

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

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) Chris Trujillo  
 Applicant's Signature *Chris Trujillo*  
 Date 2/6/15

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

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.

**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.

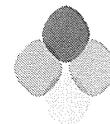
Company/Employer \_\_\_\_\_  
 Phone Number 720-292-6744 Email Address kedblazer@yahoo.com  
 City/State/Zip Denver, CO 80233  
 Street Address P.O. Box 33903 Apt/Ste \_\_\_\_\_  
 Last Name Trujillo First Name Christopher Middle Initial L

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.esstaffingsolutions.com

employer solutions staffing group  
 Leveraging Resources in a Changing Market



# Form W-4 (2013)

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.  
**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. 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 \$350 of unearned income (for example, interest and dividends).  
**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

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

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

**B** 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.

**C** 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.)

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

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

**F** Enter "1" if you have at least \$1,900 of **child or dependent care expenses** for which you plan to claim a credit.

**G** **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 (\$95,000 if married), enter "2" for each eligible child; then **less** "1" if you have three to six eligible children or **less** "2" if you have seven 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.

**H** If your total income will be between \$65,000 and \$84,000 (\$95,000 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 \$40,000 (\$10,000 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.

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 \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.

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

**1** Your first name and middle initial: Christy L

**2** Your social security number: 523-35-0622

**3**  Single  Married  Married, but withheld 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): 2

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

**7** I claim exemption from withholding for 2013, 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. If you meet both conditions, write "Exempt" here. 7

**8** Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) Denver, CO 80233

**9** Office code (optional): 10

**10** Employer identification number (EIN): 2/6/15

**Employee's signature** Christy L  
(This form is not valid unless you sign it.)  
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.



**Affirmation of Legal Work Status**

Pursuant to § 8-2-122, Colorado Revised Statutes

Revision Date: 09/06/12  
Expiration Date: 10/01/14

Employee Name: Trujillo Last Christopher First CE Middle Date of Birth 09/30/81

Social Security Number: 523 - 55 - 0622 Date of Hire: \_\_\_\_\_ (MM/DD/YYYY)

In accordance with § 8-2-122, C.R.S., within 20 days after hiring the new employee listed above, I affirm all four of the following by signing this form:

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

Print Name of Employer (or Designated Representative) \_\_\_\_\_ Official Title \_\_\_\_\_

Signature of Employer (or Designated Representative) \_\_\_\_\_ Date Signed by Employer (MM/DD/YYYY) \_\_\_\_\_

Business or Organization Name \_\_\_\_\_ Employer Phone Number \_\_\_\_\_

The provision of false or fraudulent information on this form may subject the employer to a significant fine and/or additional penalties.

This form and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.

This mandatory affirmation is provided by the Colorado Division of Labor. Visit [www.colorado.gov/cdle/evr](http://www.colorado.gov/cdle/evr) for more information.

STOP Employer Completes Next Page STOP

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

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.

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

Signature of Employee:	Date (mm/dd/yyyy):
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Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

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

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

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

2. Form I-94 Admission Number: \_\_\_\_\_

OR

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

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

(See instructions)

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

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

A noncitizen national of the United States (See instructions)

A citizen of the United States

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

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.

Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		E-mail Address		Telephone Number	
Address (Street Number and Name)		Apt. Number		City or Town		State	
Last Name (Family Name)		First Name (Given Name)		Middle Initial		Other Names Used (if any)	

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.)

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.



Signature of Employer or Authorized Representative:	Date (m/d/yyyy):	Print Name of Employer or Authorized Representative:
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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.

Document Title:	Document Number:	Expiration Date (if any)(m/d/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.

**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) (m/d/yyyy):
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Last Name (Family Name) First Name (Given Name) Christina Christina	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC	City or Town EDINA	State MN	Zip Code 55439
Signature of Employer or Authorized Representative	Date (m/d/yyyy)	Title of Employer or Authorized Representative		

The employee's first day of employment (m/d/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

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.

**Certification**

Document Title:	Expiration Date (if any)(m/d/yyyy):
Document Number:	Document Number:
Issuing Authority:	Issuing Authority:
Document Title:	Expiration Date (if any)(m/d/yyyy):
Document Number:	Document Number:
Issuing Authority:	Issuing Authority:
Document Title:	Expiration Date (if any)(m/d/yyyy):
Document Number:	Document Number:
Issuing Authority:	Issuing Authority:
Document Title:	Expiration Date (if any)(m/d/yyyy):
Document Number:	Document Number:
Issuing Authority:	Issuing Authority:

Do Not Write in This Space  
3-D Barcode

Identity and Employment Authorization **OR** List B Identity **AND** List C Employment Authorization

Employee Last Name, First Name and Middle Initial from Section 1:

**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.)

**DISCLOSE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report obtained with regard to 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 952-941-9041. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING'S website is at [www.orangetreescreening.com](http://www.orangetreescreening.com), or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<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.orangetreescreening.com](http://www.orangetreescreening.com), another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law. **Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

(Must include email address: Kredblaxer@yahoo.com)

Signature: [Handwritten Signature]  
 Date: 2/6/15

**BACKGROUND INFORMATION**

Last Name: Trujillo First: Chris Middle: Lee  
 Other Names/Aliases: \_\_\_\_\_  
 Social Security #: 523-35-0622  
 Date of Birth (mm/dd/yyyy)\*: 09/30/1981  
 State of Driver's License: Colorado  
 Driver's License #: 97-224-1346  
 Present Address: P.O. Box 33903  
 Telephone # (Primary): 720-292-6744  
 City/State/Zip: Denver, CO 80233

\*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: Chris Tyjillo  
 Address: P.O. Box 35903 Denver, CO 80233  
 Home Phone: 720-292-6744

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

<p>Home Phone: _____                  Cell Phone: <u>720-621-5972</u>                  Work Phone: _____</p>	<p><b>Contact #1</b>                  Name: <u>Cyndie Lovata</u>                  Relationship: <u>Mother</u></p>
<p>Home Phone: <u>303-427-2346</u>                  Cell Phone: _____                  Work Phone: _____</p>	<p><b>Contact #2</b>                  Name: <u>Alice Cartwright</u>                  Relationship: <u>Grandmother</u></p>

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

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**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	Chris Trujillo
SSN# (last 4 digits)	0922
Effective Date	

**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**

<p><b>ACCOUNT INFORMATION</b></p> <p><input type="checkbox"/> Update Bank Account</p> <p>Bank Name: Wells Fargo</p> <p>Routing#: 10200076</p> <p>Account#: 1711627176</p> <p>Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Update Bank Account</p>
	<p>Bank Name: Wells Fargo</p>
	<p>Routing#: 10200076</p>
	<p>Account#: 1711627176</p>
	<p>Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other</p>
<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>

**SECTION 4 PAYROLL DEBIT CARD (GLOBAL CASH CARD)**

- 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.

**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)		

**GET TEXT ALERTS, when your paycheck is deposited on your card!**

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 #	122242597
Payroll Debit Card Account #	

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: \_\_\_\_\_

this information will only be used to send your paystubs electronically

Employee's Signature: \_\_\_\_\_

Date: 2/6/15

**STATEMENT OF CONFIDENTIALITY**

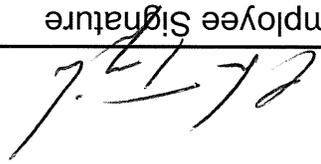
This agreement made this 6 day of February, 2015, between  
 Employer Solutions Staffing Group LLC, hereinafter referred to as "employer",  
 and Chris Trujillo hereafter referred to as "employee".

**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

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

See separate instructions.

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

Your name: Christopher Lee Trujillo
Social security number: 523-35-6622
Street address where you live: P.O. Box 33903
City or town, state, and ZIP code: Denver, CO 80233
County: Adams
Telephone number: 720-292-6744
If you are under age 40, enter your date of birth (month, day, year): 09/30/81

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.

Handwritten signature of Christopher Lee Trujillo

Job applicant's signature

Date

2/6/15