



employer solutions staffing group
Leveraging Resources in a Changing Market

7301 Ohms Lane Suite 405
Edina, MN 55439
Tel: 952.835.1288
www.esgstaffingsolutions.com

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name NGUYEN First Name AMBER Middle Initial _____
 Street Address 1535 Cliffview DR Apt/Ste _____
 City/State/Zip Salem VA 24153 Social Security Last Four XXX-XX-6083
 Phone Number 540-597-6293 Email Address Ambercoe6201@yahoo.com
 Staffing Agency/Recruitment Partner ESG

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.

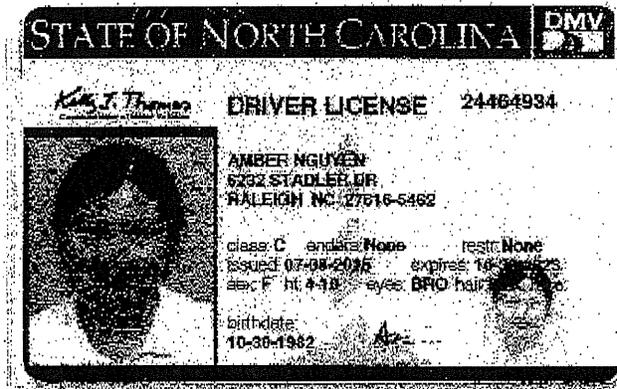
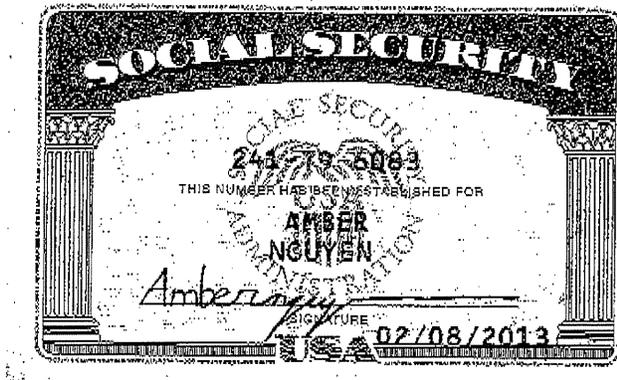
AMBER NGUYEN Name (Print or type)
[Signature] Applicant's Signature
8-21-17 Date

A 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 _____	

ESSG - ESSGCLIENT

Rev. 05/2015



STATE OF NORTH CAROLINA

Kay J. Thomas
COMMISSIONER OF MOTOR VEHICLES

DRIVER LICENSE

24464934



AMBER NGUYEN
6232 STADLER DR
RALEIGH NC 27616-5462

class C endors None restr None
issued 07-08-2015 expires 10-30-2023
sex F ht 4-10 eyes BRO hair BK

birthdate
10-30-1982

Amber



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017242130825JN

Report Prepared: 08/30/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Nguyen

First Name: Amber

Date of Birth: 10/30/1982

Social Security Number: *** ** 6083

Hire Date: 08/30/2017

Citizenship Status: A citizen of the United States

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

List C Document: Social Security Card

Document Name: Driver's license

Document State: South Carolina

Driver's License or ID Card Number:

Document Expiration Date: 10/30/2023

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 08/30/2017

Case Submitted By: AFIN3846

Closed On: 08/30/2017

Closed By: AFIN3846

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

SENSITIVE BUT UNCLASSIFIED



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1 Employee Information and Attestation (Employees must complete this section and attach supporting documentation to this form.)

Last Name (Family Name) NGUYEN		First Name (Given Name) AMBER		Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name) 1535 Cliffview Dr			Apt. Number	City or Town Salem	State VA ZIP Code 20153
Date of Birth (mm/dd/yyyy) 10-30-1982	U.S. Social Security Number 241-79-6083	Employee's E-mail Address		Employee's Telephone Number 540-597-6293	

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 boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>NIA</u>	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>NIA</u> Some aliens may write "N/A" in the expiration date field. (See instructions)	

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: <u>NIA</u>	QR Code - Section 1 Do Not Write In This Space
OR	
2. Form I-94 Admission Number: <u>NIA</u>	
OR	
3. Foreign Passport Number: <u>NIA</u>	
Country of Issuance: <u>NIA</u>	

Signature of Employee <i>Amber Nguyen</i>	Today's Date (mm/dd/yyyy) 08-21-2017
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Preparer and/or Translator Certification (check one)

I am the employer and I am completing this form for myself. I am a preparer or translator assisting an employer in completing this form for an employee.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page



EMERGENCY CONTACT INFORMATION

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

Employee Name: AMBER - NGUYEN

Address: 1535 cliffview DR

Home Phone: (540) 597-6293

EMERGENCY CONTACTS	
Please list two people (in priority order) who should be contacted in case of an emergency.	
Contact #1	
Name: <u>Joe</u>	Home Phone:
Relationship: <u>FRIEND</u>	Cell Phone:
	Work Phone: <u>(540) 529-5629</u>
Contact #2	
Name: <u>Dong - NGUYEN</u>	Home Phone:
Relationship: <u>Aunt</u>	Cell Phone: <u>(919) 414-2399</u>
	Work Phone:

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

N/A

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



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) <u>Nguyen</u>	First Name (Given Name) <u>Amber</u>	M.I.	Citizenship/Immigration Status <u>US Citizen</u>
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List A Identity and Employment Authorization OR List B Identity AND List C Employment Authorization

Document Title	Document Title <u>NC Driver license</u>	Document Title <u>Social Security Card</u>
Issuing Authority	Issuing Authority <u>State of NC</u>	Issuing Authority <u>SSA</u>
Document Number	Document Number <u>24464934</u>	Document Number <u>241-79-6083</u>
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy) <u>10/30/2023</u>	Expiration Date (if any)(mm/dd/yyyy)

Document Title	Additional Information	QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		

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): 08/30/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative <u>Andrea Findley</u>	Today's Date (mm/dd/yyyy) <u>08/30/2017</u>	Title of Employer or Authorized Representative <u>Executive Assistant</u>	
Last Name of Employer or Authorized Representative <u>Findley</u>	First Name of Employer or Authorized Representative <u>Andrea</u>	Employer's Business or Organization Name <u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u>	
Employer's Business or Organization Address (Street Number and Name) <u>7480 FLYING CLOUD DRIVE SUITE 200</u>	City or Town <u>MINNEAPOLIS</u>	State <u>MN</u>	ZIP Code <u>55344</u>

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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FAX

TO: Jamie Ready

FROM: AMBER NGUYEN

FAX NUMBER: (303) 736-7767

DATE: 8-21-17

REGARDING: W4 form for employee

NUMBER OF PAGES: 12 pages
(INCLUDING COVER SHEET)

COMMENTS:

Form W-4 (2017)

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 2017 expires February 15, 2018. See Pub. 506, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can claim exemption from withholding if your total income exceeds \$1,000 and includes more than \$350 of unearned income for example, interest and dividends.

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is blind, or
- Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic Instructions. If you aren't exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on marriage, 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 wage withholding must be based on allowances you claimed 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 dependents 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 credit for employer-provided health insurance are included on the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonresident alien. If you are a nonresident alien, see Form 1040-SS, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 595 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 liability 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. 508 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1302, Supplemental Instructions for Form W-4. Nonresident aliens, before completing this form, check your withholding after you file Form W-4 takes effect; use Pub. 505 to see how the amount you are withholding compares to your projected total tax for 2017. See Pub. 505, especially (b)(4) (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after its release) will be posted at www.irs.gov/w-4.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. A 01

B Enter "1" if: B

- You're single and have only one job; or
- You're married, have only one job, and your spouse doesn't 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.) 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 \$2,000 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 Expense, for details.) F

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

- If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.
- If your total income will be between \$70,000 and \$94,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.

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 01

For accuracy, complete all worksheets that apply. I

- 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 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Employee's Withholding Allowance Certificate

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

2017

Your last name and middle initial: AMBER NGUYEN

Your social security number: 241-79-6083

Street address (number and street or rural route): 1535 Cliffview DR

City or town, state, and ZIP code: Salem VA 24153

1 Single Married Married, but without a higher single rate.

Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

2 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. **MTI**

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

4 Additional amount, if any, you want withheld from each paycheck 1

5 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption:

- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here. 7 Exempt

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: Amber Nguyen Date: 8-21-17

8 Employer's name and address (Employer: Complete lines 8-10 only if sending to the IRS.) 9 Office code (optional) 10 Employer's identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 102200 Form W-4 (2017)

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

(See back for instructions)

1. If you wish to claim yourself, write "1" 01

2. If you are married and your spouse is not claimed on his or her own certificate, write "1" 01

3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse) 01

4. Subtotal Personal Exemptions (add lines 1 through 3) 01

5. Exemptions for age

(a) If you will be 65 or older on January 1, write "1" 01

(b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1" 01

6. Exemptions for blindness

(a) If you are legally blind, write "1" 01

(b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1" 01

7. Subtotal exemptions for age and blindness (add lines 5 through 6) 01

8. Total of Exemptions - add line 4 and line 7 01

Detach 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: 241-79-6083 Name: AMBER-NGUYEN

Street Address: 1535 Cliffview DR

City: Salem State: VA Zip Code: 24153

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:

(a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet 01

(b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet 01

(c) Total Exemptions - line 8 of the Personal Exemption Worksheet 01

2. Enter the amount of additional withholding requested (see instructions) 1

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: _____ Date: _____

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. Note: Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(2)(C) of the Treasury Regulations (26 CFR)



employer solutions staffing group

Leveraging Resources in a Changing Market

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 AMBER-NGUYEN SSN# (last 4 digits) _____ Effective Date _____

SECTION 2 PAYROLL ELECTION

Direct Deposit (Please complete Sections 3 and 5 below) *Note: Direct Deposit accounts may take up to 7 days to be activated.*
 Payroll Debit Card (Please complete Sections 4 and 5 below)

SECTION 3 DIRECT DEPOSIT

Update Bank Account
Bank Name: _____
Routing#: _____
Account#: _____
Account Type: Checking Savings Other _____

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 _____ Date _____

- 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.

SECTION 4 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 request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.

Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

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

First Name AMBER M.I. _____ Last Name NGUYEN Date of Birth 10-30-82
Street Address (PO BOX NOT ACCEPTABLE) 535 CHIFFVIEW DR Social Security# 241-79-6983
City Salem State VA Zip 24153 Cell Phone (mobile) 540-597-6293

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

Payroll Debit Card Routing # 073972181 Payroll Debit Card Account # _____

I have received my Payroll Debit Card, welcome brochure, program fees, program terms, 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: Amber Nguyen

Date: 8-21-17

SECTION 5 AUTHORIZATION

I authorize ESSG 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: Ambercoe6204@yahoo.com
this information will only be used to send your paystubs electronically

Employee's Signature: Amber Nguyen

Date: 8-21-17



employer solutions staffing group
Leveraging Resources in a Changing Market

Acknowledgement of Receipt of Workplace Safety Policy

I certify that I have received a copy of Employer Solutions Staffing Group's ESSG WORKPLACE SAFETY 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 ESSG WORKPLACE SAFETY POLICY and I 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 believe that I am working in an unsafe or dangerous work environment, I will immediately contact my supervisor, manager, director or ESSG's Safety Director at 952.835.1288/1.866.496.7573 in order to obtain assistance in the resolution of such matters.

Employee Name (Please Print)

AMBER - NGUYEN

Employee's Signature:

Date: 8-21-17

Amber Nguyen

Account Information Slip / Volante de Datos de Cuenta

Step 2: Remove this slip at the perforation and provide to your employer

Paso 2: Desprende este volante en el perforado y entrégaselo a tu empleador.

Step 1: Complete the following information

Paso 1: Completa los siguientes datos

First Name / Nombre:

□□□□□□□□□□□□□□□□□□

Last Name / Apellido:

□□□□□□□□□□□□□□□□□□

Employee ID Number / Número de Empleado:

□□□□□□□□□□□□

Note: You will not need the numbers below once this slip is provided to your employer.

Nota: Una vez que hayas entregado este volante a tu empleador, no necesitarás los números que aparecen a continuación.

For Employer Use Only / Para uso del empleador solamente:
ABA Routing Number: / Núm. de ruta ABA: 067011294
Account Number: / Núm. de cuenta: 9432108800024291

Bienvenido al servicio Money Network®

Con el servicio Money Network® ("Servicio"), tus fondos de nómina serán automáticamente depositados en una cuenta Money Network ("Cuenta"). Tienes la opción de usar la Tarjeta de pago Money Network Visa ("Tarjeta de pago") adjunta para tener acceso a los fondos de la Cuenta.

Todos tus fondos de nómina están siempre a tu disposición a través de un Cheque Money Network™ ("Cheque"); el uso de la Tarjeta de pago no es obligatorio. Para empezar a recibir tu pago a través de este Servicio, simplemente sigue las instrucciones que se encuentran a continuación.

Consentimiento del acuerdo y firma electrónica.

Reconozco que he leído los Términos y Condiciones del servicio Money Network® ("Términos y Condiciones") adjuntos, incluyendo las declaraciones sobre Transferencias electrónicas de fondos, Disponibilidad de fondos y Veracidad en la divulgación de los ahorros, además de la Tabla de cargos y la Tabla de límites de transacciones relacionadas con la Cuenta y el Servicio, y acepto cumplir con sus términos.

Entiendo que el retener, activar o usar la Tarjeta de pago o los Cheques, constituye mi aceptación de los Términos y Condiciones.

Reconozco que cualquier término de los Términos y Condiciones, la Tabla de cargos y la Tabla de límites de transacciones puede cambiar en cualquier momento (y se me notificará dicho cambio si la ley lo exige) y mi retención o el uso de la Cuenta después de la fecha de entrada en vigencia de cualquiera de dichos cambios constituirá mi aceptación de los nuevos términos o cargos.

¡Empezar es fácil!

- **Consentimiento.** Lee el Consentimiento del acuerdo y firma electrónica, más los Términos y Condiciones adjuntos.
- **Activación.** Sigue las instrucciones de la etiqueta de activación adherida a tu Tarjeta de pago. Recuerda que necesitarás tu PIN para hacer compras de débito con PIN y retirados de cajeros automáticos, y para tener acceso a la

Para comunicarte con el Servicio al Cliente, llama al:

1-800-845-8683

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

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

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

Your name AMBER - NGUYEN Social security number 241-79-6083
Street address where you live 1535 CLIFFVIEW DR
City or town, state, and ZIP code Salem VA 24153
County _____ Telephone number (540) 597-6293
If you are under age 40, enter your date of birth (month, day, year) 10-30-1982

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) 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 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 unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 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.
- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

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

Amber Nguyen

Date

8-21-17

Authorization

Authorization: By signing below, you authorize: (a) backgroundchecks.com ("BGC") to request information about you from any public or private information source; (b) anyone to provide information about you to BGC; (c) BGC to provide Employer Solutions Staffing Group, LLC one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. BGC may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for BGC.

Printed name: AMBER NGUYEN
First Middle (none) Last

Other names used: _____

Current and former addresses:

<u>1-18-2016</u> from Mo/Yr	<u>current</u> to Mo/Yr	<u>1535 Chiffon DR</u> Street	<u>Salem VA 29153</u> City, State & Zip
<u>1-2015</u> from Mo/Yr	<u>12-2015</u> to Mo/Yr	<u>5124 Salem TPKE</u> Street	<u>Roanoke VA</u> City, State & Zip
<u>1-2014</u> from Mo/Yr	<u>12-2014</u> to Mo/Yr	<u>1535 Lilac AVE</u> Street	<u>Roanoke VA</u> City, State & Zip

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

10-30-82 241-79-6083
Date of birth Social security number
24164934 AMBER-NGUYEN
Driver's license number & state Name as it appears on license

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box:

[Signature] 8-21-17
Signature Date



employer solutions staffing group LLC

Leveraging Resources in a Changing Market

**Notification of Colorado Law Requirement –
Unemployment Acknowledgement**

According to Colorado Statutes section 8-73-105.3. A temporary employee who is given a notice that the employee is required to contact or notify the employer upon completion of an assignment and to be available to work, as agreed upon at the time of hire, during a specified period of time, on specified dates, or upon call by the employer on an as-needed basis and who does not contact or notify the employer upon completion of an assignment in compliance with the notice and is not available to work at the agreed-upon times is deemed to have voluntarily terminated employment for the purpose of determining benefits pursuant to section 8-73-108 (5) (e). Also, a temporary employee who agrees to work on an as-needed basis and refuses all work within three separate pay periods when contacted by the employer is deemed to have voluntarily terminated employment for reasons that may or may not allow an award of benefits pursuant to section 8-73-108.

It is your responsibility to contact or notify ESSG (For example, by calling 303-920-1425, or using another means of contact) once your assignment ends. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact or notify ESSG once an assignment ends. I also acknowledge that I have received a separate copy of this form. AN (Initial)


Employee Signature:

8-21-17
Date:

AMBER-NGUYEN
Employee (please print your name here)

**DRUG AND ALCOHOL
TESTING CONSENT FORM**

1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.

2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events as described in the policy may result in adverse personnel action, including my termination from employment with ESSG. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.

3. I hereby voluntarily consent to ESSG, or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath, or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by ESSG may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to ESSG of the results of my drug and/or alcohol test and other information related to the test.

AMBER-N. GUYEN
Individual's Name

8-21-17
Date