

*Attn: Elisabeth Porreco*



**employer solutions staffing group.**  
Leveraging Resources in a Changing Market

7301 Ohms Lane Suite 405  
Edina, MN 55439  
Tel: 952.835.1288 • Fax: 952.835.1255  
www.esgstaffingsolutions.com

## New Hire Application

**Personal Data-- PLEASE PRINT LEGIBLY IN INK**

Last Name South First Name Amy Middle Initial E  
 Street Address 485 Kent Rd. Lot 11 Apt/Ste \_\_\_\_\_  
 City/State/Zip Wirtz, VA 24184  
 Phone Number 540-206-5072 Email Address Amykeaton72@gmail.com  
 Staffing Agency/Recruitment Partner \_\_\_\_\_

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

Are you legally authorized to work in the United States of America?  YES  NO

**Applicant Certification and Authorization**

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

Amy E. South Name (Print or type)      Amy P. South Applicant's Signature      3/6/2015 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 _____	

### FAX COVER SHEET

Roanoke County Public Library  
 Vinton Branch Library  
 800 East Washington Ave.  
 Vinton, VA 24179  
 Telephone: [540] 857-5043  
 FAX: [540] 344-3285

SEND TO: <i>Elisabeth Porreco</i>	From: <i>Amy South</i>
Attention: <i>Elisabeth Porreco</i>	Date: <i>3/10/2015</i>
FAX No: <i>[303] 736-7767</i>	Telephone No: <i>[540] 206-5072</i>

*This message has been forwarded to you as a service provided by the Roanoke County Public Library. The Library has not reviewed and has no control over the contents of this message and assumes no responsibility for such contents.*

Urgent      Reply ASAP      Please Comment      Please Review      FYI

Total pages, including this cover sheet:     15    

COMMENTS:

Form **8850**  
(Rev. January 2012)  
Department of the Treasury  
Internal Revenue Service

### 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 Amy E. South Social security number ▶ 223-45-4457

Street address where you live 486 Kent Rd Lot 11

City or town, state, and ZIP code Worcester, MA 01484

County Franklin Telephone number 540-206-5072

If you are under age 40, enter your date of birth (month, day, year) 01/10/1978

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.

**Signature — All Applicants Must Sign**

Under penalty 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 ▶ Amy E. South

Date 3/16/2015





Form A (rev. 08/12)

TAX CREDIT QUESTIONNAIRE



EMPLOYER SECTION:

ESG FEIN#:	ESG Client Name & State:	
Hiring Manager:	Position:	Starting Wage: \$

EMPLOYEE SECTION:

Employee Name: <u>Amy South</u>	Street Address: <u>475 Hook Rd Lot 11</u>	City/State: <u>Wirtz VA</u>	Zip: <u>24184</u>
SS#: <u>923 - 45 - 4467</u>	Date of Birth: <u>1/10/1978</u>	Age: <u>37</u>	Have you worked for this company before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			If yes, location:

Please complete all questions, and sign and date the form.

	Yes	No
1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997? (If yes, please provide information below.) Name of the person receiving benefits: _____ Relationship to you: _____ City: _____ County: _____ State: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months? (If yes, please provide information below.) Name of the person receiving benefits: _____ Relationship to you: _____ City: _____ County: _____ State: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months? Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits. <i>*If you checked yes please provide a copy of your SSI documentation.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have you received any type of vocational rehabilitation services within the past two years? If yes, please indicate which type of agency you worked with and provide their location information below: <input type="checkbox"/> Vocational Rehabilitation Agency <input type="checkbox"/> Dept. of Veterans Affairs <input type="checkbox"/> Employment Network (Ticket to Work Program) Name of Agency: _____ Phone #: _____ City: _____ County: _____ State: _____ <i>*If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are you a Veteran of the U.S. Military? <i>*If yes, please provide a copy of your DD-214 and letter of separation.</i> (If yes, please provide information below. If no, please continue to question #6.) Dates of Service - From: ___/___/___ To: ___/___/___ Branch of Service: _____ Are you entitled to or are you receiving compensation for a service-connected disability? Have you been unemployed at any time during the last 12 months? If yes, dates of unemployment - From: ___/___/___ To: ___/___/___ Did you receive unemployment compensation at any point during your unemployment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months? Conviction Date: ___/___/___ Release Date: ___/___/___ Was this a <input type="checkbox"/> Federal or <input type="checkbox"/> State conviction? If State - County: _____ State: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional Tax Credits		
IEC (Native American): Are you or your spouse a member of a Native American Tribe? <i>*If you checked yes please provide a copy of your CDIB card.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CA Residents: <input checked="" type="checkbox"/> Are you the child of foster parents? <input type="checkbox"/> Do you receive CalWorks? <input type="checkbox"/> Workforce Investment Act?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Are you a migrant or seasonal farm worker? <input type="checkbox"/> Have you ever been convicted of a misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
SC Residents: <input type="checkbox"/> Do you receive Family Independence Benefits?	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE READ, SIGN, AND DATE:

Under penalties of perjury, I declare the information above to be true and accurate to the best of my knowledge, and 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 (Associated Consultants, Inc. dba Retrotax), or the Department of Labor.

New Employee Signature: Amy South

Date: 1\* 3/10/2015

Maintain regular, weekly, communication with your employer if you are unable to return to work. Contact your employer a minimum of after every visit with your primary health care provider. Keep the claims representative advised of your status.

Notify your employer immediately of any new injuries or conditions that impact your physical condition.

If it is necessary to miss scheduled work due to a work injury, you must be seen by your primary health care provider the same day in order to receive compensation for the time away from work. The physician must complete a Report of Workability.

**I have read my responsibilities and agree to abide by these guidelines.**

Signed: *Amy E. South*

Printed Name: *Amy E. South*

### EMERGENCY CONTACT INFORMATION

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

Employee Name: Amy Elizabeth South  
Address: 485 Kent Rd. Lot 11 Wirtz, VA  
Home Phone: 540-206-5072

**EMERGENCY CONTACTS**

Please list two people (in priority order) who could be contacted in case of an emergency.

<p><b>Contact #1</b></p> <p>Name: <u>JANE Glover</u></p> <p>Relationship: <u>MOTHER</u></p>	<p>Home Phone: <u>540-904-2464</u></p> <p>Cell Phone: <u>540-793-2614</u></p> <p>Work Phone: <u>N/A</u></p>
<p><b>Contact #2</b></p> <p>Name: <u>Stacy Schmidt</u></p> <p>Relationship: <u>Friend</u></p>	<p>Home Phone: <u>540-204-2687</u></p> <p>Cell Phone: <u>540-204-2687</u></p> <p>Work Phone: <u>N/A</u></p>

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

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Employer Completes This Page



**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: South Amy E.

List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Driver's license</u>		Document Title: <u>Birth certificate</u>
Issuing Authority:		Issuing Authority: <u>Virginia</u>		Issuing Authority: <u>Commonwealth of VA</u>
Document Number:		Document Number: <u>T09797266</u>		Document Number: <u>78-001365</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>01/10/2022</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):				

Dept of Health

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): 03/10/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Cathy Scholl</u>		Date (mm/dd/yyyy) <u>03/11/2015</u>	Title of Employer or Authorized Representative <u>Admin Assistant</u>	
Last Name (Family Name) <u>Scholl</u>		First Name (Given Name) <u>Paitlin</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>7301 OHMS LANE SUITE 405</u>			City or Town <u>EDINA</u>	State <u>MN</u>
			Zip Code <u>55439</u>	

**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:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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





**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 advised that the nature and scope of the most common form of 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.orangetreescreening.com](http://www.orangetreescreening.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.

<b>New York and Maine applicants or employees only:</b> 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.
<b>New York applicants or employees only:</b> 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.
<b>Oregon applicants or employees only:</b> 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.
<b>Washington State applicants or employees only:</b> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, 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.orangetreescreening.com](http://www.orangetreescreening.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: Amykeaton72@gmail.com)

Signature: *Amy E South* Date: 3/6/2015

**BACKGROUND INFORMATION**

Last Name: South First: Amy Middle: Elizabeth

Other Names/Alias: \_\_\_\_\_

Social Security #: 223-45-4457 Date of Birth (mm/dd/yyyy)\*: 01/10/1978

Driver's License #: TI69797266 State of Driver's License: VA

Present Address: 485 Keat Rd. Lot 11 Telephone # (Primary): 540-206-5072

City/State/Zip: Wirtz, VA 24184

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

# Form W-4 (2015)

**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 2015 expires February 10, 2016. 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).

**Exception.** 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,
- is blind, 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 \$1,000,000.

**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 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 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. 505 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. 505 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. 505 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. 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](http://www.irs.gov/w4).

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

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent	<b>A</b>	<u>1</u>
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>    </u>
<b>C</b>	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.)	<b>C</b>	<u>    </u>
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	<b>D</b>	<u>2</u>
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	<b>E</b>	<u>    </u>
<b>F</b>	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 Expenses, for details.)	<b>F</b>	<u>    </u>
<b>G</b>	<b>Child Tax Credit</b> (Including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$65,000 (\$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.</li> <li>• If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.</li> </ul>	<b>G</b>	<u>    </u>
<b>H</b>	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.)	<b>H</b>	<u>3</u>
For accuracy, complete all worksheets that apply.		<ul style="list-style-type: none"> <li>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• 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 <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	

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

<b>Form W-4</b>		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service		<input type="checkbox"/> 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.		<b>2015</b>	
1 Your first name and middle initial <u>Amy E</u>		Last name <u>South</u>		2 Your social security number <u>223-45-4457</u>	
Home address (number and street or rural route) <u>485 Kent Rd lot 11</u>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code <u>Wertz, VA 24184</u>		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. <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		<b>5</b>		<u>3</u>	
6 Additional amount, if any, you want withheld from each paycheck		<b>6</b>		\$ <u>    </u>	
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here.		<b>7</b>		<u>    </u>	
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.					
Employer's signature (This form is not valid unless you sign it.)		<u>Amy E South</u>		Date <u>3/6/2015</u>	
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)	

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

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 <u>223-45-4457</u>	Name <u>Amy ELIZABETH South</u>		
Street Address <u>485 Kent Rd. Lot 11</u>			
City <u>Wirtz</u>	State <u>VA</u>	Zip Code <u>24184</u>	

#### 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..... 3
  - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet.....
  - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet..... 3
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions ..... (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act ..... (check here)

Amy E. South

3/6/2015

Signature  
**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)(5)-1(c) of the Treasury Regulations (26 CFR).

2601064 Rev. 08/11



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶ START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which 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.

**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) <b>South</b>		First Name (Given Name) <b>Amy</b>		Middle Initial <b>E</b>	Other Names Used (if any) <b>Amy Keaton</b>	
Address (Street Number and Name) <b>485 Kent Rd</b>			Apt. Number <b>Lot 11</b>	City or Town <b>Wirtz</b>		State <b>VA</b>
Zip Code <b>24184</b>		Date of Birth (mm/dd/yyyy) <b>01/10/1978</b>		U.S. Social Security Number <b>223-45-4457</b>	E-mail Address <b>Amykeaton72@gmail.com</b>	
					Telephone Number <b>540-206-5072</b>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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

A citizen of the United States

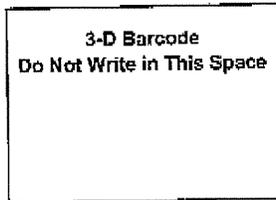
A noncitizen national of the United States (See instructions)

A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_

An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

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

- Alien Registration Number/USCIS Number: \_\_\_\_\_
- OR**
- Form I-94 Admission Number: \_\_\_\_\_



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

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

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

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

Signature of Employee: **Amy P. South** Date (mm/dd/yyyy): **3/6/2015**

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

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

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









# 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 <u>Amy E. South</u>	SSN# (last 4 digits) <u>4457</u>	Effective Date	
SECTION 2 PAYROLL ELECTION			
<input type="checkbox"/> Direct Deposit (Please complete Sections 3 and 5 below)			
<input type="checkbox"/> Payroll Debit Card (Please complete Sections 4 and 5 below)			
SECTION 3 DIRECT DEPOSIT			
ACCOUNT	<input type="checkbox"/> Update Bank Account		
	Bank Name:		
	Routing#		
	Account#		
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other ...		
<p>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.</p> <p>Initial <u>AS</u> Date <u>3/6/2015</u></p>			
<ul style="list-style-type: none"> <li>To help us avoid making an error, please attach a copy of a voided check. (a deposit slip will not work)</li> <li>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.</li> </ul>			
SECTION 4 PAYROLL DEBIT CARD (GLOBAL CASH CARD)			
<p>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.</p> <p>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.</p>			
CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)			
First Name <u>Amy</u>	M.I. <u>E.</u>	Last Name <u>South</u>	Date of Birth <u>1-10-1978</u>
Street Address (NO BOX NOT ACCEPTABLE) <u>485 Kent Rd. Lot 11</u>			Social Security# <u>228-46-4457</u>
City <u>Wertz</u>	State <u>VA</u>	Zip <u>24184</u>	Cell Phone (mobile) <u>540-206-5072</u>
RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)			
Payroll Debit Card Routing # <u>073972181</u>	Payroll Debit Card Account # _____		
<p>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.</p>			
Employee's Signature: <u>Amy E. South</u>			Date: <u>3/6/2015</u>
SECTION 5 AUTHORIZATION			
<p>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.</p>			
* E-mail: <u>Amykeaton12 @ j.mail</u>			
this information will only be used to send your paystubs electronically			
Employee's Signature: <u>Amy E. South</u>			Date: <u>3/6/2015</u>



# employer solutions staffing group LLC

Leveraging Resources in a Changing Market

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### STATEMENT OF CONFIDENTIALITY

This agreement made this 6<sup>th</sup> day of March, 2015, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Keeling Long hereafter referred to as "employee".

#### **WITNESSETH:**

For the duration of my employment and after resignation or termination of this employment with employer, for any reason whatsoever, the employee shall not use or disclose to any other person or company, and confidential or proprietary information or know-how related to the business of the employer.

In view of the difficulty of determining the amount of damages which may result to the employer from a violation of any of the provisions hereof, the employee agrees to pay to the employer the sum of \$10,000 as liquidated damages for every such violation; provided, however, that the payment of such amount as liquidated damages shall not be construed as a release or waiver by the employer of the right to prevent any such violation in equity or otherwise.

*Keeling Long*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employer Solutions Staffing Group LLC, Representative



employer solutions staffing group, inc.  
Leveraging Resources in a Changing Market

## Important/Importante

### LOST OR STOLEN PAYCHECKS

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

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

### CHEQUES DE PAGO PERDIDOS O ROBADOS

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

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

AGREED/SE ACUERDA—

Name/Nombre (con letra de molde): Amy South

Signature/Firma: Amy P. South

**DRIVER'S LICENSE**

Customer ID: **769797268**

Name: **SOUTH ANTELEZABETH**

Address: **488 KERIT RD LOT 11 WIRTZ, VA 24104-0175**

Sex: **F**      Hair: **BRO**      Eyes: **BRN**      Height: **5FT 7IN**

DOB: **01/10/1978**

Signature: *Antele South*

Classifications: **NONE**

Restrictions: **NONE**

Expiration: **01/10/2022**

Issue Date: **11/21/2014**

License Number: **0171012022**

Organ Donor: **NO**

DMV ID: **078072571**






**DISCLOSURE AND CONSENT CONCERNING CONSUMER  
AND INVESTIGATIVE CONSUMER REPORTS**

This form, which you should read carefully, has been provided to you because CMG may request Consumer Reports and/or Investigative Consumer Reports from a consumer reporting agency. The Company will use any such report(s) solely for employment-related purposes. Consumer Reports or Investigative Consumer Reports will be obtained from CSS Test, Inc. ("CSS Test") located at 400 Laurel Oak Road, Suite 102, Voorhees NJ, 08043. They can be contacted at 856-627-5600. Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws, I hereby authorize and permit CSS Test, Inc., to obtain a consumer report and/or an investigative consumer report which may include the following: Reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: credit reports, social security number, criminal records checks, public court records checks, including civil, driving records, educational records, verification of employment positions held, workers compensation records, personal and professional references, licensing, certification, etc. The information contained in these reports may be obtained by CSS Test from private or public record sources including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

**Additional State Law Notices:** If you live or are applying for a job in California, Maine, New York or Washington, please note:

**California** residents, under section 1786.22 of the California Civil Code, you may view the file maintained on you by CSS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at CSS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

**Maine:** You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

**New York:** You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

**Washington State:** If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

**CONSENT**

I have carefully read and understand this Disclosure and Consent form and, by my signature below, consent to the release of consumer and/or investigative consumer reports, as defined above, to the Company in conjunction with my application for employment. I further understand that any and all information contained in my job application or otherwise disclosed to the Company by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Company. I understand that if the Company hires me, it may request a consumer report and/or an investigative consumer report about me, as defined above, for employment-related purposes during the course of my employment. I understand that my consent will apply throughout my employment, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time. This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

Applicant Last Name South First Amy Middle Elizabeth  
Social Security # 223454457 Date of Birth (for ID purposes only) 01/10/1978  
Drivers License Number and State of Issue T69797266  
Present Address 485 Kent Rd Lot 11  
City/State/Zip Wirtz, Va 24184  
Applicant Signature *Amy E South* Date 03/6/2015  
Amy E South (Mar 6, 2015)

**CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS ONLY:**

I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report on me that is requested.

**CSS Inc.**

400 Laurel Oak Road, Suite 102, Voorhees, NJ 08043 Tel: 1-856-627-5600 Fax: 1-856-627-5699



COMMONWEALTH OF VIRGINIA—CERTIFICATE OF LIVE BIRTH  
 DEPARTMENT OF HEALTH—BUREAU OF VITAL RECORDS AND HEALTH STATISTICS  
 RICHMOND

REGISTRATION LABEL NUMBER 222 COUNTY Stafford STATE BIRTH NUMBER 108, 78-001338

1. NAME OF HOSPITAL OR INSTITUTION OF BIRTH  
Roanoke Memorial Hospital

2. CITY OF TOWN OF BIRTH  
Roanoke

3. STATE (OR FOREIGN COUNTRY) OF MOTHER'S RESIDENCE  
Virginia

4. FULL MAIDEN NAME OF MOTHER  
Jane Anne Roberts

5. FULL NAME OF FATHER  
Lee Poff

6. I CERTIFY THE ABOVE TO BE CORRECT  
Mrs. Lee Poff

7. COUNTY OF BIRTH  
Stafford

8. STREET ADDRESS OR ROUTE NO. OF PLACE OF BIRTH  
Belleview at Jefferson Street, S.E.

9. CITY OF RESIDENCE  
Roanoke

10. STREET ADDRESS OF ROUTE NO. OF RESIDENCE  
3645 Sunrise Avenue, N.W.

11. AGE OF MOTHER  
30 YEARS

12. AGE OF FATHER  
31 YEARS

13. PLACE OF BIRTH  
Virginia

14. FATHER'S (DATE OF FOREIGN BIRTH)  
Virginia

15. RELATIONSHIP TO CHILD  
Mother

16. I CERTIFY THAT THIS CHILD WAS BORN ALIVE ON THE DATE AND HOUR STATED ABOVE  
 NO  CNM MIDWIFE OTHER: DATE RECORD SIGNED: 1-18-78

17. NAME OF ATTENDANT (Type or print)  
Doctors Eilett, Branch, Garst

18. ADDRESS OF ATTENDANT  
2037 Crystal Spring Ave, S.W., Roanoke, Virginia

19. REGISTERER'S SIGNATURE  
Franklin D. McQueen, Registrar

20. DATE RECORD FILED  
1 19 78

21. DATE ISSUED  
JUN 6 1978

22. DATE ISSUED

This is to certify that the foregoing is true and correct reproduction of the original record.



## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security

Report Prepared: 03/11/2015

E-Verify

Page: 1 of 1

Case Verification Number: 2015070110613HL

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

Last Name:	South	First Name:	Amy
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 4457	Date of Birth:	01/10/1978
Citizenship Status:	A citizen of the United States	Email Address:	

**Document Information:**

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	U.S. birth certificate (original or certified copy)
Document Name:	Driver's license	Document State:	Virginia
Driver's License or ID Card Number:		Document Expiration Date:	01/10/2022
Alien Number:		I-94 Number:	

**Additional Information:**

Hire Date:	03/09/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CSCH4411	Submitted On:	03/11/2015

**Initial Case Result:**

Case Result: Employment Authorized

**Employee Referred to SSA:**

Referred By: Referred On:

**Case Result from SSA (after SSA Tentative Nonconfirmation):**

Case Result: Response Date:

**Resubmitted to SSA (after Review and Update Employee Data):**

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

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

Case Result:

**Request Name Review:**

Comments:	
Submitted By:	Submitted On:

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

Case Result: Response Date:

**Employee Referred to DHS:**

Referred By: Referred On:

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

Case Result: Response Date:

**Photo Matching Results:**

Determination:

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

Referred By:

Referred On:

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

Case Result:

Response Date:

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**Case Closure:**

Closure Statement:

Closed By:

Closed On:

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**SENSITIVE BUT UNCLASSIFIED**