





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

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

Name (Print or type) Ronald T Baker  
 Applicant's Signature Ronald T Baker  
 Date 4-14-15

I agree to abide by the policies and procedures of ESSG.  
 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.  
 I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check. 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 understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.  
 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.

**Applicant Certification and Authorization**

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

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

Staffing Agency/Recruitment Partner Kenny Missel  
 Phone Number 859-954-8994  
 Email Address gms@kenny1959@yahoo.com  
 City/State/zip Wpsala MN 56384  
 Street Address P.O. Box 71  
 Apt/Site \_\_\_\_\_  
 Last Name Baker  
 First Name Ronald  
 Middle Initial T

Personal Data-- PLEASE PRINT LEGIBLY IN INK

**New Hire Application**

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

empoyer solutions staffing group.  
 Leveraging Resources in a Changing Market



The exceptions do not apply to supplemental wages greater than \$1,000.00.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on married or dependent status, certain credits, adjustments to become, or two-career/multi-job situations.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form on the tax return. Your exemption for 2015 expires February 18, 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 \$1,000 and includes more than \$500 of unearned income (for example, interest and dividend).

Employer. An employer may be able to claim exemption from withholding even if the employee is a dependent of the employer.

Age 65 or older. If age 65 or older, dependent, or blind, or

Will claim adjustments to income, tax credits, or netized deductions on his or her tax return.

Convert your other credits into withholding allowances. converting your other credits into withholding allowances.

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/w-4.

Check your withholding. After you 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 \$150,000 (single) or \$100,000 (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/w-4.

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 cost 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 more information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credit 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.

Enter "1" if no one else can claim you as a dependent.

Enter "1" if: You are single and have only one job; or You are married, have only one job, and your spouse does not work; or Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

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.)

Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).

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.)

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

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.

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.

If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.

If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.

If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.

If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service

Employee's Withholding Allowances Certificate

OMB No. 1545-0074 2015

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: Ronald T. Baker

Last name: Baker

Home address (number and street or rural route): 109 N. Eastern Blvd. P.O. Box 71

City or town, state, and ZIP code: Upsala MN. 56384

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

Additional amount, if any, you want withheld from each paycheck: 0

Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption:

• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

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

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: Ronald T. Baker

Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS):

Office code (optional):

Employer identification number (EIN):



# 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>Baker</b>		First Name (Given Name) <b>Ronald</b>		Middle Initial <b>T</b>		Other Names Used (if any) <b>Ronald</b>	
Address (Street Number and Name) <b>P.O. Box 71 109 Museum Blvd</b>		City or Town <b>Uppsala</b>		State <b>MI</b>		Zip Code <b>48384</b>	
Date of Birth (mm/dd/yyyy) <b>08/10/1959</b>		U.S. Social Security Number <b>943-912-7574</b>		E-mail Address <b>gunsleyr201959@yahoo.com</b>		Telephone Number <b>857-954-8994</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. (See instructions)

OR

- 1. Alien Registration Number/USCIS Number: \_\_\_\_\_
- 2. 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: **Ronald T. Baker**

Date (mm/dd/yyyy): **04-14-2015**

**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): \_\_\_\_\_

First Name (Given Name): \_\_\_\_\_

Last Name (Family Name): \_\_\_\_\_

Address (Street Number and Name): \_\_\_\_\_

City or Town: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_





**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 and to request a copy of your report. Please be 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.orange treescreening.com](http://www.orange treescreening.com), or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p><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.</p>
<p><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.</p>
<p><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.</p>
<p><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.</p>

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING'S website is at [www.orange treescreening.com](http://www.orange treescreening.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. Washington 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: \_\_\_\_\_)

**BACKGROUND INFORMATION**

Signature: Ronald T Baker Date: 4-14-15

Last Name: Baker First: Ronald Middle: I Other Names/Aliases: Ronnie

Social Security #: 403-92-774 State of Driver's License: MI

Driver's License #: B 260-744-792-025 Telephone # (Primary): (859) 954-8994

Present Address: 109 Munson Blvd City/State/zip: Upsala, MN 56384

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

# ENROLLMENT FORM

STANDARD 219301-EMP

OFFICE USE ONLY LOCATION

Retire Date

## REQUIRED EMPLOYEE INFORMATION

(Must Be Filled Out)  
 Social Security Number 403-92-774  
 Date of Birth 08/10/1959 Sex  M  F

Name Ronald T Baker  
 Street Address 109 Museum Blvd  
 City Uganda State MA Zip 56384  
 Home Phone 859-954-8994

Do you or any dependents have Medicare?  
 Yes  No If Yes:  
 Medicare Health Insurance Claim Number (HICN)

Medicare Effective Date \_\_\_\_\_  
 Names of Covered Person(s)  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

## REQUIRED DEPENDENT INFORMATION

Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex  M  F  
 Relationship:  Spouse  Child  Domestic Partner

## BENEFICIARY INFORMATION

For Term Life/Accidental Death & Dismemberment, please write your beneficiary information.  
 NAME OF BENEFICIARY ALISSA DAVIS  
 RELATIONSHIP STEP Daughter  
 Accidental Death & Dismemberment is part of the Term Life Benefit.

## OPTION 1 FIXED INDEMNITY PLAN

Weekly Rates  
 You MUST enroll in the Indemnity Medical Insurance Plan before adding any additional Indemnity benefits, except Dental. Your coverage level for the Term Life will be identical to your medical plan selection.

**FIXED INDEMNITY MEDICAL**  
 \$20.91 Employee Only  
 \$42.44 Employee + 1  
 \$56.67 Employee + Family  
 NO to all Indemnity benefits.

This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.  
**DENTAL**  
 \$5.99 Employee Only  
 \$11.98 Employee + 1  
 \$19.77 Employee + Family  
 NO

**TERM LIFE**  
 YES  
 NO  
 \$0.60 Employee Only  
 \$0.90 Employee + 1  
 \$1.80 Employee + Family

**SHORT-TERM DISABILITY**  
 YES  
 NO  
 \$4.20 Employee Only

**OPTION 2 MEC WELLNESS/PREVENTIVE PLAN**  
 82193010-M-EMP  
 Monthly Rates  
 \$58.87 Employee Only  
 \$87.73 Employee + 1  
 \$186.99 Employee + Family  
 NO to MEC Wellness/Preventive Plan

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declaration of coverage.  
 Signature Ronald T Baker  
 Date 08/10/1959

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: Ronald T. Baker  
 SSN# (last 4 digits): 403-92-7774  
 Effective Date: 4-14-15

SECTION 2 - PAYROLL ELECTION

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

SECTION 3 - DIRECT DEPOSIT

Bank Name: \_\_\_\_\_  
 Routing#: \_\_\_\_\_  
 Account#: \_\_\_\_\_  
 Account Type:  Checking  Savings  Other \_\_\_\_\_

Update Bank Account

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

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

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.

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: Ronald MI: \_\_\_\_\_  
 Last Name: T. Baker  
 Date of Birth: 08/10/1959  
 Social Security #: 403-92-7774

Street Address (no box or apartment): 109 Museum Blvd  
 City: Wpsala State: MN. Zip: 56384  
 Cell Phone (mobile): (859) 954-8994

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!  
 Yes, sign me up, for text alerts  
 My mobile service provider is: 5169gTalk

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

Payroll Debit Card Routing #: 073977181  
 Payroll Debit Card Account #: 4853-4001-5319-3570

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.

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: Baker 59 @ OUTlook.com  
 \*E-mail is required for pay stub information.  
 This information will only be used to send your pay stubs electronically.

Employee's Signature: Ronald T. Baker  
 Date: 4-14-15