



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

New Hire Application

Personal Data - PLEASE PRINT LEGIBLY IN INK

Last Name Bonds First Name Chad Middle Initial A
 Street Address 8707 Winding Ln, # Apt/Ste _____
 City/State/Zip Fort Worth 76128 Social Security Last Four XXX-XX-3123
 Phone Number 817-907-0122 Email Address Chad.Bonds21@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.

Chad Bonds
 Name (Print or type) _____
[Signature]
 Applicant's Signature _____
01/16/17
 Date

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

For ESSG Office Use Only			
DOH _____	NHW _____	I-9 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Unemployment Letter (if applicable) _____
DOH _____		For ESSG Client Use	
RCP _____	Work Site Loc. _____	WIC Code _____	

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 if your marital or filing status, or other personal or financial situation changes and affects your personal or financial situation.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and do not complete lines 5 through 6. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent from withholding, if your total dependent care expenses and other tax-exempt benefits exceed \$2,000, you may be required to file Form 2443, Exemption from Withholding for Dependents.

Exemptions. An employer may be able to claim a dependent exemption for the employee if:

- He signs on page 2.
- He is blind, or
- Will claim adjustments to income, tax credits, or nonrefundable deductions, on his or her tax return.

Personal Allowances Worksheet (Keep for your records.)

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

- You're single and have only one job; or
- You're married, have only one job, and your spouse doesn't work; or
- You're married, have only one job, and your spouse's wages for the total of both are \$1,500 or less.

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.)

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

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

E Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

F Child Tax Credit (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details.

G If your total income will be less than \$70,000 (\$103,000 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.

H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)

I For accuracy, complete all worksheets that apply.

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Nonrefundable income. If you know a large amount of nonrefundable income, such as interest or dividends, consider making estimated tax payments using Form 941-ES. For more information, see the instructions. Otherwise, you may use additional tax payments to cover your nonrefundable income. See Pub. 509 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have it, you have a spouse or more than one job, figure the amount of tax to withhold on all jobs using worksheet on Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4. If you are claiming zero allowances on one job, you may want to claim more allowances on another job. See Pub. 505 for details.

Check your withholding. After you file Form W-4, check your pay stub to see how the amount you are withholding compares to your projected total tax liability. If you are overwithholding, you may be able to get a refund of \$100,000 (single) or \$150,000 (married) in earnings tax. Future developments, information about any future developments affecting Form W-4, such as changes to the law, will be posted at www.irs.gov/w4.

The exceptions don't apply to supplemental wages greater than \$1,600.00.

Basic instructions. If you aren't exempt, complete the Personal Allowances Worksheet below. The worksheet determines how many allowances to withhold. Allowances based on line 2 are additional allowances based on line 2. Allowances based on line 3 are additional allowances based on line 3.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried, you are the provider of more than 50% of the cost of keeping up a household for a dependent, or you are a dependent of another qualifying individual. See Pub. 503, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take specified tax credits into account when determining the number of exemptions you are responsible for on your tax return. See the Personal Allowances Worksheet below.

Dependent care credit. You may be able to claim a dependent care credit for expenses for dependent care services you pay for in order to be able to work. See Pub. 503, Exemptions, Standard Deduction, and Filing Information, for information.

Child tax credit. You may be able to claim a child tax credit for each eligible child. See Pub. 503, Exemptions, Standard Deduction, and Filing Information, for information.

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For accuracy, complete all worksheets that apply.

- 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.
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Employee's Withholding Allowance Certificate

OMB No. 1545-0072
2017

1. 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.

2. Your social security number
634-HL-3183

3. Single Married Head of household Other
Note: If married, but legally separated or spouse is a dependent, check the "Single" box.

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

5. Additional amount, if any, you want withheld from each paycheck **5**

6. Additional amount, if any, you want withheld from each paycheck **0**

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

8. 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
(This form is not valid unless you sign it.)

9. Other (add optional)
Date **10/28/2017**

10. Employer Identification number EIN
Form **W-4** (2017)

11. For Privacy Act and Paperwork Reduction Act Notice, see page 2.



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

USCIS
 Form I-9
 OMB No. 1615-5007
 Expires 08/31/2019

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

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

Section 1. Employee Information and Attestation (Employers 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) Banks		First Name (Given Name) Uma		Middle Initial A	Other Last Names Used (if any)	
Address (Street Number and Name) 8707 Blanding Ln			City or Town FORT WORTH		State TX	ZIP Code 76120
Date of Birth (mm/dd/yyyy) 02/15/1985		U.S. Social Security Number 632 44 8123		Employee's Email Address Uma.Banks@airgovern.com		
Employee's Telephone Number 819-907-0132						

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

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

A citizen of the United States

2. A noncitizen national of the United States (See instructions)

3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
 Some aliens may write "N/A" in the expiration date field. (See instructions!)

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

1. Alien Registration Number/USCIS Number: _____
 OR
 2. Form I-94 Admission Number: _____
 OR
 3. Foreign Passport Number: _____
 Country of Issuance: _____

Signature of Employee: _____
 Today's Date (mm/dd/yyyy): **07/16/2017**

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator: _____
 Today's Date (mm/dd/yyyy): _____

Last Name (Family Name): _____ First Name (Given Name): _____
 Address (Street Number and Name): _____ City or Town: _____ State: _____ ZIP Code: _____

Employer Completes Next Page



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

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

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

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

Document Title	Document Title <u>TX Driver License</u>	Document Title <u>Social Security Card</u>
Issuing Authority	Issuing Authority <u>State of TX</u>	Issuing Authority <u>SSA</u>
Document Number	Document Number <u>34471196</u>	Document Number <u>634-46-3123</u>
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy) <u>02/15/2019</u>	Expiration Date (if any)(mm/dd/yyyy)
Document Title	<div style="border: 1px solid black; padding: 5px;"> <p align="center">Additional Information</p> </div>	
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number	<div style="border: 1px solid black; padding: 5px;"> <p align="center">QR Code - Section 2 Do Not Write In This Space</p>  </div>	
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 01/16/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative <u>Andrea Findley</u>	Today's Date(mm/dd/yyyy) <u>01/23/2017</u>	Title of Employer or Authorized Representative Executive Assistant	
Last Name of Employer or Authorized Representative Findley	First Name of Employer or Authorized Representative Andrea	Employer's Business or Organization Name Employer Solutions Staffing Group LLC	
Employer's Business or Organization Address (Street Number and Name) 7301 OHMS Lane Suite 405		City or Town Edina	State MN
		ZIP Code 55439	

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

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

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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exas JUNIOR 21 DRIVER LICENSE

USA TX

0215095

UNDER 21 UNTIL 02/15/2016

Class C

DOB 02/15/1995

DOB 02/15/1995

4a Iss 02/15/2013 4b Exp 02/15/2019

1 BONDS

2 CHAD AUSTIN

8 306 W. BAKER RD. #1116
BAYTOWN TX 77521

12 Restrictions **B** 9a End **NONE**

16 Hgt **5-06** 15 Sex **M** 18 Eyes **BLU**

5 DD 18210340029135267453

SOCIAL SECURITY

634-46-3123

THIS NUMBER HAS BEEN ESTABLISHED FOR

**CHAD AUSTIN
BONDS**

Chad Austin
SIGNATURE

11/13/2015



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017023174135QF

Report Prepared: 01/23/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Bonds

First Name: Chad

Date of Birth: 02/15/1995

Social Security Number: *** ** 3123

Hire Date: 01/16/2017

Citizenship Status: A citizen of the United States

Document Information

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

List C Document: Social Security Card

Document Name: Driver's license

Document State: Texas

Driver's License or ID Card Number:

Document Expiration Date: 02/15/2019

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 01/23/2017

Case Submitted By: AFIN3846

Closed On: 01/23/2017

Closed By: AFIN3846

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

SENSITIVE BUT UNCLASSIFIED

netSpend

DIRECT DEPOSIT FORM

This form serves as your voided check for purposes of direct deposit. Just fill out this form and give it to your employer or government payments provider.

CHAD BONDS
8707 WINDING LN
FORT WORTH TX 76120-3937

I wish to have my pay/debit or government benefits directly deposited to my NetSpend Premier Visa Prepaid Card and Account. I authorize you to debit the proper amount to my Account each pay period. The authority will remain in effect until I notify you in writing of my preference or until I am otherwise specified by my employer or payor.

X
Cardholder Signature

114924742

The Bancorp Bank

9825908621848

Checking

1/23/17
Date

CHOOSE DEPOSIT AMOUNT (PER PAY PERIOD)

- 100% of check
 Other % of check _____ %
 Set amount \$ _____

We do not accept deposits via wire transfer. We do not accept printed checks. Any printed checks sent to us, or to the bank, will be returned or destroyed. Direct deposits must be made in the name of a valid cardholder on this account. If you wish to receive direct deposits to this account from the employer of another member of that household, you must add a card to this account in the name of that household member. Direct deposit capability is subject to payor's support of this feature. Check with your payor to find out when the direct deposit of funds will start. Fund availability is subject to timing of payor's funding.

The NetSpend Premier Visa Prepaid Card is issued by The Bancorp Bank Member FDIC pursuant to a license from Visa U.S.A. Inc. NetSpend a 15% Company, is a registered agent of The Bancorp Bank. The card may be used everywhere Visa debit cards are accepted. Certain products and services may be licensed under U.S. Patent Nos. 6,000,606 and 6,189,787. Use of the Card Account is subject to funds availability and ID verification. Transaction fees, terms, and conditions apply to the use and reloading of the Card Account. See the Cardholder Agreement for details.

Authorization

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

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

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

Printed name: Chad A Bonds
First Middle (none) Last

Other names used:
Current county of residence:

Current and former addresses:
10/16 current 8707 Winding Ln Fort Worth TX 76116
4/16 to Mo/Yr 16201 Hobby Ln Fort Worth TX
10/15 from Mo/Yr 1112 Wethered Babcock LA
4/16 to Mo/Yr
Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

02/15/1995 Social security number 6324-46-3123
34471196 TX Date of birth
Chad Austin Bonds Driver's license number & state
Name as it appears on license

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

Signature Date 01/16/17

EMERGENCY CONTACT INFORMATION

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

Employee Name: Brad Bonds

Address: 8707 Winding Ln Fort Worth, TX 76120

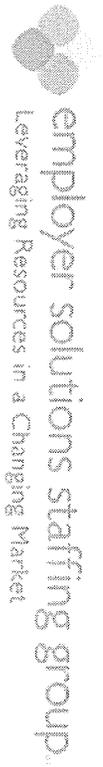
Home Phone: 817-907-0133

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

Contact #1	Home Phone:
Name: <u>Tina Baker</u>	Cell Phone: <u>817 714 9133</u>
Relationship: <u>MOTHER</u>	Work Phone:
Contact #2	Home Phone:
Name: <u>Gwen Baker</u>	Cell Phone: <u>981 838 5769</u>
Relationship: <u>Grandmother</u>	Work Phone:

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

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



Acknowledgement of Receipt of Workplace Safety Policy

I certify that I have received a copy of Employer Solutions Staffing Group's ESSG WORKPLACE SAFETY POLICY. I understand that it is my responsibility to read this policy and ask my supervisor, a member of management or to telephone Employer Solutions Group (ESSG) at 952.835.1288/1.866.496.7573 with any questions I may have about this policy. I agree to comply with ESSG's policy on ESSG WORKPLACE SAFETY POLICY and I understand failure to comply is grounds for disciplinary action, up to and including termination.

I also agree that if at any time during my employment I am believe that I am working in an unsafe or dangerous work environment. I will immediately contact my supervisor, manager, director or ESSG's Safety Director at 952.835.1288/1.866.496.7573 in order to obtain assistance in the resolution of such matters.

Employee Name (Please Print)

Chad Bonds

Employee's Signature

A handwritten signature in black ink, appearing to read "Chad Bonds", written over a horizontal line.

Date: 11/16/17

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

OMB No. 1545-1508

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

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

Your name Chad Bonds Social security number 621-46-3123
Street address where you live 8707 Kinnings Ln, Fort Worth, TX
City or town, state, and ZIP code Fort Worth, TX, 76120
County Tarrant Telephone number 817-907-0132
If you are under age 40, enter your date of birth (month, day, year) 02/16/1995

1 Check here if you received a conditional certification from the state workforce agency (SMA) 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 at least 3 of the past 5 months, but is no longer eligible to receive them.
 - b. Received SNAP benefits (food stamps) for the past 6 months; or
- During the past year, I was convicted of a felony or released from prison for a felony.
- I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

6 Check here if you are a member of a family that:

- Received TANF payments for at least the past 18 months; or
- Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; or
- Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Under penalties of perjury, I declare that I know the above information to be true and correct and I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Signature—All Applicants Must Sign

Job applicant's signature Chad Bonds Date 01/16/17
For Privacy Act and Paperwork Reduction Act Notice, see page 2. Form 8850 (Rev. 3-2016)

DRUG AND ALCOHOL
TESTING CONSENT FORM

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

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

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

Mad Bonds
Individual's Name

11/16/17
Date



employer solutions staffing group inc.

Leveraging Resources in a Changing Market

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

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

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

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

Employee Signature: [Handwritten Signature]
Date: 01/16/17
Employee (please print your name here): Mad Bonds

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:



Printed Name:

Chad Bonds



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STATEMENT OF CONFIDENTIALITY

This agreement made this 16 day of Jan, 2017, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Brad Brooks 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.

Employee Signature

Employer Solutions Staffing Group LLC, Representative

Enhanced MEC Plan_ Plan I

Benefits Enrollment Form
 Employee Information New Employee Rehire Rehire Date

Name (First and Last) **Chad Bonds** Social Security Number **6311-46-3123**

Address **8107 Winding Ln** City **Fort Worth** State **Tx** Zip Code **76120**

Gender Male Female Married Divorced Single Date of Birth **02/15/1965** Date of Hire **11/6/17**

Phone Number: **814 907 0132** Email Address: **Chad.Bonds@adqmail.com**

Please Select Desired Coverage:
 Employee Only - \$24.00/Week Employee+Spouse - \$38.00/Week Employee+Child(fren) - \$63.00/Week Family - \$36.00/Week

Dependent

First Name	Last Name	Sex	Relationship
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner

Dependent

First Name	Last Name	Sex	Relationship
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner

Dependent

First Name	Last Name	Sex	Relationship
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner

Other coverage information including Medicare/Medicaid

NAME OF PERSON COVERED (FIRST, LAST):

EFF. DATE

EFF. DATE

EFF. DATE

Employee Signature: *[Signature]* Date: **11/6/17**

EMPLOYEES DECLINE **I am DECLINING coverage**

I understand that I and/or my dependents, if any, waive any coverage and desire to participate in the plan at a later date. I was may be considered a late enrollee and must meet the requirements defined in the Certificate of Coverage for the company's medical dental plans. If I decline enrollment for myself or my dependents (including my spouse) because of other coverage, I may, in future be able to enroll myself or my dependents in this plan, provided I request enrollment within 31 days after the other coverage ends. In addition, if a new dependent relationship forms as a result of marriage, birth, adoption, placement for adoption of pending suit of adoption, I may be able to enroll myself or my dependent, provided I request enrollment within 31 days of the event.

IF ENROLLING - YOU MUST SIGN HERE

IF DECLINING- YOU MUST SIGN HERE

Employee Signature _____ Date _____

Employer Solutions Staffing Group Health Benefits Team
 7301 Ohms Lane Suite 405
 Elkhart, IN 46539
 Phone: 562-767-9539 Fax: 562-767-9515
 Email: Health@employersolutionsgroup.com

Submitted to Health Benefits 11/9/17