

New Hire Application

Personal Data - PLEASE PRINT LEGIBLY IN INK

Last Name: Abdama First Name: Abiodun Middle Initial: _____
 Street Address: 812 Dawiddie Street Apt/Site: _____
 City/State/Zip: Lynchburg, VA 24504
 Phone Number: 434-401-1696 Email Address: forst9901@yahoo.com
 Staffing Agency/Recruitment Partner: _____

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.

Name (Print or Type): Abiodun Abdama Applicant's Signature: [Signature] Date: May 19/2015

		For ESSG Office Use Only		For ESSG Client Use	
DOB	NHW	19	8888	W4	
Emergency Contact Info	Background Release Form	Background Results	Unemployment Letter (if applicable)	ESC Application	
DOH	ROP	Work Site Loc.	WC Code		

ESSG - CMQ, SS, VA Rev. 11/2011

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

Form W-4 (2015)

This document does not apply to supplemental wages.
Caution: Changing Form W-4 so that you are entitled to a larger refundable tax credit may result in you being treated as a nonresident alien for federal income tax purposes. If you are a nonresident alien, you must file Form 1042-NR and attach your federal tax return to Form 1042-NR.
Example: You are a U.S. citizen and you are currently employed by a U.S. employer. You are currently married and have two children. You are currently claiming the standard deduction.
Exclusions: An individual may be able to claim more than one exemption if the employee is a spouse, partner, or dependent.
 * Exempt: or
 * You are not dependent on anyone, are married or widowed, and are not a dependent of anyone.
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:
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages for the total of both are \$1,500 or less.
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** 0
D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. **D** 2
E Enter "1" if you will be the head of household on your tax return (see conditions under Head of Household above). **E** 1
F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit. **F** 1
G Child Tax Credit (including additional credit tax credit). See Pub. 503, Child Tax Credit, for more information.
 • If your total income will be less than \$50,000 for 2015, enter "2" for each eligible child; then less "1" if you have two to four eligible children in 2015. If you have five or more eligible children:
 • If your total income will be between \$50,000 and \$84,000, \$100,000 and \$130,000, or \$160,000 and \$200,000, enter "1" for each eligible child.
 • If your total income will be more than \$200,000, enter "0".
H Add lines A through G and enter total here. Make sure this may be different from the number of exemptions you claim on your tax return. **H** 1
I For accuracy, complete all worksheets 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 (\$50,000 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.

W-4 Employee's Withholding Allowance Certificate

From: **Abiodun Abdama** Employer's Name
 City or town, state, and ZIP code: **Lynchburg, VA 24504** Employer's Address
 Social Security Number: **038-25-9940** Employer's SSN
 Single Married Married but without an eligible spouse
 Head of household Exempt Exempt from withholding
 1. Your first name and maiden name: **Abiodun Abdama**
 2. Your social security number: **038-25-9940**
 3. Single Married Married but without an eligible spouse
 4. If you have more than one job, enter the number of jobs on which you will claim an exemption on your tax return. **2**
 5. Total number of allowances you are claiming from line H above or from the applicable worksheet on page 2: **1**
 6. Accrual method: If only, you want withheld from each paycheck. **6**
 7. I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption:
 • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
 • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
 If you meet both conditions, write "Exempt" here. **7**
 Under penalty 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.
 Signature of employee: **[Signature]**
 Date: **May 19, 2015**
 Employer's name and address: **ESSG - CMQ, SS, VA**
 Date: **May 19, 2015**
 Form W-4 (2015)

FORM VA-4
PERSONAL EXEMPTION WORKSHEET

COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF TAXATION
 (See back for instructions)

1. If you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed on his or her own certificate, write "1" on the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).
3. Subtotal Personal Exemptions (add lines 1 through 3)
4. Exemptions for age
 - (a) If you will be 65 or older on January 1, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1"
5. Exemptions for blindness
 - (a) If you are legally blind, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"
6. Subtotal exemptions for age and blindness (add lines 5 through 6)
7. Total of Exemptions - add line 4 and line 7

Do not leave blank and give the certificate to your employer. Keep the top portion for your records.

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number: 038-25-9940 Name: Abraham

Street Address: 812 D Swindell City: Lynchburg State: VA Zip Code: 24504

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on Personal Exemption Worksheet:
 - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
 - (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet
 2. Enter the amount of additional withholding requested (see instructions)
 3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions. (check here)
 4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (check here)
- Signature: Abraham Date: May 19, 2015

EXPLANATION: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23210-1115, telephone (804) 287-8037. Note: Employees may establish a system to electronically receive Form VA-4 from employers, provided the system meets Internal Revenue Service requirements as specified in § 31.2402(d)(5)-(6) of the Treasury Regulations (26 CFR).



Employment Eligibility Verification
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

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 documentation 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): Abraham First Name (Given Name): Abraham Address (not required): D Other Names Used (if any):

Address (Street Number and Name): 812 D Swindell Street Apt Number: City or Town: Lynchburg State: VA Zip Code: 24504

Date of Birth (mm/dd/yyyy): 10/01/1989 U.S. Social Security Number: 0381251940 E-mail Address: fast9901@yahoo.com Telephone Number: 434-401-1696

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) 202-049-125
- An alien authorized to work until expiration date, if applicable, (misd/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-97 Admission 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: Abraham Date (mm/dd/yyyy): May 19, 2015

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:

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND	Documents that Establish Employment Authorization
<ol style="list-style-type: none"> U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed in machine-readable immigrant visa Employment Authorization Document that contains a photograph (Form I-799) For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> Foreign passport; and Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> The same name as the passport; and An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association between the United States and the FSM or RMI 		<ol style="list-style-type: none"> Driver's license or ID card issued by a State or territory possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and earcase ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document Driver's license issued by a Canadian government authority 		<ol style="list-style-type: none"> A Social Security Account Number card, unless the card makes one of the following restrictions: <ol style="list-style-type: none"> NOT VALID FOR EMPLOYMENT VALID FOR FEDERAL ONLY WITH IRS AUTHORIZATION VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of Birth, Abroad issued by the Department of State (Form DS-545) Certification of Report of Birth issued by the Department of State (Form DS-1303) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-927) Identification Card for Use of Resident Citizen in the United States (Form I-79) Employment authorization document issued by the Department of Homeland Security
<ol style="list-style-type: none"> School record or report card Chronic doctor or hospital record Day-care or nursery school record 		<ol style="list-style-type: none"> Employment authorization document issued by the Department of Homeland Security 		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Section 2. Employer or Authorized Representative Review and Verification
(Employer 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 "List of Acceptable Documents" on the next page of this form. For each document, you must 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: _____

List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		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 Barcode
Do Not Write in This Space

Certification

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

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

Signature of Employer or Authorized Representative: _____ Date (mm/dd/yyyy) _____ Title of Employer or Authorized Representative _____

Last Name (Printed Name) _____ First Name (Covered Name) _____ Employer's Business or Organization Name _____
 7301 ORMS LANE, SUITE 415 _____ CITY OF TOWN _____ EMPLOYER'S BUSINESS OR ORGANIZATION NAME _____
 MINNAPOLIS, MN 55439 _____ STATE _____ ZIP CODE _____

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

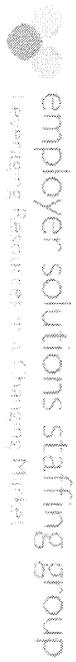
A. New Hire (If applicable) Last Name (Printed Name) _____ Middle Initial _____ Date of Birth (if applicable) (mm/dd/yyyy) _____

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented for verification 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 _____



INJURY MANAGEMENT PROGRAM

Injured Worker's Responsibilities

As your employer, we are concerned about your full recovery. Reasonable and necessary medical care will be paid for any compensable work injury. Medically authorized time away from work will be reimbursed in accordance with the State of Minnesota workers' compensation laws. Wherever possible light duty restrictions imposed as a result of your injury will be accommodated.

RESPONSIBILITIES OF THE INJURED WORKER:

Minnesota Rule Sec. 5221.0430, Subp. 1 requires that you choose one primary health care provider. Subpart 2 places limitations on your right to change primary health care providers. Discuss with your employer any change in health care provider.

Attend all scheduled appointments. While on physical limitations, visits should be a minimum of once every two weeks. Failure to have current medical support for disability may result in termination of benefits. Schedule your next appointment immediately after your doctor visit, before you leave the clinic if possible.

Obtain a Report of Workability from your physician at every appointment, a minimum of once every two weeks. M.R. 5221.0420 requires that your physician cooperate with return to work planning and that you be released to return to work at the earliest appropriate time.

Immediately following your appointment, provide a copy of the report to the designated employer representative. You should deliver this in person so that changes in work restrictions may be addressed and any questions answered.

Follow all physical restrictions at home and at work.

Report to work and perform physically suitable tasks as assigned. These may or may not be in your regular department. The work may or may not be on your usual shift.

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: Aybaron Aybaron

Printed Name: Aybaron Aybaron



employer solutions staffing group.
Leveraging Resources in a Changing Market

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 pueda 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): Abhadwa Aybarra

Signature/Firma: Abhadwa Aybarra

DISCLOSURE AND AUTHORIZATION (IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION)

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. This may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can include personal interviews with spouses, such as your children, parents, or relatives. These reports may contain information regarding your credit history, criminal history, social security number, validation, motor vehicle records ("driving records"), satisfaction of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right upon written request made within a reasonable time, to request whether a consumer report has been requested and applied about you, and disclosure of the nature and scope of any investigative consumer report obtained with regard to applicant for employment is an investigation into your education and/or employment history conducted by Orange, Inc. Employment Screening, 2275 Chen's Lane, Minneapolis, MN 55439. Tel.: 800-688-4777 or 952-944-9044. Fax: 800-586-0724 or 952-944-9041. ORANGE TRIF EMPLOYMENT SCREENING's website is at www.orangehr.com or another outside organization. The scope of this code and authorization is all encompassing, however, allowing ESSG 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 release your right to request disclosure of the nature and scope of any investigative consumer report.

You may not have a right to request disclosure of your creditworthiness. You have the right to request and receive a copy of any investigative consumer report requested by ESSG in connection with the consumer reporting agency described above, except you may not request ESSG to request the name, address and telephone number of the person and of the consumer reporting agency described above, which ESSG has provided within 5 days.

How your application or employment will be reviewed. Some reports will be information, advisory or credit consumer reports not requested by ESSG, and all reports will be requested and reviewed in the same and address of the consumer reporting agency that furnished the report. In signing below, you also acknowledge receipt of Article 23 A of the New York Consolidated Law.

Orange operates or employs only individuals occupying your right under Federal Fair Credit Reporting Act regarding consumer identity theft protection. The release and disclosure of your credit information and related information about you is subject to Federal Fair Credit Reporting Act and related state laws, which are available to you upon request.

Washington State applicants or employees only. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

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 these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, information, advisory, credit, noncredit, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information services bureau, company, or individual to report to Orange, Inc. and all background information requested by Orange, Inc. Employment Screening, 2275 Chen's Lane, Minneapolis, MN 55439. Tel.: 800-688-4777 or 952-944-9041. ORANGE TRIF EMPLOYMENT SCREENING's website is at www.orangehr.com or another outside organization acting on behalf of the company, and/or the company itself. I agree that a hardcopy ("hard") electronic or photographic copy of this authorization shall be as valid as the original.

How your application or employees will be reviewed. By signing below, you also acknowledge receipt of Article 23 A of the New York Consolidated Law.

Administrative and Compliance applications in employment only. Release of the name of your credit bureau to review a copy of a consumer report over a shared by ESSG.

Hard copy include name and address of the consumer reporting agency that furnished the report. In signing below, you also acknowledge receipt of Article 23 A of the New York Consolidated Law.

Signature: Abbas Date: May 12 2015
 LAST NAME: Abbas FIRST NAME: Abdoun MIDDLE: Olwanayim

Social Security #: 038-25-9940 Date of Birth (mm/dd/yyyy): 10/01/1989
 Other Name(s)/Alias:

Present Address: 812, Dawidic Street Telephone # (Primary): 434-401-1696
 State of Birth's License:

City/State/Zip: 24504

*This information will be used for background screening purposes only, and will not be used to hiring criteria.

A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) promotes the security, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check-writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/fairreporting or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment -- or to take another adverse action against you -- must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/fairreporting for additional information.
- You have the right to ask for a credit score. Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that report scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender. You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/fairreporting for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You may give your consent for reports to be provided to employers. A consumer reporting agency may not give you information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/fairreporting.
- You may limit "pre-screened" offers of credit and insurance you get based on information in your credit report. Unolicited "pre-screened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8888.
- You may seek damages from violators. If a consumer reporting agency or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identify theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/fairreporting or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

EMERGENCY CONTACT INFORMATION

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

Employee Name: Abraham Asikona
Address: 812, Downside Street
Home Phone: 434 - 401-1696

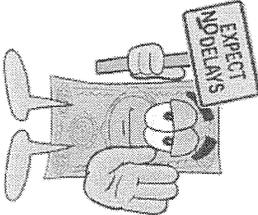
EMERGENCY CONTACTS	
Please list two people (in priority order) who could be contacted in case of an emergency	
Contact #1	Home Phone: <u>434 - 316 - 3924</u>
Name: <u>Kayla Bryant</u>	Cell Phone:
Relationship: <u>Wife</u>	Work Phone:
Contact #2	Home Phone: <u>434 - 841 - 6481</u>
Name: <u>Russell Jones</u>	Cell Phone:
Relationship: <u>Father in-law</u>	Work Phone:

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

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



RECEIVE YOUR PAY WITHOUT DELAY



In order for you to continue to receive your pay each week without delay we are encouraging all employees to use direct deposit or Global Cash Card. It is becoming more and more difficult for employees to cash checks without fees or delay due to increased security at all banks. Also, if your check is lost or stolen you will have to wait 3 days for another check.

GLOBAL CASH CARD

If you don't have a bank account, computer access or don't want to use direct deposit you can use Global Cash Card which works like a Visa.

- There are **NO FEES** for the card for your first transaction as a cash withdrawal at an ATM or if you use it like a credit card (not debit) to make individual signature purchases.
- If you don't have access to a computer you can receive **TEXT notifications** for your pay check amount on pay day as well as what the current balance is. You can also receive low balance notifications set to the dollar amount that you determine on the attached form.
- You may call Customer Service 24 hours a day, 7 days a week, 365 days a year at 888-220-4477 for balance inquiries or other questions. (Para Español, apriete dos)
- You can pay bills with the GCC (by phone/internet/in person). You can also set up your online account to make automatic payments.

Please complete the attached form and turn it in to your manager as soon as possible indicating whether you would like direct deposit or Global Cash Card. Please make sure you include an email address.

Fill Out This Form!





Direct Depositor/Payroll Debit Card Authorization

Employees have the option of receiving wages by Direct Depositor 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: Abbyanna Abiodun Abiodun SSN (Last 4 digits): 038-25-9490 Effective Date: _____

SECTION 2 - PAYROLL ELECTION

Direct Deposit (Please complete Sections 3 and 5 below)
 Payroll Debit Card (Please complete Sections 1 and 4 below)

SECTION 3 - DIRECT DEPOSIT

Update Bank Account
Bank Name: Wells Fargo
Routing #: 051400349
Account #: 7802161450
Account Type: Checking Savings Other

I understand and acknowledge that if I do not provide a valid 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.
Initial: AA Date: May 14, 2015

SECTION 4 - PAYROLL DEBIT CARD (GLOBAL CASH CARD)

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.

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 first get 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, USBS will provide the necessary information and send you a Payroll Debit Card for you. For your protection, the financial institution may ask you to provide their additional identification information so they can verify your identity.

Each pay for the routing and account number. USBS does not have access to any information regarding your Payroll Debit Card account or transactions. On your first paycheck, 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 our packet. Your Payroll Debit Card will be included on each payroll you receive wages.

CARDHOLDER INFORMATION (for you when your Payroll Debit Card is received)

First Name: AA Last Name: _____ Date of Birth: _____
Street Address (no PO Box or APO/FPO): _____ Social Security#: _____
City: _____ State: _____ Zip: _____ CAB Phone (optional): _____

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

Payroll Debit Card Routing #: 029022381 Payroll Debit Card Account #: _____
I have received my Payroll Debit Card, reviewed the terms, conditions, and disclosures. In accepting 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 USBS to directly deposit my periodic wages/compensation payments, net of required tax withholdings, after required withholdings are 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: Fest916@yahoo.com
The information will only be used to send your pay stubs electronically.

Employee's Signature: Abiodun Abiodun Date: May 14, 2015



STATEMENT OF CONFIDENTIALITY

This agreement made this 14th day of May, 2015, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Abiodun Abiodun, 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.

Abiodun Abiodun
Employee Signature

Employer Solutions Staffing Group LLC, Representative

Your name: Abdoun Abdou Social security number: 038-25-9440
 Street address where you live: 812 Dinwiddie Street
 City or town, state, and zip code: Lynchburg, VA, 24504
 County: _____ Telephone number: _____

If you are under age 40, enter your date of birth (month, day, year): 10/01/1989
 1. Check here if you received a conditional certification from the state workforce agency (SFWA) 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 16 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 6 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 16-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 or to believe the day I was offered a job, and I do so to the best of my knowledge, true, correct, and complete.)
 Job applicant's signature: Abdoun Abdou Date: May 19 2015
 For Privacy Act and Paperwork Reduction Act Notice, see page 2.

EMPLOYEE SECTION:
 Employee Name: Abdoun Abdou Street Address: 812 Dinwiddie St City/State: VA Zip: 24504
 SSN: 038-25-9440 Date of Birth: 10-01-1989 Age: 25 Have you worked for this company before? Yes No
 If yes, location: _____

- Please complete all questions, and sign and date the form.
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: _____ State: _____
 Yes No
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: _____ State: _____
 Yes No
3. Have you received Supplemental Security Income (SSI) at any time within the past 2 months?
 Please note, this is not the same as Social Security benefits (SSI or Social Security Disability (SSDI) benefits.
If yes, please provide a copy of your SSI documentation.
 Yes No
4. Have you received any type of vocational rehabilitation services within the past two years?
 Please note, this is not the same as Social Security benefits (SSI or Social Security Disability (SSDI) benefits.
 If yes, please indicate which type of agency you worked with and provide their location information below:
 Veterans Rehabilitation Agency Dept. of Veterans Affairs Employment Network / Ticket to Work Program
 Name of Agency: _____ Phone #: _____
 City: _____ State: _____
If you checked "yes" please provide a copy of your ticket to work documentation.
 Yes No
5. Are you a Veteran of the U.S. Military? *If yes, please provide a copy of your DD-214 and Title of separation.*
 If yes, please provide information below. If no, please continue to question 6.
 Branch of Service: _____ From: _____ To: _____
 Branch of Service: _____
 Are you entitled to or are you receiving compensation for a service-connected disability? Yes No
 Have you been incarcerated at any time during the last 12 months? Yes No
 If yes, date of imprisonment: From: _____ To: _____
 Did you receive unemployment compensation at any point during your unemployment? Yes No
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 it a: Federal or State conviction? F/State: _____ State: _____
 Yes No

Additional Tax Credits
 HX (Native Americans): Are you or your spouse a member of a Native American tribe? Yes No
 CA (Resisters): Are you or your spouse a member of a Native American tribe? Yes No
 SR (Resisters): Are you or your spouse a member of a Native American tribe? Yes No
 Do you receive Trade Adjustment Benefits? Yes No
 Do you receive Family Independence Benefits? Yes No
 Do you receive Veterans' Benefits? Yes No
 Do you receive Unemployment Compensation for on-the-job injury or disability? Yes No
 Do you receive Unemployment Compensation for military service? Yes No
 Do you receive Unemployment Compensation for seasonal farm workers? Yes No
 Do you ever been convicted of a misdemeanor? Yes No

PLEASE READ SIGN, AND DATE:
 Under penalties of perjury, I declare that I gave the information above to the best of my knowledge, and I hereby authorize my consent, representation, or individuals to accept such verification or information that may be needed to determine my credit eligibility to my employer, employer representative, Association / Consultants, Inc. and RetroTax, or the Department of Labor.
 New Employee Signature: Abdoun Abdou Date: May 19 2015

DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF BACKGROUND REPORTS

It is recognized and understood that the Fair Credit Reporting Act provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses" shall be fined not more than \$2,500 or imprisoned not more than a year, or both.

In connection with my application for EMPLOYMENT (including contract for services), I understand that investigative background inquiries are to be made on me which may include criminal convictions, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences. If I include a current employer for verification, I may jeopardize my position within that company. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from BACKGROUND SOURCE INT'L and/or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract).

Applicant Signature: Abiodun Agbana Abiodun Agbana (May 19, 2015) Date: 5/9/2015

Please PRINT clearly: Position applied for: _____

Name: Abiodun Oluwamuyiwa Agbana Maiden / AKA: _____
First Middle Last

Soc. Sec. #: 038259940 *Sex: m *Race: Black *Date of Birth: 10/01/1989

Current Address: 812 Dinwiddie street County: USA

City: Lynchburg State: VA Zip: 24504 How long: 2014 to 2015

Previous Address: 1116 Sheffield Dr County: USA

City: Lynchburg State: VA Zip: 24502 How long: 2012 to 2014

Motor Vehicle Report Fax to: (208)769-7282

Name as it appears: _____ License #: _____ State held: _____

*Responses to these are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the event we discover adverse information during our background investigation. 03/06/01

UNITED STATES OF AMERICA

PERMANENT RESIDENT

AGBANA ABIODUN O 01 OCT 1989



Surname

AGBANA

Given Name

ABIODUN O

USCIS#

202-049-125

Category

CR6

Country of Birth

Nigeria

Date of Birth

01 OCT 1989

Sex

M

Card Expires:

03/10/17

Resident Since:

03/10/15

AGBANA

UNITED STATES OF AMERICA
PERMIT TO RE-ENTER THE COUNTRY

12/11/17 11/01/17

Country: AGBANA
Class: Normal

ASIODUN O

ISSUE No: 202049-125
Country of Birth: NIGERIA
Category: CR0

Date of Birth: 01 OCT 1989 M
Sex: M

Card Expires: 03/10/17
Permit Validity: 03/10/15



AGBANA ABIODUN O 01 OCT 1989



Surname
AGBANA
Given Name
ABIODUN O
USCIS# Category/Card#
202-049-125 C09 MSC15901554
Country of Birth
Nigeria
Terms and Conditions
None
Date of Birth Sex
01 OCT 1989 M
Valid From: **01/22/15**
Card Expires: **01/21/16**
NOT VALID FOR REENTRY TO U.S.

