

New Hire Application

Personal Data--PLEASE PRINT LEGIBLY IN INK

Last Name Parkin First Name Leslie Middle Initial J

Street Address 1495 Riverside Dr Apt/Ste 211

City/State/zip River Falls WI 54022 Social Security Last Four XXX-XX-2875

Phone Number 715-410-6258 Email Address Jamesa.parkin@hotmail.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 rehires.

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) Leslie J Parkin
Applicant's Signature Leslie J Parkin
Date 2/24/16

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

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

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes. Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends). An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

• Is age 65 or older, or
• Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.
The exceptions do not apply to supplemental wages greater than \$1,000.00.
Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheet on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on a flat amount or you claim and may not be a flat amount or percentage of wages.
Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Personal Allowances Worksheet (Keep for your records.)

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (single) or \$180,000 (married). Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

- A Enter "1" for yourself if no one else can claim you as a dependent.
B Enter "1" if:
• You are single and have only one job; or
• 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 (or 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.)
D Enter number of dependents (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.
G Child Tax Credit (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details.
H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)

For accuracy, complete all worksheets that apply. If you are single and have more than one job or are married and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Employee's Withholding Allowance Certificate

Department of the Treasury Internal Revenue Service Form W-4

1 Your first name and middle initial Last name

2 Your social security number

3 Single Married

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2016, 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.

8 Employer's name and address (Employer: Complete lines 8 and 9 only if sending to the IRS.)

9 Office code (optional) 10 Employer identification number (EIN)

STOP

Employer Completes Next Page

STOP

Address (Street Number and Name)		City or Town	State	Zip Code
Last Name (Family Name)		First Name (Given Name)		
Signature of Preparer or Translator:		Date (m/dd/yyyy):		

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

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

Signature of Employee:	Date (m/dd/yyyy):
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Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Country of Issuance: _____

Foreign Passport Number: _____

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

2. Form I-94 Admission Number: _____

OR

1. Alien Registration Number/USCIS Number: _____

3-D Barcode
Do Not Write in This Space

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

- (See instructions)
- An alien authorized to work until (expiration date, if applicable, m/dd/yyyy) _____ . Some aliens may write "N/A" in this field.
 - A lawful permanent resident (Alien Registration Number/USCIS Number): _____
 - A noncitizen national of the United States (See instructions)
 - A citizen of the United States

I attest, under penalty of perjury, that I am (check one of the following):

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.

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)		First Name (Given Name)		Middle Initial	Other Names Used (if any)
1495 Riverside		Leslie		J	
Address (Street Number and Name)		Apt. Number	City or Town	State	Zip Code
1495 Riverside		211	River Falls	WI	54022
Date of Birth (m/dd/yyyy)	U.S. Social Security Number	E-mail Address	Telephone Number		
09/06/1981	H73-94 2875	l.ave.s.a.k.n@hotmail.com	715-410-6258		

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.



Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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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.

Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name) City or Town State Zip Code		

Employer's Business or Organization Name: *Employer Solutions Staffing Corp*

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): *2/24/16* (See instructions for exemptions.)

Certification

Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
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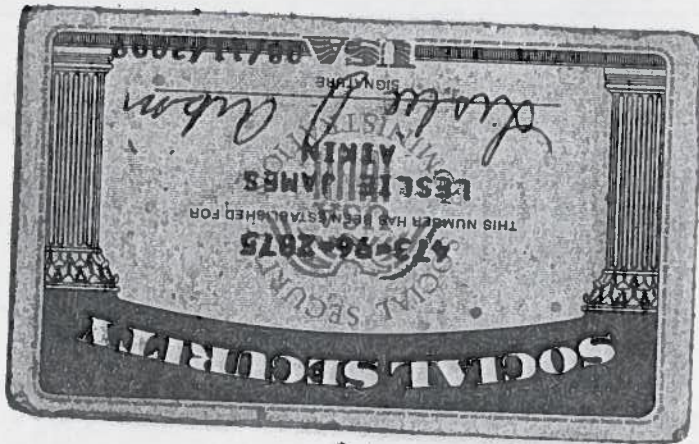
Employee Last Name, First Name and Middle Initial from Section 1: *Akin, Leslie*

List A OR List B AND List C

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

3-D Barcode
Do Not Write in This Space



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. Thus, you 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 involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification 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 compiled about you, and disclosure of the nature and scope of any investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING's website is at www.oraangtreecreening.com, or another outside organization. The scope of this notice 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 exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p>New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.</p>
<p>New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p>Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.</p>
<p>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.</p>

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, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING's website is at: www.oraangtreecreening.com, another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
 Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

(Must include email address: lamussalkin@hotmail.com)

Signature: Janice J. Arpman Date: 2/24/16

BACKGROUND INFORMATION

Last Name: Alkin First: Leslie Middle: _____
 Other Names/Aliases: 2473-96-2875
 Social Security #*: _____
 Driver's License #: A250-5308-1326-08
 State of Driver's License: _____
 Present Address: 1495 Riverside Dr.
 City/State/Zip: River Falls, WI 53002
 Telephone # (Primary): 715-410-6258

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

Wage Payment Method Authorization (Minnesota)

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 paper check.

SECTION 1 BASIC INFORMATION

Employee Name Leslie J Aikin SSN# (last 4 digits) 2875 Effective Date 2/24/16

SECTION 2 PAYROLL ELECTION

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

Note: Direct Deposit accounts may take up to 7 days to be activated

SECTION 3 DIRECT DEPOSIT

Bank Name: Green Dot Bank Routing#: 124303120 Account#: 7181470110172214 Account Type: Checking Savings Other

Update Bank Account

I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.

Initial LA Date 2/24/16

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.

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

First Name _____ M.I. _____ Last Name _____ Date of Birth _____

Street Address (PO BOX NOT ACCEPTABLE) _____ Social Security# _____

City _____ State _____ Zip _____ Cell Phone (mobile) _____

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

Payroll Debit Card Routing # _____ Payroll Debit Card Account # _____

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

Employee's Signature: _____ Date: _____

SECTION 5 AUTHORIZATION

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

* E-mail: Jamesa.ikin@hotmail.com @ hotmail.com

This information will only be used to send your paystubs electronically.

Employee's Signature: Leslie J Aikin Date: 2/24/16

Fill out this form and submit it to your payroll or benefits office.

1

Enter the amount you want to deposit each pay period.

Select one:

Entire Check Amount % Per Check \$ Per Check

2

Sign and submit your form to payroll or benefits office.

473-96-2875

Social Security Number

Leslie Aikin
Signature

2/24/16
Date

NOT TO BE COMPLETED FOR PAYROLL/BENEFITS USE ONLY

Green Dot Bank

Routing Number: 124303120 Direct Deposit Number: 71814701101722214

LESLE AIKIN
1495 RIVERSIDE DR 211
RIVERFALLS, WI 54022

MoneyCard
Walmart

Account Type: Checking

Pay to the order of: VOID

VOID \$

Last 4 digits of card: 5045

By enrolling in Direct Deposit, you agree to the Direct Deposit Terms and Conditions noted below and authorize the payor to initiate credit entries to your prepaid Card described above. The authorization will remain in effect until the payor has received written notification from you of its termination in such time and in such manner as to afford the payor and the prepaid debit card's issuing bank a reasonable opportunity to act on it. The Direct Deposit service usually takes two pay periods before funds are loaded onto your Card.

Important: Wire transfers not accepted.

* For security reasons, the Direct Deposit Number provided to enroll in Direct Deposit is intentionally different from your Card number. Use this number on your employer or payor's form.

PLEASE CALL 1-877-937-4098 WITH ANY QUESTIONS. Direct Deposit Terms and Conditions. I understand that I have the option of receiving all or part of my wages, expense reimbursements, bonuses, and other employment-related payments ("Payments") from the Payor by electronic fund transfer to my prepaid stored value card ("Card") issued by Green Dot Bank. I authorize the Payor to make Payments to my Card by initiating