•CUNY Kingsborough Community College: 2001 Oriental Boulevard, Brooklyn, NY 11235 [REDACTED]

CERTIFICATIONS:

- American Red Cross CPR/AED Certified
- Approved Medication Administration Personnel (AMAP)

WORK EXPERIENCE:

• **January 2013 – Present White Fleischner & Fino, LLP**

61 Broadway – [REDACTED]

Title: Legal Assistant

Duties: To enhance overall effectiveness of a successful law firm by developing, maintaining, and supporting case information. Assisting two partners in case development by maintaining contact with clients, document preparation of subpoenas and summonses, electronically filing court documents and receiving and transcribing legal dictation. Maintaining case costs by overseeing client relation billing and invoices. Supporting case preparation by creating case summaries and organizing material for team case review. To insure overall goal achievement, accepting ownership for accomplishing requests and continually exploring opportunities to add value to job and firm accomplishments is placed on a level of high priority.

• **July 2012- December 2013 On Your Mark, Inc.**

Title: Administrative Assistant

Duties: Provided assistive services for a fast paced non-profit company under the guidance of three directors. Such services include "front of house" management, email correspondence, data entry and organization, creation of advanced filing system for employee record maintenance, and diligent oversight of budget coordination.

• **July 2011- July 2012 On Your Mark, Inc.**

Title: Residential Habilitation

Duties: Provided essential services to adult individuals with developmental disabilities. A main focus on improving and facilitating daily living skills and personal care was enforced through, assisting with developing routines, meal preparation, budgeting skills, and safety and socializing within the community. Communication with the Coordinator of Habilitation Services about specific individual goals was the method of assessing individual progress.

• **July 2009- June 2010 South Shore Eyecare**

Title: Administrative Medical Assistant

Duties: Prepared patients for ophthalmologists in a multi-doctoral office by performing pre-screening exams. Acted as a liaison between patient and doctor and ensured proper filing and management of important paperwork and documents for entire office. Followed up with patient care by providing proper contact placement tutorials and ordering of future necessary supplies.

SKILLS:

- Computer Skills: Microsoft Office, Windows, Mac and PC applications
- Languages: Ability to read and write in Albanian

OTHER QUALIFICATIONS:

- Valuable communication and organization skills
- Team-work mentality driven by a desire to learn and apply new ideas
- Ability to adapt quickly to challenges and changing environment
- Eager and willing to take on new and increased responsibilities