

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.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.

New York and Maine applicants or employees only: 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.
New York applicants or employees only: 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.
Oregon applicants or employees only: 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.
Washington State applicants or employees only: 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, 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: _____)

Signature: Benjamin J Perez Date: 3-17-15

BACKGROUND INFORMATION

Last Name: Perez First: Benjamin Middle: Junior

Other Names/Alas: _____

Social Security #: 160-56-9612 Date of Birth (mm/dd/yyyy)*: 5-16-1966

Driver's License #: 01-876-7842 State of Driver's License: CO

Present Address: 1600 Englehart 104 Telephone # (Primary): 303-564-0278

City/State/Zip: Avondale CO 85010

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

EMERGENCY CONTACT INFORMATION

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

Employee Name: Benjamin J. Perez
~~Cristelle L. Perez~~

Address: 1600 Calenda St 104 Aurora CO 80010

Home Phone: (720) 400-2019

EMERGENCY CONTACTS

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

Contact #1	Home Phone:
Name: <u>Cristelle L. Perez</u>	Cell Phone: <u>720-400-2019</u>
Relationship: <u>wife</u>	Work Phone:
Contact #2	Home Phone:
Name: <u>Armando Perez</u>	Cell Phone: <u>(949) 478-9175</u>
Relationship: <u>Brother</u>	Work Phone:

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



employer solutions staffing group^{LLC}
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>Benjamin J. Perez</u>	SSN# (last 4 digits) <u>9612</u>	Effective Date
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SECTION 2 PAYROLL ELECTION

- ☒ **Direct Deposit** (Please complete Sections 3 and 5 below)
☐ **Payroll Debit Card** (Please complete Sections 4 and 5 below)

SECTION 3 DIRECT DEPOSIT

A C C O U N T	☐ 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 <u>BP</u> Date <u>3-17-15</u>
C	Bank Name:	
O	Routing#	
U	Account#	
N	Account Type: ☐ Checking ☐ Savings ☐ Other _____	

- 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	
Street Address (PO BOX NOT ACCEPTABLE)				Social Security#
City	State	Zip	Cell Phone (mobile)	

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 #
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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: _____ Date: _____

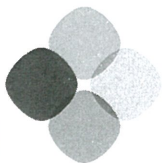
SECTION 5 AUTHORIZATION

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: benperez1231@gmail.com
this information will only be used to send your paystubs electronically

Employee's Signature: Benjamin J. Perez Date: 3-17-15



employer solutions staffing group LLC
Leveraging Resources in a Changing Market

STATEMENT OF CONFIDENTIALITY

This agreement made this 17 day of March, 2015, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and _____ 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.

Bentonia J. P.
Employee Signature

Employer Solutions Staffing Group LLC, Representative

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

Benjamin Junior Pever

Social security number ▶

160-56-9612

Street address where you live

1600 Calena st 104

City or town, state, and ZIP code

Aurora CO 80010

County

Adams

Telephone number

303-564-0278

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

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 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 ▶

Benjamin J Pever

Date

3-17-15

TAX CREDIT QUESTIONNAIRE

EMPLOYER SECTION:

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

EMPLOYEE SECTION:

Employee Name:	Street Address:	City/State:	Zip:
Benjamin J. Perez	1600 Galena St 104	Alvora	80210
SS#: 120-56-9612	Date of Birth: 5/16/66	Age: 47	Have you worked for this company before? ☐ Yes ☒ No
			If yes, location:

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

Yes No

- 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: _____ ☒
- 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: _____ ☒
- 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.
**If you checked yes please provide a copy of your SSI documentation.* ☒
- 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:
☐ Vocational Rehabilitation Agency ☐ Dept. of Veterans Affairs ☐ Employment Network (Ticket to Work Program)
 Name of Agency: _____ Phone #: _____
 City: _____ County: _____ State: _____
**If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.* ☒
- Are you a Veteran of the U.S. Military? **If yes, please provide a copy of your DD-214 and letter of separation.* (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? ☐ ☐ ☒
- 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 ☐ Federal or ☐ State conviction? If State - County: _____ State: _____ ☒

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>	☐	☒
CA Residents: ☐ Are you the child of foster parents? ☐ Do you receive CalWorks? ☐ Workforce Investment Act?	☐	☐
SC Residents: ☐ Are you a migrant or seasonal farm worker? ☐ Have you ever been convicted of a misdemeanor? ☐ Do you receive Family Independence Benefits?	☐	☐

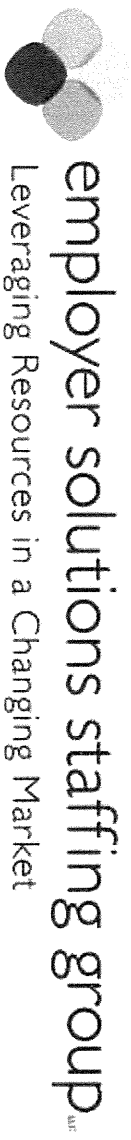
PLEASE READ, SIGN, AND DATE:

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 Retotax), or the Department of Labor.

New Employee Signature:

Benjamin J. Perez

Date: 3-17-15



INJURY MANAGEMENT PROGRAM

Injured Worker's Responsibilities

As your employer, we are concerned about your full recovery. Reasonable and necessary medical care will be paid for any compensable work injury. Medically authorized time away from work will be reimbursed in accordance with the **State of Minnesota workers' compensation laws**. Wherever possible light duty restrictions imposed as a result of your injury will be accommodated.

RESPONSIBILITIES OF THE INJURED WORKER:

Minnesota Rule Sec. 5221.0430, Subp. 1 requires that you choose one primary health care provider. Subpart 2 places limitations on your right to change primary health care providers. Discuss with your employer any change in health care provider.

Attend all scheduled appointments. While on physical limitations, visits should be a minimum of once every two weeks. Failure to have current medical support for disability may result in termination of benefits. Schedule your next appointment immediately after your doctor visit, before you leave the clinic if possible.

Obtain a Report of Workability from your physician at every appointment, a minimum of once every two weeks. M.R. 5221.0420 requires that your physician cooperate with return to work planning and that you be released to return to work at the earliest appropriate time.

Immediately following your appointment, provide a copy of the report to the designated employer representative. You should deliver this in person so that changes in work restrictions may be addressed and any questions answered.

Follow all physical restrictions at home and at work.

Report to work and perform physically suitable tasks as assigned. These may or may not be in your regular department. The work may or may not be on your usual shift.