

## New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Agbawa First Name Abiodun Middle Initial \_\_\_\_\_  
 Street Address 812 Dawiddie Street Apt/Suite \_\_\_\_\_  
 City/State/Zip Lynchburg, VA 24504  
 Phone Number 434-401-1696 Email Address frost9901@yahoo.com  
 Staffing Agency/Recruitment Partner \_\_\_\_\_

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the USA.

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 the application regarding my previous titles, 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 partners 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 Agbawa Applicant's Signature Abiodun Agbawa Date May 19, 2015

A copy of this form (Tax) will be considered the same as an original signature. Email will ONLY be used for employment correspondence.

For ESSG Office Use Only		For ESSG Client Use	
DOH	NHW	19	8889
Emergency Contact Info	Background Release Form	Background Results	Unemployment Letter (if applicable)
DOH	ROP	Work Site Loc.	WC Code

Rev. 11/2013

### Form W-4 (2015)

The exempt or non-exempt status of your job is determined by your employer. If you are not exempt, complete this information. If you are exempt, complete the **Exemption** information. **Do not check any boxes on this form if you are exempt.**

**Exemption, Other than Form W-4.** Do not use this exemption code unless you are exempt from federal income tax. You must also check the appropriate box on line 7.

**Exemption from withholding.** If you are exempt from withholding, you must check the appropriate box on line 7.

**Exemptions.** An employer may be able to claim your plan that withholding over if the employee's a:

- Keener 65 or older.
- Exempt.

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

**A** Enter "1" for yourself if no one else can claim you as a dependent.

**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 "2" if you are married and have either a working spouse or more than one job. (Entering "2" may help you avoid having too little tax withheld.)

**D** Enter number of dependent(s) other than your spouse or yourself you will claim on your tax return.

**E** Enter "1" if you will file as head of household on your tax return (see conditions under **Head of household** above).

**F** Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit. (See **Child Tax Credit** below.)

**G** **Child Tax Credit.** (Including additional child tax credit.) See Pub. 972, Child Tax Credit, for more information.

**H** If your total income will be less than \$90,000 for 2015, or \$100,000 if married, enter "2" for each eligible child. (See **1" If you have two or more eligible children or less "2"** if you have five or more eligible children.)

**I** 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.)

**For accuracy:**

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$50,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

**W-4**

Name Abiodun Olowuagbaya Last name Agbawa

Address 812 Dawiddie Street

City or town, state, and ZIP code Lynchburg, VA 24504

1  You are single and have only one job.

2  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.

3  Single  Married  Married but withheld at higher Single rate.

4  None, I intend to file jointly and/or I am a dependent on someone else.

5  If you had more than one job, or 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.

6  I am a head of household on my tax return.

7  I am exempt from withholding.

8  I am exempt from withholding because I am a dependent on someone else.

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**Employee's Withholding Allowance Certificate**

Form W-4

Date for 15480874

Social Security number 038-25-9740

Date 2015

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Form W-4 (2015)

**FORM VA-4** COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF TAXATION  
**PERSONAL EXEMPTION WORKSHEET**

(See back for instructions)

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

Delight here 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: \_\_\_\_\_ Name: Abdawn Pyburn

Street Address: 038-25-9940 City: Hyndsham State: VA Zip Code: 24504

City: Hyndsham 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 (lines 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: Abdawn Pyburn Date: May 19, 2015

EMPLOYEE: 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, VA 23101-1115, telephone (804) 387-8037. 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 § 31.3402(f)-10 of the Treasury Regulations (26 CFR).



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

Form I-9  
OMB No. 1615-0047  
E-Verify Case No. 0571/2015

**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 was a false expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation (employers must complete and sign Sections 1 of Form I-9 no later than the first day of employment, but not before according a job offer)**

Last Name (Family Name): Abdawn Middle Initial: D. Other Names (Used if any): \_\_\_\_\_

Address (Street Number and Name): 038-25-9940 Apt Number: \_\_\_\_\_ City or Town: Hyndsham State: VA Zip Code: 24504

Date of Birth (mm/dd/yyyy): 03/25/1994 U.S. Social Security Number: 03812519940 E-mail Address: fac1994@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, mm/dd/yyyy: \_\_\_\_\_ Some aliens may write "NA" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number: \_\_\_\_\_

1. Alien Registration Number/USCIS Number: \_\_\_\_\_ OR \_\_\_\_\_

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

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "NA" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of employee: Abdawn Pyburn 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.

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	Documents that Establish Identity	Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>U.S. Passport or U.S. Passport Card</li> <li>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>Employment Authorization Document that contains a photograph (Form I-796)</li> <li>For a nonimmigrant alien authorized to work for a specific employer because of his or her status:                             <ol style="list-style-type: none"> <li>Foreign passport; and</li> <li>Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>The same name as the passport; and</li> <li>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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	<ol style="list-style-type: none"> <li>Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>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</li> <li>School ID card with a photograph</li> <li>Voter's registration card</li> <li>U.S. Military card or draft record</li> <li>Military dependent's ID card</li> <li>U.S. Coast Guard Merchant Mariner Card</li> <li>Native American tribal document</li> <li>Driver's license issued by a Canadian government authority</li> </ol> <p><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>School record or report card</li> <li>Clinic, doctor, or hospital record</li> <li>Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>NOT VALID FOR EMPLOYMENT</li> <li>VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>Certification of Report of Birth issued by the Department of State (Form DS-1330)</li> <li>Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>Native American tribal document</li> <li>U.S. Citizen ID Card (Form I-197)</li> <li>Identification Card for Use of Resident Citizen in the United States (Form I-170)</li> <li>Employment authorization document issued by the Department of Homeland Security</li> </ol>

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 review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:	LIST A	OR	LIST B	AND	LIST C
Document Title	Identity	Document Title	Issuing Authority	Document Title	Employment Authorization
Permanent Resident Card	USA		USA		
Document Number:	201-049-125	Document Number:		Document Number:	
Expiration Date (if any)(mm/dd/yyyy)	03/10/2017	Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)	
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		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):	

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): 05/19/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
<u>Cathy S. Mullen</u>	<u>05/17/2015</u>	<u>Administrative Assistant</u>
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name
<u>Scholl</u>	<u>Caitlin</u>	<u>EMPTOYER SOLUTIONS STAFFING GROUP LLC</u>
Employer's Business or Organization Address (Street Number and Name)	City or Town	State
<u>7301 OHMS LANE SUITE 405</u>	<u>EDINA</u>	<u>MINN</u>
		Zip Code
		<u>55439</u>

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

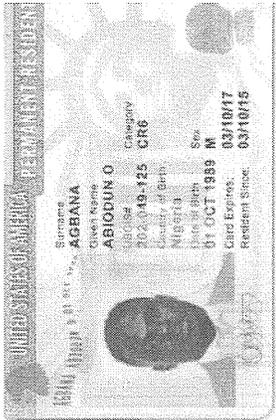
A. New Name (If Applicable) Last Name (Family Name) First Name (Given Name) Middle Initial (If Applicable) (mm/dd/yyyy)

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

Document Title: \_\_\_\_\_ Document Number: \_\_\_\_\_ Expiration Date (if any)(mm/dd/yyyy): \_\_\_\_\_

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): \_\_\_\_\_ Point Name of Employer or Authorized Representative: \_\_\_\_\_



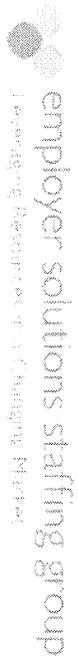
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22 If hand, drop in any US Mailbox USPS Mail to USCIS, PO Box 648005, Linn's Summit, MO 64002-8005

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## 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: Aybara M. Wood

Printed Name: Aybarson Aybarson

## Important/Importante

### LOST OR STOLEN PAYCHECKS

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

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

### CHEQUES DE PAGO PERDIDOS O ROBADOS

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

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

AGREED/SE ACUERDA—

Name/Nombre (con letra de molde): Abhadwan Abanza

Signature/Firma: Abhadwan Abanza



**EMERGENCY CONTACT INFORMATION**

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

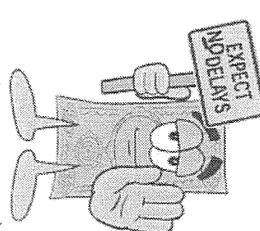
\_\_\_\_\_

\_\_\_\_\_

*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, apríete 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 Deposit/Payroll Debit Card Authorization

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

**SECTION 1 BASIC INFORMATION**

Employee Name: Albryna Alsdorn SSN: Last 4 digits: 038-75-9440 Effective Date: \_\_\_\_\_

Direct Deposit (Please complete Sections 3 and 5 below)

Payroll Debit Card (Please complete Sections 1 and 4 below)

**SECTION 2 PAYROLL ELECTION**

Under Bank Account

Bank Name: Wells Fargo

Routing: 051400549

Account: 7802161450

Account Type:  Checking  Savings  Other

I understand and acknowledge that if I do not provide a valid check with the 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

To help us and make an error, please attach a copy of a voided check (a deposit slip will not work).

If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods.

**SECTION 3 PAYROLL DEBIT CARD (GLOBAL CASH CARD)**

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to extend a Payroll Debit Card to you, we must process the information that will enable the financial institution to identify you. If you do not provide a Direct Deposit/Payroll Debit Card Authorization, ISSS will provide the necessary information and issue you a Payroll Debit Card to your signature. For your protection, the financial institution may ask you to provide their individual identification information so they can verify your identity.

Except for the routing and account number, ISSS does not have access to any information regarding your Payroll Debit Card account or transactions. On your first packet, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign and return the card and you received the Payroll Debit Card and card packet. Your Payroll Debit Card will be included in each payroll you receive.

**CARDHOLDER INFORMATION (For you when your Payroll Debit Card is not issued)**

First Name: MI Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address (no PO Box or R.F.D.): \_\_\_\_\_ Social Security #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ CAD Phone (optional): \_\_\_\_\_

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

Payroll Debit Card Number: 432922381

I have received my Payroll Debit Card, welcome booklet, program key, program terms, conditions, and disclosures. My signature on the Payroll Debit Card I am returning 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 ISSS to directly deposit my periodic wages/commission payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to authorize, 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: F0519610@yahoo.com

Employee Signature: Albryna Alsdorn 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 Albryna Alsdorn, 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.

Employee Signature: Albryna Alsdorn

Employer Solutions Staffing Group LLC, Representative

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

Your name: Abdessa 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 (SVA) or a participating local agency for the work opportunity credit.

2. Check here if any of the following statements apply to you:
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 9-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 of legal 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 of periods totaling at least 4 weeks but less than 6 months during the past year.
3. Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
4. Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
5. Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
6. Check here if you are a member of a family that:
  - Received TANF payments for at least the past 18 months, or
  - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature: All Applicants Must Sign

Under penalty of perjury, I declare that I gave the above information to the employer or to 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: Abdessa Abdou Date: 10/19/2015  
 For Privacy Act and Paperwork Reduction Act Notice, see page 2.

ESA No. 22891

Form 8850 Rev. 10/10

TAX CREDIT QUESTIONNAIRE



EMPLOYER SECTION: ESN Credit Name & State: \_\_\_\_\_ Position: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_  
 Hiring Manager: \_\_\_\_\_

EMPLOYEE SECTION:  
 Employee Name: Abdessa Abdou Street Address: 812 Dinwiddie St Lynchburg 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 filing with you received Temporary Assistance for Needy Families (TANF) at any time since August 5, 1997? *If yes, please provide information below.* Yes  No   
 Name of the person receiving benefits: \_\_\_\_\_ State: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_
2. Have you or has anyone filing with you received Food Stamps (SNAP) at any time during the past 15 months? Yes  No   
 If yes, please provide information below: \_\_\_\_\_  
 Name of the person receiving benefits: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_
3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months? Yes  No   
 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 determination.*
4. Have you received any type of vocational rehabilitation services within the past two years? Yes  No   
 If yes, please indicate which is no of agency you worked with and provide their location information below:  
 Vocational Rehabilitation Agency  Dept. of Veterans Affairs  Employment Network (Ticket to Work Program)  
 Name of Agency: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
*If you checked "no" please provide a copy of your active Individual Work Plan and Ticket to Work documentation.*
5. Are you a Veteran of the U.S. Military? *If yes, please provide a copy of your DD-214 and Honor of Discharge.* Yes  No   
 Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Are you entitled to or are you receiving compensation for a service-connected disability? Yes  No   
 Have you been unemployed at any time during the last 12 months? Yes  No   
 If yes, dates of unemployment: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Did you receive unemployment compensation at any point during your unemployment? Yes  No
6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months? Yes  No   
 Conviction Date: \_\_\_\_\_ Release Date: \_\_\_\_\_  
 What state:  Federal or  State conviction? If State - County: \_\_\_\_\_ State: \_\_\_\_\_

Additional Tax Credits

HEC (Native American): Are you or your spouse a member of a Native American Tribe? Yes  No   
 If yes, please provide a copy of your Tribal card. \_\_\_\_\_  
 CA Residers:  Are you the child of your parent?  Do you receive a 1099-K?  Was there a business that you own or operated?  Have you ever been convicted of a misdemeanor?   
 SR Residers:  Do you receive a 1099-K?  Have you ever been convicted of a misdemeanor?

PLEASE READ SIGN, AND DATE:

Under penalty of perjury, I declare the information above to be true and accurate to the best of my knowledge, and I declare under penalty of perjury that I have not provided any false information that may be used to determine my credit eligibility to my employer's employer representation, associated consultants, the Retro Tax, or the Department of Labor.

New Employee Signature: Abdessa Abdou Date: 10/19/2015

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 0 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

EMPLOYMENT AUTHORIZATION CARD

AGBANA ABIODUN O 01 OCT 1989



Surname  
**AGBANA**  
Given Name  
**ABIODUN O**  
USCIS#                      CategoryCard#  
**202-049-125 C09 MSC159015547**  
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.**

*Abiodun O. AGBANA*

**SENSITIVE BUT UNCLASSIFIED**

**Department of Homeland Security**  
E-Verify

**Report Prepared: 05/22/2015**  
**Page: 1 of 1**

**Case Verification Number: 2015142114536DT**

**Case Information:****Employee Information:**

Last Name:	Agbana	First Name:	Abiodun
Middle Initial:	O	Other Names Used:	
Social Security Number:	*** ** 9940	Date of Birth:	10/01/1989
Citizenship Status:	A lawful permanent resident	Email Address:	

**Document Information:**

List A Document:	Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
Card Number:	MSC1590155478	Document Expiration Date:	
Alien Number:	202049125	I-94 Number:	

**Additional Information:**

Hire Date:	05/19/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CSCH4411	Submitted On:	05/22/2015

**Initial Case Result:**

Last Name (in DHS records):	AGBANA	First Name (in DHS records):	ABIODUN
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Document Expiration Date (in DHS records):	INDEFINITE
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Case Result: Employment Authorized

**Employee Referred to SSA:**

Referred By:	Referred On:
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**Case Result from SSA (after SSA Tentative Nonconfirmation):**

Case Result:	Response Date:
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**Resubmitted to SSA (after Review and Update Employee Data):**

Last Name:	First Name:
Middle Initial:	Other Names Used:
Social Security Number:	Date of Birth:
Resubmitted By:	Resubmitted On:

**Case Result from SSA (after Resubmission):**

Case Result:

**Request Name Review:**

Comments:	
Submitted By:	Submitted On:

**Case Result from DHS (after DHS Verification in Process):**

Case Result:	Response Date:
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**Employee Referred to DHS:**

Referred By:	Referred On:
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**Case Result from DHS (after DHS Tentative Nonconfirmation):**

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Case Result: \_\_\_\_\_ Response Date: \_\_\_\_\_

**Photo Matching Results:**

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Determination: \_\_\_\_\_

**Employee Referred to DHS (Additional):**

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Referred By: \_\_\_\_\_ Referred On: \_\_\_\_\_

**Case Result from DHS (after Additional DHS Tentative Nonconfirmation):**

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Case Result: \_\_\_\_\_ Response Date: \_\_\_\_\_

**Case Closure:**

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Closure Statement: \_\_\_\_\_  
Closed By: \_\_\_\_\_ Closed On: \_\_\_\_\_

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**SENSITIVE BUT UNCLASSIFIED**