



Employer Solutions Staffing Group LLC *New Hire Application*

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

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Blankenship First Name Annette Middle Initial A
Street Address 14 Spruce Street
City/State/Zip New Bedford, MA 02740
Home Phone 774.425.4366 Cell / Message Phone 774.627.4533
Company/Employer _____

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.

Annette Blankenship Annette Blankenship 3/26/2015
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 _____

FAX

Annette Blankenship
14 Spruce Street
New Bedford, MA 02740

774.425.4366
774.627.4533
Ablank596@yahoo.com

To:	Lis Peorre	From:	Annette Blankenship
Fax:	303.736.7767	Pages:	3
Phone:		Date:	03.27.2015
Re:	Annette Blankenship	CC:	

Comments:

[Empty comment box]

**YOUR LOGO
HERE**

[Your company slogan]

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 Annette Blankenship Social security number ▶ 032-56 0793
Street address where you live 14 Spruce Street
City or town, state, and ZIP code New Bedford MA. 02740
County Bristol Telephone number (774) 627 4533

If you are under age 40, enter your date of birth (month, day, year) _____

- 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 ▶

Annette Blankenship

Date

3/26/2015



Employee Acknowledgement Form (Temps)

I hereby acknowledge receipt of Storeroom Solutions Inc. "*Employee Safety Handbook*" which outlines important safety requirements and information for working as safety as possible. I agree to follow the safety and health rules as outlined in this handbook. I further understand that complete safety and health program requirements are published in the "*Safety Manual*" that can be obtained through my Site Manager or Project Leader.

Employee Signature

Date

Employer's Representative

Date

Important: This receipt must be read, understood and signed by all Storeroom Solutions Inc. permanent and temporary employees. Temporary employees sign this hard-copy form. Permanent employees must document their training in the SSI Learning Center by taking the associated quiz.

Documentation Instructions:

Permanent Employees: The SSI Site Manager, or senior SSI employee, will ensure all personnel have read and understand the contents of this document. Please contact the Senior Director of Safety and Quality safety@storeroomsolutions.com if you have any questions. The employee must take the Employee Safety Handbook Quiz contained in the SSI Learning Center.

Temporary/Project Employees: The project leader or hiring manager will ensure all personnel have read and understand the contents of this document. Please contact the Senior Director of Safety and Quality safety@storeroomsolutions.com if you have any questions. The employee and leader or manager will sign this form file it on site. This form is a special interest item during implementation audits.

Employees: *Please retain the handbook for future reference.*

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
2015

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.

Your first name and middle initial: **Annette** Last name: **BLANKENSHIP** Your social security number: **032282-0763**

Home address (number and street or rural route): **14 SPADICE ST** City or town, state, and ZIP code: **NEW BOSTON MA 02740**

3 Single Married Married, but withold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

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

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

6 Additional amount, if any, you want withheld from each paycheck: **3**

7 I claim exemption from withholding for 2015, 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.
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: **Annette Blankenship** Date: **3/26/2015**

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)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat No. 102200 Form **W-4** (2015)

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

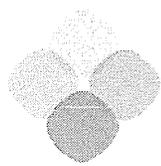
Name: Annette Blankenship
Address: 14 Spruce Street New Bedford, Ma. 0190
Home Phone: 774.425.4366

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

1. Name: Richard Marques
Phone (work): 774.365.3744
Phone (home): 774.425.4366
2. Name: Alisha Marques
Phone (work): 774.400.8978
Phone (home): 774.301.2395

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

Allergies to Penicillin + Peroxide
Reaction Breakout[↑] in Hives - [↑]hard time breathing
& turn Red + Blotchy.



employer solutions staffing group^{llc}
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 police report to your staffing recruiter that the check was stolen. If the check has not been cashed and if the loss of the check was not your fault, ESSG will issue a new check and no fee will be deducted.

CHEQUES DE PAGO PERDIDOS O ROBADOS

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

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

AGREED/SE ACUERDA—

Name/Nombre (con letra de molde):

Annette Blankenship

Signature/Firma:

Annette Blankenship



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: Annette Blankenship

Social Security Number: 032-56-0793 Date of Birth: 5/9/1966

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: Annette Blankenship Date 3/26/2015

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.



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) BLANKENSHIP		First Name (Given Name) ANNETTE		Middle Initial —	Other Names Used (if any) N/A	
Address (Street Number and Name) 14 SPRUCE ST.			Apt. Number 1	City or Town New Bedford		State MA
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number 05-09-1966		E-mail Address Ablank596@yahoo.com		Telephone Number 774-627-4533

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:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

3-D Barcode
Do Not Write in This Space

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 <i>Annette Blankenship</i>	Date (mm/dd/yyyy) 03/26/2015
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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 Completes Next 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:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Driver's license</u>		Document Title: <u>S. S. Card</u>
Issuing Authority:		Issuing Authority: <u>526029495</u>		Issuing Authority: <u>S.S. Admin</u>
Document Number:		Document Number: <u>Massachusetts</u>		Document Number: <u>032-56-0793</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>05/09/2017</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): 3/30/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Caitlin Scholl</u>		Date (mm/dd/yyyy) <u>03/24/2015</u>	Title of Employer or Authorized Representative <u>Admin. Assistant</u>	
Last Name (Family Name) <u>Scholl</u>		First Name (Given Name) <u>Caitlin</u>	Employer's Business or Organization Name <u>Corporate Management Group</u>	
Employer's Business or Organization Address (Street Number and Name) <u>12000 N. Washington St. Suite 290</u>		City or Town <u>Thornton</u>	State <u>CO</u>	Zip Code <u>80241</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):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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WORK OPPORTUNITY TAX CREDIT

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

Name Annette Blankenship
Address 14 Spruce Street
City New Bedford State MA Zip 02740 Social Security # 032-56-0793
Date of Birth 5/9/1966 Age 48

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?
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?
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days?
4. Are you part of the Ticket to Work program?

5. Name of person who received benefits Annette Blankenship
Relationship Self City & State where benefits received New Bedford MA

6. Are you a veteran? and Disabled due to service?
Service Dates: From: To: Branch:

7. Have you been unemployed at any time during the last 12 months?
Did you receive unemployment compensation at any point during your unemployment?

8. Have you been convicted of a felony or released from prison in the last 12 months?
Date of Conviction: Date of Release: 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?
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?

11. Did you receive a high school diploma or GED? If yes, date received: 1997
Have you been employed or been admitted to technical school or college since then?

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

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 Annette Blankenship DATE 3/26/2015

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



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	Annette Blankenship	SSN# (last 4 digits)	032-56-0793
		Effective Date	
SECTION 2 PAYROLL ELECTION			
<input type="checkbox"/> Direct Deposit (Please complete Sections 3 and 5 below)			
<input checked="" type="checkbox"/> Payroll Debit Card (Please complete Sections 4 and 5 below)			
SECTION 3 DIRECT DEPOSIT			
A C C O U N T	<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 _____ Date _____</p>			
<ul style="list-style-type: none"> 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	M.I.	Last Name	Date of Birth
Annette		Blankenship	5-9-66
Street Address (PO BOX NOT ACCEPTABLE)			Social Security#
14 Spruce STREET			032-56-0793
City	State	Zip	Cell Phone (mobile)
New Bedford	MA	02740	774 627 4533
GET TEXT ALERTS, when your paycheck is deposited on your card! All we need to know your cell phone service provider and mobile number above!			
		<input type="checkbox"/> Yes, sign me up, for text alerts My mobile service provider is: _____	
RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)			
Payroll Debit Card Routing #	Payroll Debit Card Account #		
073972181	4853 4001 4543 5402		
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: <u>[Signature]</u>			Date: _____
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: <u>Ablank596@</u> @ yahoo.com this information will only be used to send your paystubs electronically			
Employee's Signature: <u>Annette Blankenship</u>			Date: <u>3/26/2015</u>



3972 Barranca PKWY
STE J610
Irvine, CA 92606

IMPORTANT

DO NOT DISCARD

PLEASE READ

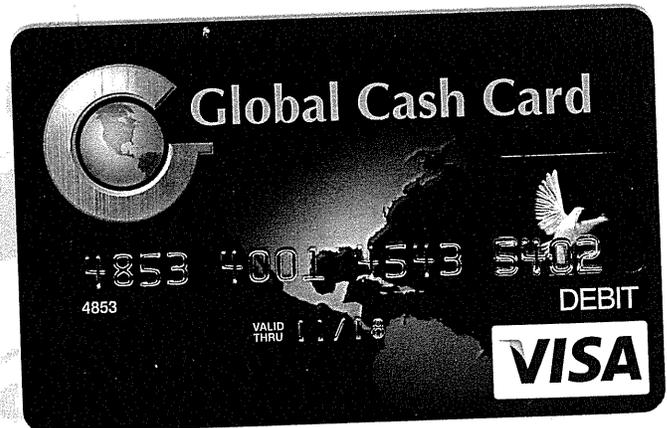


***DO NOT DISCARD THIS CARD

Annette Blankenship

1. **Activate your card:** Online at www.globalcashcard.com/activate or by calling 866-929-8096.
2. **Use your card:** Sign the back of the paycard and start using it everywhere!
3. **Manage your card:** Manage your funds, your way! Go online to www.globalcashcard.com and click on **User Login** to manage your paycard account online.

Congratulations! **ACTIVATE YOUR
NEW Global Cash Card paycard!**



Your Card. Your Money. Right Now.

- **NO FEE purchases** - Pay retailers, restaurants, gas stations, online merchants, and more by using your paycard as a signature or credit type of purchase!
- **Get cash back** - Use your PIN for purchases and get cash back from merchants.
- **Get cash at ATMs** - Get cash at millions of ATM's worldwide.
- **Alert notifications** - Go to your online account at www.globalcashcard.com to set up text or e-mail alerts.

HIRE Act FICA Payroll Holiday and
Employee Retention Tax Credit
Employee Affidavit

Employer Name: Corporate Management Group FEIN: _____

Hire Location: STORE ROOM

Employee Name: Annette Blankenship

Social Security Number: 032-50-0793 1st Day of Work: _____

EMPLOYEE: Please check **One statement that applies to you and sign and date where indicated below.**

- I was unemployed during the entire 60 day-period prior to my first day of employment at this company.
 - I worked less than a total of 40 hours during the 60-day period prior to my first day of employment at this company.
- OR
- I worked MORE than a total of 40 hours during the 60-day period prior to my first day of employment at this company.

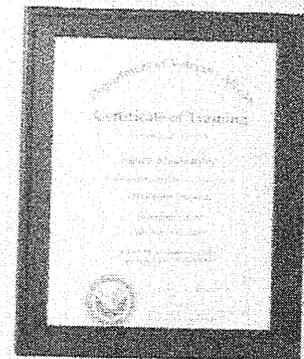
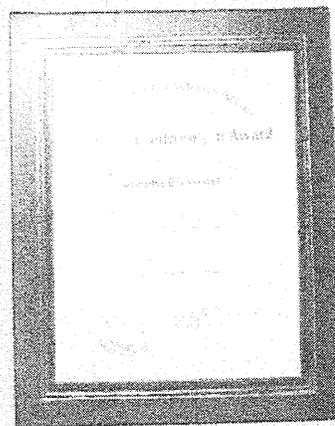
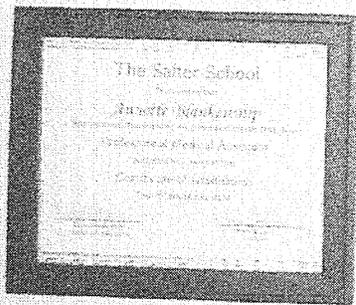
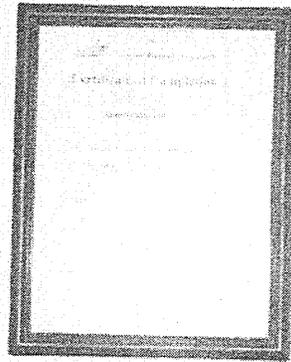
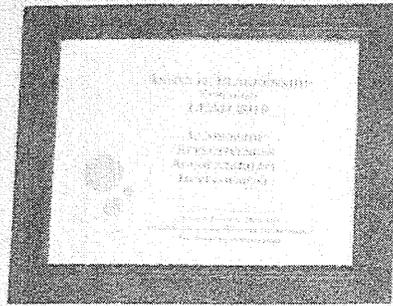
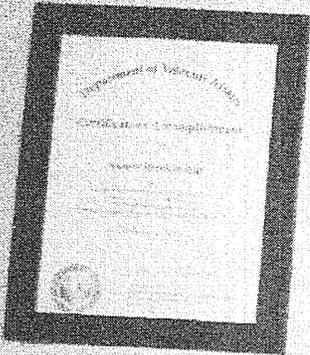
Under penalties of perjury, I hereby declare that the information above is true and correct to the best of my knowledge. By signing this form, I hereby authorize the release to my new employer or its agents information held by any parties needed to determine my eligibility for federal and/or state incentive programs.

Employee Signature: Annette Blankenship Today's Date: 3/26/2015

For employer's use only:

- Employee is being hired for a new position within the company.
- Employee is replacing an employee who either quit or was terminated with just cause.
- Employee is replacing an employee who was laid off.

Hiring Manager's Signature: _____ Date: _____



02/05/2014

February 4, 2015

To Whom It May Concern,

I have known Annette Blankenship for over 12 years. During the years of our acquaintance, I have known Annette in many capacities. She is an intelligent, capable, dedicated and personable woman. She is always quick on her feet with sensible reactions in all circumstances I've seen her in.

Her love and dedication for family, friends and community goes beyond words. Being a mother and grandmother of several I would not have a problem at all or hesitate leaving any or all of my young ones in her care, she is nurturing and trustworthy and has earned my utmost respect. Annette is a model citizen in our community, she always goes the extra mile and out of her way to help and try to improve the lives of everyone she touches.

I feel very confident in saying that she is more than capable of handling any situation that may come her way with thoughtfulness and maturity.

If you have any further questions on Annette's character please feel free to contact me, I'd be more than happy to provide you with any answer that I can.

Yours truly,



Monique C. Chumack

508-997-3653

Destiny M. Page
1075 Riverside Ave #2
Somerset, MA 02726

September 7, 2008

Re: Character Reference – Annette Blankenship

To Whom It May Concern:

The purpose of this is to provide a character reference for Ms. Annette Blankenship whom I have known for a period of three years.

I first met Annette when I began dating her eldest son, Mark, in 2005. Over the past few years, I have spent a lot of time with Annette and have gotten to know her very well. I believe this puts me in a position to provide you with a pretty accurate assessment of her character.

As a mother, Annette is highly committed to her family. Annette is very family oriented and goes the extra mile to make sure we all spend quality time together on a weekly basis. Every Sunday, Mark and I spend the day at her home. During this time, Annette and I spend time together cooking, gardening, watching movies or just talking. We also spend the holidays at Annette's home. Annette always goes above and beyond to provide a great meal and to make sure we all have a pleasant holiday. In everyday life, Annette goes out of her way to make sure that we feel loved and cared for. She often calls just to check on how we are doing and to ask if there is anything we need. Annette teaches her children responsibility, dependability and kindness by demonstrating these qualities herself. She is a very patient, caring person that puts others before herself.

As a friend, Annette Blankenship is outstanding. She is a loyal, honest, considerate, and supportive. She is always the first to lend an ear when someone has a problem. She is always the first to step up and offer her assistance whenever anyone is in need. Annette has helped me during numerous hard times over the past few years in many ways. She is a great listener, offers great advice and will help others in any way that she is able to. I know that if I am ever in need, Annette is someone I can count on.

Overall, Annette is a very well-balanced person with an abundance of positive qualities. She is a very generous, hard-working and moral person. She treats others as she wants to be treated. She takes good care of her family, her pets, and her home. She demonstrates honesty and integrity in all aspects of life. I am very lucky to have Annette as part of my life and I am glad that I was given this opportunity to provide this reference for her.

If you have any questions or wish to discuss anything further, please do not hesitate to contact me. I can be contacted at the address referenced above or reached by phone at 774-219-6715. Thank you for your time.

Sincerely,

Destiny M. Page

Performance Rating
 Recipient Comments -> ①
 ②

NARRATIVE SUMMARY - OPTIONAL (Provide any additional significant accomplishments, as well as other factors such as declining experiences related to the overall performance plan. Capacity to assume a more responsible position may also be addressed.)

SECTION D - OVERALL RATING

TYPE OF RATING:

- ANNUAL RATING OF RECORD SPECIAL RATING OF RECORD SUMMARY RATING (POSITION CHANGES - EMPLOYEE OR RATER)

PERIOD COVERED BY THIS APPRAISAL:

FROM: November 10, 2008 TO: September 30, 2009

NOTE: Recommended Performance Rating- Using achievement levels assigned in Section C and the criteria described below, check the appropriate rating.

PERFORMANCE RATING

- OUTSTANDING** - Achievement levels for all elements are designated as Exceptional.
- EXCELLENT** - Achievement levels for all critical elements are designated as Exceptional. Achievement levels for non-critical elements are designated as at least Fully Successful. Some, but not all, noncritical elements may be designated as Exceptional.
- FULLY SUCCESSFUL** - The achievement level for at least one critical element is designated as Fully Successful. Achievement levels for other critical and non-critical elements are designated as at least Fully Successful or higher.
- MINIMALLY SATISFACTORY** - Achievement levels for all critical elements are designated as at least Fully Successful. However, the achievement level(s) for one (or more) noncritical elements is (are) designated as Less Than Fully Successful.
- UNSATISFACTORY** - The achievement level(s) of one (or more) critical element(s) is (are) designated as Less Than Fully Successful.

SIGNATURE AND TITLE OF RATER

DATE

Mary [Signature]

10/9/09

SECTION E - HIGHER LEVEL REVIEW/APPROVAL

Required only for Minimally Satisfactory and Unsatisfactory ratings of record; unless organization has chosen to have higher level approval required for Outstanding ratings of record.

- Concur with recommended rating.
- Do not concur with rating. Approve rating of _____

BASIS FOR PERFORMANCE RATING CHANGE

SIGNATURE AND TITLE OF APPROVAL OFFICIAL

DATE

A copy of this performance appraisal was given to me.

SIGNATURE OF EMPLOYEE

DATE

Cherelle Blankenship

**PDP Journal** for ANNETTE BLANKENSHIP

Current User: Mary Fagan (Preceptor)

Today is 11/6/2009

Close**Print**

11/6/2009

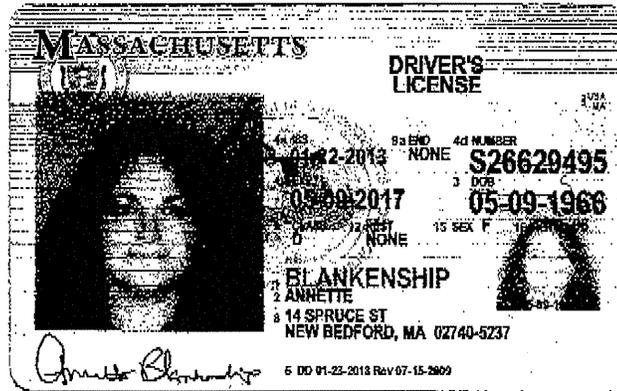
Annette has been in the Intern program for one year. She continues to go above and beyond in all the duties she performs.

She has remained flexible through all of the realignment of SPD under the Nurse executive and the change in leadership. Regardless of the circumstances she continues to perform her duties exceptionally and expeditiously. She stays on top of all changes and provides constructive input to new processes being implemented. Annette was instrumental in the update of the SOPS and competencies.

She was a key player in ensuring that the scopes were reprocessed when the 5 day hang time was enforced. Conscientious about the SPD area as a whole. Works independently and smart whether she is in Decontamination, Prep, Sterilization or Distribution. She puts forth 100% regardless of the job she is performing. The lead Medical Supply Tech accepted a new position and Annette was the first one to jump in and volunteer to learn the requirements of the position. With the implementation of new Quality Assurance Checks she went out of the way to work with other areas, specifically the Lab to ensure she understood the process as it applied to SPD and as it applied to the customer.

Annette continuously meets all challenges that she faces on a daily basis with a positive attitude. She is a prime of example of what the Intern program is about.

Mary Fagan



SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 03/30/2015
Page: 1 of 1

Case Verification Number: 2015089123552QK

Case Information:**Employee Information:**

Last Name:	Blankenship	First Name:	Annette
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 0793	Date of Birth:	05/09/1966
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:	Social Security Card
Document Name:	Driver's license	Document State:	Massachusetts
Driver's License or ID Card Number:		Document Expiration Date:	05/09/2017
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	03/30/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CSCH4411	Submitted On:	03/30/2015

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:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

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

Case Result:

Response Date:

Case Closure:

Closure Statement:

Closed By:

Closed On:

SENSITIVE BUT UNCLASSIFIED