employer solutions staffing group
Leveraging Resources in a Changing Market

7101 Orchard Lake • Suite 405
Edina, MN 55439
Tel: 952.835.1268 • Fax: 952.835.1233
www.esgstaffingsolutions.com

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Harwick **First Name** Robert **Middle Initial** R

Street Address 5528 Cumberland St **Apt/Ste**

City/State/Zip San Diego, CA, 92139

Phone Number 571-269-1200 **Email Address** bobbyharwick@yahoo.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 polices.

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.

Robert Harwick — Name (Print or type)

Applicant's Signature

4-27-2014 — 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	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

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)	First Name (Given Name)	Middle Initial	Other Names Used (if any)
Harwick	Robert	R	

Address (Street Number and Name)	Apt. Number	City or Town	State	Zip Code
5528 Cumberland St		San Diego	CA	92139

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address	Telephone Number
02-26-1946	230-39-5092	Bobbyharwick@yahoo.com	571-269-1200

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

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

- ☑ A citizen of the United States
- ☐ A noncitizen national of the United States *(See instructions)*
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

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

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

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)*

2-D Barcode
Do Not Write in This Space

Signature of Employee	Date (mm/dd/yyyy)
Robert Harwick	09-27-2014

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

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

Signature of Preparer or Translator	Date (mm/dd/yyyy)

Last Name (Family Name)	First Name (Given Name)

Address (Street Number and Name)	City or Town	State	Zip Code

Employer Completes Next Page

Form W-4 (2013)

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.

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.

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 costs of keeping up a home for yourself and your dependents or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your expected total tax for 2013. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (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/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for **yourself** if no one else can claim you as a dependent	A 1
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.	B
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.)	C
D	Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return	D
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above)	E
F	Enter "1" if you have at least $1,000 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.)	F
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. • If your total income will be between $65,000 and $84,000 ($95,000 and $119,000 if married), enter "1" for each eligible child	G
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

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.
- 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 Allowance Certificate

▶ 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.

OMB No. 1545-0074

2013

Your first name and middle initial: Robert R	Last name: Harwick	2 Your social security number: 230-39-5092
Home address (number and street or rural route): 5528 Cumberland St	3 ☑ Single ☐ Married ☐ Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code: San Diego, CA, 92139	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ ☐	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	1
6 Additional amount, if any, you want withheld from each paycheck	6	$0
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	

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) ▶ [signature] Date ▶ 04-27-2014

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) | 9 Office code (optional) | 10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form W-4 (2013)

[illegible]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[illegible]

ACKNOWLEDGMENT AND AUTHORIZATION

[illegible]

[illegible] Bobbyharunck@yahoo.com

[signature] Date: 04-27-2014

BACKGROUND INFORMATION

[illegible] Harsuck [illegible] Robert [illegible] Russell

[illegible] ______

[illegible] 230-53-5092 [illegible] 02-26-1996

[illegible] Y7494247 [illegible] CA

[illegible] 42122 Veners Rd [illegible] 571-284-1200

[illegible] Temecula, CA 92591

EDD Employment Development Department
State of California

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your First Name: Robert Middle Initial: M Last Name: Harwick

Your Social Security Number: 270-39-5092

Home Address (Number and Street or Rural Route): 5526 Cumberland St

City, State, and ZIP Code: San Diego, CA, 92139

I Claim Withholding Allowances:
- [X] MARRIED (with two or more incomes)
- [ ] MARRIED (one income)
- [ ] HEAD OF HOUSEHOLD

1. Number of allowances for Regular Withholding Allowances, Worksheet A: 1
   Number of allowances from the Estimated Deductions, Worksheet B: 0
   Total Number of Allowances (A + B) when using the California Withholding Schedules for 2015:
   OR
2. Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C:
   OR
3. I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Members Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check this box) ☐

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Signature: Robert Harwick Date: 4-27-2015

Employer's Name and Address	California Employer Account Number

(to be filled in by employer)

Give the top portion of this page to your employer and keep the remainder for your records.

YOUR CALIFORNIA PERSONAL INCOME TAX MAY BE UNDERWITHHELD IF YOU DO NOT FILE THIS DE 4 FORM.

IF YOU RELY ON THE FEDERAL FORM W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.

PURPOSE - This certificate, DE 4, is for California Personal Income Tax (PIT) withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

You should complete this form if either:

(1) You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California PIT withholding than you claim for federal income tax withholding or,

(2) You claim additional allowances for estimated deductions.

THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.

The federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of regular allowances, and/or the same additional dollar amount to be withheld for state and federal purposes. However, federal tax brackets and withholding methods do not reflect state PIT withholding tables. If you rely on the number of withholding allowances you claim on your Form W-4 withholding allowance certificate for your state income tax withholding, you may be significantly underwithheld. This is particularly true if your household income is derived from more than one source.

CHECK YOUR WITHHOLDING: After your Form W-4 and/or DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form, and for federal withholding use the Internal Revenue Service (IRS) Publication 919 or federal withholding calculators.

EXEMPTION FROM WITHHOLDING: If you wish to claim exempt, complete the federal Form W-4. You may claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption automatically expires on February 15 of the next year. If you continue to qualify for the exempt filing status, a new Form W-4 designating EXEMPT must be submitted before February 15. If you are not having federal income tax withheld this year but expect to have a tax liability next year, the law requires you to give your employer a new Form W-4 by December 1.

DE 4 Rev 41 (INTERNET) Page 1 of 4

[illegible] TAX CREDIT QUESTIONNAIRE

EMPLOYER SECTION:

[illegible]	ESG Client Name & State:	
Hiring Manager:	Position:	Starting Wage: $

EMPLOYEE SECTION:

Employee Name:	Street Address:	City/State:	Zip:
[illegible] Harwick	4528 Cumberland St	[illegible], CA	[illegible]

SSN:	Date of Birth:	Age:	Have you worked for this company before?	If yes, location:
[illegible]	02-26-1986	28	☐ Yes ☑ No	

Please complete all questions, and sign and date the form. Yes No

1. **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.) ☐ Yes ☑ No
   Name of the person receiving benefits: ______ Relationship to you: ______
   City: ______ County: ______ State: ______

2. **Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months?** ☐ Yes ☑ No
   (If yes, please provide information below.)
   Name of the person receiving benefits: ______ Relationship to you: ______
   City: ______ County: ______ State: ______

3. **Have you received Supplemental Security Income (SSI) at any time within the past 3 months?** ☐ Yes ☑ No
   [illegible] Social Security benefits (SS) or Social Security Disability (SSDI) benefits.
   If you checked yes, please provide a copy of your SSI documentation.

4. **Have you received any type of vocational rehabilitation services within the past two years?** ☐ Yes ☑ No
   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.

5. **Are you a Veteran of the U.S. Military?** *If yes, please provide a copy of your DD-214 and letter of separation.* ☐ Yes ☑ No
   (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? ☐ ☐

6. **Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months?** ☐ Yes ☑ No
   Conviction Date: ______ Release Date: ___/___/___
   Was this a ☐ Federal or ☐ State conviction? If State - County: ______ State: ______

Additional Tax Credits

[illegible] (Native American): Are you or your spouse a member of a Native American Tribe? ☐ ☐
If you checked yes, please provide a copy of your CDIB card.

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

[illegible] Residents: ☐ 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 [illegible] to [illegible] of individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, [illegible] Consultants, [illegible] Department of Labor.

New Employee Signature: [signature] Date: 04-22-2014

Employee Acknowledgement Form (Temps)

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

04-27-2014

Employee Signature Date

Employer's Representative Date

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

Documentation Instructions:

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

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

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

Form **8850** (Rev. January 2012)

Department of the Treasury
Internal Revenue Service

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

▶ See separate instructions.

OMB No. 1545-1500

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

Your name Robert Harwick Social security number ▶ 230-99-3007

Street address where you live 5526 Cumberland St.

City or town, state, and ZIP code San Diego, CA, 92139

County San Diego Telephone number ▶ 619-269-1200

If you are under age 40, enter your date of birth (month, day, year) 02-26-1984

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 correct, and complete.

Job applicant's signature ▶ [signature] Date 01-27-2014

CERTIFICATION OF VITAL RECORD

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

STATE FILE NUMBER:	145-86-011482		
NAME OF REGISTRANT:	ROBERT RUSSELL HARWICK		
DATE OF BIRTH:	FEBRUARY 26, 1986	SEX:	MALE
PLACE OF BIRTH:	FAIRFAX COUNTY, VIRGINIA		
MAIDEN NAME OF MOTHER:	SHERRI LYN BAILEY	AGE:	22
MOTHER'S PLACE OF BIRTH:	ILLINOIS		
NAME OF FATHER:	ROBERT CRAWFORD HARWICK	AGE:	27
FATHER'S PLACE OF BIRTH:	DISTRICT OF COLUMBIA		
DATE RECORD FILED:	MARCH 1986	DATE ISSUED:	04-24-91

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department of Health, Richmond, Virginia.

STATE REGISTRAR

Any reproduction of this document is prohibited by statute. Do not accept unless on security paper with seal of Vital Statistics clearly embossed. Section 32.1-272, Code of Virginia, as amended.

DISCLOSURE AND AUTHORIZATION [illegible] – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[illegible]

[illegible]

ACKNOWLEDGEMENT AND AUTHORIZATION

[illegible]

[illegible]

[illegible] robbyharwick@yahoo.com

Signature: [illegible] Date: 04-27-2014

BACKGROUND INFORMATION

[illegible] Harwick [illegible] Robert [illegible] Russell

[illegible]

[illegible] 230-59-5092 [illegible] 02-26-1986

[illegible] F7494247 [illegible] CA

[illegible] 42122 Veneto Rd [illegible] 571-269-1200

[illegible] Temecula, CA, 92591

EMERGENCY CONTACT INFORMATION

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

Employee Name: Robert Harwick

Address: 5528 Cumberland st, San Diego, CA, 92139

Home Phone: 571-269-1200

EMERGENCY CONTACTS Please list two people (in priority order) who could be contacted in case of an emergency	
Contact #1 Name: David Castro Relationship: Room mate	Home Phone: Cell Phone: 571-926-7873 Work Phone:
Contact #2 Name: Sherri Harwick Relationship: mother	Home Phone: Cell Phone: 571-233-1291 Work Phone:

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

NOTICE TO EMPLOYEE

Labor Code section 2810.5

EMPLOYEE

Employee Name: Robert Harwick

Start Date: 04-26-2014

EMPLOYER

Legal Name of Hiring Employer: Employer Solutions Group, LLC

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency, Employee Leasing Company, or Professional Employer Organization (PEO))? x Yes ○ No

Other Names Hiring Employer is "doing business as" (if applicable):

Physical Address of Hiring Employer's Main Office:

7301 Ohms Lane, STE 405 Edina, MN 55439

Hiring Employer's Mailing Address (if different than above):

Hiring Employer's Telephone Number: 1.866.496.7573/952.835.1288

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name:

Physical Address of Main Office:

Mailing Address:

Telephone Number:

WAGE INFORMATION

Rate(s) of Pay: 12.50 Overtime Rate(s) of Pay:

Rate is by (check box): x Hour ○ Shift ○ Day ○ Week ○ Salary ○ Piece rate ○ Commission ○ Other (provide specifics):

Does a written agreement exist providing the rate(s) of pay? (check box) x Yes ○ No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement? ○ Yes ○ No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday:

DLSE-NTE (rev 4/2012)

WORKERS' COMPENSATION

Insurance Carrier's Name: CA Assigned Risk

Address: _____

Telephone Number: _____

Policy No.: _____

☐ Self Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

ACKNOWLEDGMENT OF RECEIPT
(Optional)

(PRINT NAME of Employer representative)

(SIGNATURE of Employer representative)

(Title)

Robert Harwick
(PRINT NAME of Employee)

(SIGNATURE of Employee)

04-27-2014
(Date)

The employee's signature on this notice merely constitutes acknowledgment of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226. (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

Form **8850** (Rev. January 2012)

Department of the Treasury
Internal Revenue Service

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

▶ See separate instructions.

Date you completed this form

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

Your name Robert Harwick Social security number ▶ 230-39-5012

Street address where you live 5526 Cumberland St.

City or town, state, and ZIP code San Diego, CA, 92139

County San Diego Telephone number ▶ 571-469-1200

If you are under age 40, enter your date of birth (month, day, year) 07-26-1984

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 ▶ [signature] Date 04-21-20

Employee Acknowledgement Form (Temps)

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

04-27-2014

Employee Signature Date

Employer's Representative Date

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

Documentation Instructions:

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

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

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