



Addendum to Application

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4 DATE 5/22/2014

Name Akins, Shanna Adrienne
Last First Middle Maiden

Social Security No. 631 - 40 - 6624

Telephone (979) 571-8967

If under 18, please list age _____

Referred by C Akins

Position applied for (1) Admin Assistant
 and salary desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? 20 - 40 Can you work nights? Yes

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL-OR PART-TIME

When available for work? 5/22/2014

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No Yes If so, please explain _____

Do you anticipate any absences from work on a regular basis?
 No Yes if so, please explain Attending College - will adjust schedule to work

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	LHS	9700 W 8th Ave, Lakewood, CO	4	Yes
College	Whitworth University	300 E Hawthorne, Spokane, WA	2	ATTENDING
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

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

DO YOU HAVE A DRIVER'S LICENSE? ___ Yes No

What is your means of transportation to work? Public Transportation _____

Driver's license number _____ State of issue _____

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date _____

Have you had any accidents during the past three years? ___ Yes No

 if so, how many? _____

Have you had any moving violations during the past three years? ___ Yes No

 if so, how many? _____

OFFICE USE ONLY

Typing Yes ___ No Personal Computer Yes ___ No 10-key Yes ___ No

 50 WPM PC ___ Mac

Word Processing ___ Yes ___ No Other _____

 WPM Skills _____

Please list two references other than relatives or previous employers.

Name	Karen Yoss	Name	Linda Barnes
Position	Piano Teacher	Position	Project Coordinator
Company	_____	Company	_____
Address	Maple Valley, WA	Address	Riverside, CA
Telephone (206)	234-7947	Telephone (909)	553-9018

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

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ___ Yes No

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

Specialty _____ Date Entered _____ Discharge Date _____

WORK EXPERIENCE

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

Name <u>Richard Eversleigh</u>	Supervisor name <u>Nicole Lavato</u>
Position <u>Branch Manager</u>	Employment dates
Company <u>Second Wind Fund</u>	From <u>2/2010</u> Pay or salary <u>NA</u>
Address <u>13701 W Jewell Ave</u>	To <u>8/2012</u> Final
<u>Lakewood, CO 80228</u>	Your last job title <u>Intern</u>
Telephone (<u>303</u>) <u>988-2645</u>	

Reason for leaving (be specific) Left to attend College

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Started as a Teen Ambassador for Lakewood H/S to promote Second Wind Fund to prevent Youth Suicide and inform the student on options, encourage to seek help. Then I became an Intern with the Second Fund to learn more about the operations behind the scenes and to become a Spokes Person.

Name <u>Raeanne Smith</u>	Supervisor name <u>Raeanne Smith</u>
Position <u>Owner</u>	Employment dates
Company <u>The Royal Image Boutique</u>	From <u>2/2012</u> Pay or salary <u>Commission on Sales</u>
Address <u>6073 W 44th Ave</u>	To <u>6/2012</u> Final <u>same</u>
<u>Wheatridge, CO 80033</u>	Your last job title <u>Sales Consultant</u>
Telephone (<u>303</u>) <u>466-9216</u>	

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Helped customers find the appropriate dress for the occasion. Helped organize the dresses, steaming and cleaning.

Name _____	Supervisor name _____
Position _____	Employment dates
Company _____	From _____ Pay or salary _____
Address _____	To _____ Start _____
Telephone () _____	Your last job title _____

Reason for leaving (be specific) _____

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

Who were you referred by? Caroia Atkins

May we contact your present employer? Yes ___ No

Did you complete this application yourself Yes ___ No
If not, who did? _____

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

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

I agree that:

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

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

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

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

Signature of applicant Shawna Atkins Date: 5/22/2014

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.)

Employee Last Name, First Name and Middle Initial from Section 1: Akins, Shanna A

List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization
Document Title: <u>Identification Card</u>	Document Title: <u>Id Card</u>	Document Title: Social Security Card
Issuing Authority: <u>State of Colorado</u>	Issuing Authority: <u>CO</u>	Issuing Authority: Department of Health
Document Number: <u>11-1520634</u>	Document Number: <u>11-152-0634</u>	Document Number: 631-40-6624
Expiration Date (if any)(mm/dd/yyyy): <u>12/07/2014</u>	Expiration Date (if any)(mm/dd/yyyy): <u>12-7-14</u>	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): 05/19/2014 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Shanna Akins</u>	Date (mm/dd/yyyy) <u>5-27-14</u>	Title of Employer or Authorized Representative <u>Acct Mgr.</u>
Last Name (Family Name) <u>hcool</u>	First Name (Given Name) <u>Tina</u>	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name) <u>hcool</u>		City or Town
	State	Zip Code

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):

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.

Document Title: _____ 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):	Print Name of Employer or Authorized Representative:
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**EMPLOYER SOLUTIONS STAFFING GROUP
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION**

Name: Shanna Adrienne Akins

Address: 4702 E Le Marche Ave, Phoenix, AZ 85032

Home Phone: 979-571-8967

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

1. Name: Carola Akins

Phone (work): 720-641-7557

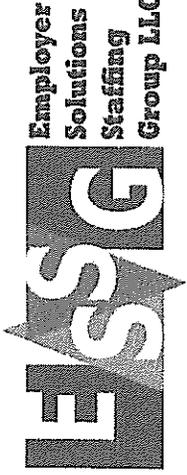
Phone (home): 713-825-1821

2. Name: Dagmar Carman

Phone (work): _____

Phone (home): 979-451-3656

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



7301 Ohms Lane / Suite 405
Edina, MN 55439
T:952.835.1288 / F:952.835.4881

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Akins First Name Shanna Middle Initial A

Street Address 4702 E Le Marche Ave

City/State/Zip Phoenix, AZ 85032

Home Phone _____ Cell / Message Phone 979-571-8967

Company/Employer CLJ

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.

Shanna A Akins Shanna Akins 05/22/2014
Name (Print or type) Applicant's Signature Date

A copy or facsimile will be considered the same as an original signature.

For ESSG Office Use Only			
DOH _____	NHW _____	I-9 _____	8850 _____ W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	5 Day Letter (if applicable) _____ ESC Application _____

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

▶ See separate instructions.

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

Your name Shanna A. Akins Social security number ▶ 631-40-6624

Street address where you live 4702 E Le Marche Ave

City or town, state, and ZIP code Phoenix, AZ 85032

County Maricopa Telephone number (979) 571 - 8967

if you are under age 40, enter your date of birth (month, day, year) 12/07/1993

1 Check here if you are completing this form before August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.

2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

3 Check here if any of the following statements apply to you.

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least age 18 but not age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, or
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
- During the past year, I was convicted of a felony or released from prison for a felony.
- I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.
- I am at least age 16 but not age 25 or older, and:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, and
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.

4 Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:

- Discharged or released from active duty in the U.S. Armed Forces, or
 - Unemployed for a period or periods totaling at least 6 months.
- 5 Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months, or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ Shanna Akins

Date 05 / 22 / 14

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

Cat. No. 22851L

Form **8850** (Rev. 8-2009)

For Employer's Use Only

Employer's name Employer Solutions Staffing Group Telephone no. (952) 835 - 1288 EIN ▲

Street address 7301 Ohms Lane, Suite 405

City or town, state, and ZIP code Edina, MN 55439

Person to contact, if different from above Associated Consultants, Inc. Telephone no. (800) 925 - 0557

Street address 3730 Washington Boulevard

City or town, state, and ZIP code Indianapolis, IN 46205

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ▲

Date applicant:

Gave information 05 / 22 / 2014 Was offered job / / Was hired / / Started job / /

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job _____

Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ►

Title

Date / /

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping 3 hrs., 16 min.
- Learning about the law or the form 46 min.
- Preparing and sending this form to the SWA 42 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

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

Name Shanna A Atkins
Address 4702 E Le Marche Ave
City Phoenix State AZ Zip 85032 Social Security # 631-40-6624
Date of Birth 12/07/1993 Age 20

Please CHECK ONE ANSWER for each of the following questions, and complete question #5:

- 1. Have you or any family member living with you received Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) during the past 24 months? Yes No X
2. Have you or any family member living with you received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) at any time during the past fifteen (15) months? Yes No X
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days? Yes No X
4. Are you part of the Ticket to Work program? Yes No X

5. Name of person who received benefits City & State where benefits received

6. Are you a veteran? Yes No X and Disabled due to service? Yes No X
Service Dates: From: To: Branch:

7. Have you been unemployed at any time during the last 12 months? Yes No X
If yes, dates of unemployment: From: To:
Did you receive unemployment compensation at any point during your unemployment?
If yes, dates received compensation: From: To: Yes No X

8. Have you been convicted of a felony or released from prison in the last 12 months?
Date of Conviction: Date of Release: Yes No X
Parole Officer's Name: Parole Officer's Phone #

9. Have you received rehabilitation services from a State approved or Department of Veterans Affairs approved Vocational rehabilitation agency? Yes No X
Name of Agency Phone #
Address of Agency Counselor's Name

10. Have you attended High School, College or Technical School for more than an average of 10 hours per week at any time during the last 6 months? Yes X No

11. Did you receive a high school diploma or GED? If yes, date received: 6/2012 Yes X No
Have you been employed or been admitted to technical school or college since then? Yes X No

12. How much in gross wages have you earned TOTAL in the past six months? \$ -0-

I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative, or the Department of Labor.
NEW HIRE SIGNATURE Shanna Atkins DATE 05/22/2014

Questions below to be completed by manager
Starting Wage Position
Has employee worked for this company before? If yes, date and location



U.S. Department Labor
Employment and Training Administration

OMB Control No. 1205-0371
Expiration Date: November 30, 2011

YOUTH SELF-ATTESTATION FORM Work Opportunity Tax Credit Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with Form ETA 9061 for each certification request filed.

New Hire Name: Shanna A Akins

Social Security Number: 631-40-6624 Date of Birth: 12/07/1993

Employer Name: Employer Solutions Staffing Group

Employer Federal ID (EIN) Number: _____

Please check all the statements that apply to you. Sign and date this form where indicated below.

- In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations.
- I do not have a High School Diploma or GED certificate.
- I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school. I also have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

New Hire's Signature: Shanna A Akins Date 05/22/2014

Privacy Act Notice:

The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form, including the Social Security Number, will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary, however the information is required to determine your employer's eligibility for the federal tax credit.

Public Burden Statement:

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.

ETA Form 9154 (Rev. May 2010)

Form W-4 (2011)

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 2011 expires February 16, 2012. 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 \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on amount or percentage of wages.

Head of household. Generally, you may 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 Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$160,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A
B	Enter "1" if: <ul style="list-style-type: none"> • 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. 	B
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
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "-1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G
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.) ▶ H For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

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

W-4	Employee's Withholding Allowance Certificate	OMS No. 1545-0074	2011
Form Department of the Treasury Internal Revenue Service	▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		
1 Type or print your first name and middle initial.	Last name	2 Your social security number	
Shanna A	Akins	631-40-6624	
Home address (number and street or rural route)			
4702 E. Le Marche Ave			
City or town, state, and ZIP code			
Phoenix, AZ			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)			5 0
6 Additional amount, if any, you want withheld from each paycheck			6 \$
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.			
Employee's signature (This form is not valid unless you sign it.) ▶ <i>Shanna Akins</i>			
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)	Date ▶ 5/22/2014
For Privacy Act and Paperwork Reduction Act Notice, see page 2.			

POLICIES AND PROCEDURES

1. You must telephone us immediately if you are running late to your job assignment, or if you need time off from your job assignment for any reason.
2. You must turn in a time card that has been signed by our client/employer at the end of your work week or you will not be paid.
3. Our work week runs from Sunday through Saturday. You must turn in your time card for the previous week by Monday at 8:00 AM or you will not be paid until the following week. No paycheck will be released unless the **original white copy of your timecard which has been signed by the client** is received in our office.
4. You must inform us of any telephone changes and/or address changes.
5. It is your responsibility to inform us of any problems you may have on your job assignment. Remember that **EMPLOYER SOLUTIONS STAFFING GROUP IS YOUR EMPLOYER**, not the supervisor at your job site.

THE FOLLOWING WILL RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING IMMEDIATE TERMINATION:

6. If you are a "No Call/No Show" for your assignment, it is grounds for dismissal.
7. You must provide us with documentation/proof of absence for being absent, arriving later than your assigned work hours, or leaving earlier than your assigned hours at your job assignment.
8. Under no circumstances will you log onto the Internet at a client's site for any reason, unless you have the clients' express approval in writing.
9. You must always dress properly; you will be informed of what you need to wear. You must also report to work in clean clothes; it is required to bathe or shower and not be hygienically offensive.

all employees, including but not limited to, those who have a valid permit to carry a firearm. Employees who are aware of violations or threats of violations of this policy are required. Violations of this policy will result in disciplinary action, up to and including discharge.



STATEMENT OF DRUG FREE WORK PLACE

It is the policy of this company to prohibit in the work place the unlawful possession, use, dispensation, distribution, or manufacture of controlled substances. Violation of this policy will result in disciplinary action up to, and including, termination of employment. Depending upon the circumstances, other action, including notification of appropriate law enforcement agencies, may be taken against any violator of this policy. In accordance with the Drug-Free Work-Place Act of 1989, as a condition of employment, staff members must comply with this policy and notify management within five (5) days of conviction for any criminal drug violation occurring in the work-place. Failure to do so will result in immediate termination of employment pending the outcome of any legal investigation and conviction. At the present time, we do not require mandatory drug testing of all staff members but do conduct random drug tests when the safety of staff members may be in question. Such tests may be deemed necessary based on observed inconsistent or erratic behavior that constitutes a health or safety hazard to other employees or the personal safety of the employee displaying the behavior. Since the Drug-Free Place Act requires that companies be able to document the notification and receipt of its policy by each staff member, we are asking that you sign the statement below for compliance in the notification process.

STATEMENT OF EMPLOYEE RESPONSIBILITY

I understand that my continued employment with the company is based largely upon my ability to work per diem assignments. It is my obligation to contact the company each and every Monday, Wednesday, and Friday to report my availability.

Unemployment benefits may be denied for failure to report back for reassignment and/or for failure to accept available work assignments. I understand that when I accept an assignment it is my duty to work that assignment from start to finish.

Leaving an assignment without notice or permission will be considered abandonment and may be cause for dismissal.

STATEMENT OF RESIGNATION

The company will accept the following conditions as an immediate resignation of an employee if the employee:

- Does not report for a scheduled shift
- Is involved in any unethical or illegal act while on assignment for the company
- Is tardy for assignments more than 3 times in a 60-day period
- Cancels a previously scheduled shift more than 3 times in a 60-day period

I have read and understand that any violation of the above policies will be sufficient reason for termination of my employment, and agree to its terms by my signature below:

Shanna Akins
PRINT Your Name

Shanna Akins
Signature

5/22/2014
Date

Acknowledgement of Receipt Antiharassment Policy

I certify that I have received a copy of Employer Solutions Staffing Group's Antiharassment Policy. I understand that it is my responsibility to read this policy and ask my supervisor, a member of management or to telephone Employer Solutions Group (ESSG) at **952.835.1288/1.866.496.7573** with any questions I may have about this policy. I agree to comply with ESSG's policy on Antiharassment and understand failure to comply is grounds for disciplinary action, up to and including termination.

I also agree that if at any time during my employment I am involved in any employment dispute or I am subjected to any type of discrimination, including discrimination because of race, sex, age, religion, color, national origin, disability, marital, sexual orientation or veteran status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact my supervisor, manager, director or ESSG's Human Resource Department at **1-952-835-1288 / 1-866-496-7573** in order to obtain assistance in the resolution of such matters.

Employee Name (Please Print)

Shanna Akins

Employee's Social Security Number: 631-40-6624

Employee's Signature:

Shanna Akins

Date: 5/22/2014

RECEIPT OF EMPLOYEE HANDBOOK AND EMPLOYMENT-AT-WILL STATEMENT

This is to acknowledge that I have read and received a copy of the Employer Solutions Staffing Group LLC (ESSG) Assigned Employee Handbook and understand that it sets forth the terms and conditions of my employment as well as the duties, responsibilities and obligations of my employment with the company. I understand and agree that it is my responsibility to abide by the rules, policies and standards set forth in the Handbook.

I also acknowledge that my employment with ESSG is not for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by the company. I acknowledge that no oral or written statements or representations regarding my employment can alter the foregoing. I also acknowledge that no manager or employee has the authority to enter into an employment agreement, express or implied, providing for employment other than at-will.

I also acknowledge that, except for the policy of at-will employment, ESSG reserves the right to revise, delete and add to the provisions of this Employee Handbook. All such revisions, deletions or additions must be in writing and must be signed by the CEO of the company. No oral statements or representations can change the provisions of this Handbook. I also acknowledge that, except for the policy of at-will employment, terms and conditions of employment with the company may be modified at the sole discretion of the company, with or without cause or notice, at any time. No implied contract concerning any employment-related decision, term of employment or condition of employment can be established by any other statement, conduct, policy or practice.

I understand the foregoing agreement concerning my at-will employment status and the company's right to determine and modify the terms and conditions of employment is the sole and entire agreement between me and ESSG concerning the duration of my employment, the circumstances under which my employment may be terminated and the circumstances under which the terms and conditions of my employment may change. I further understand that this agreement supersedes all prior agreements, understandings and representations concerning my employment with the company.

If I have questions regarding the content or interpretation of this Handbook, I will bring them to the attention of ESSG or CMG.

DATE: 5/22/2014

EMPLOYEE
NAME: Shanna Atkins

EMPLOYEE
SIGNATURE: Shanna Atkins

ESSG
REPRESENTATIVE: _____

DIGITAL SIGNATURE

THIS NUMBER HAS BEEN ESTABLISHED FOR
631-453-624

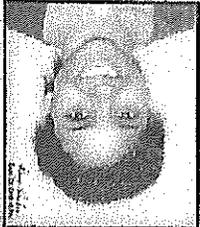
SHANNA ADRIENNE AKINS

Shanna Adrienne Akins
 SIGNATURE AKINS

Colorado
 Identification Card

11-152-0634 Expires: 12-07-2014
 Issued: 06-07-2011

SHANNA ADRIENNE AKINS
 1205 CARR ST APT 4
 LAKEWOOD, CO 80214
 UNDER 21
 DOB: 12-07-1993



Previous Type: N
 HI: 5'00"
 WI: 105
 Sex: F
 Eyes: BRO

Volter: *Shanna Akins*