



**Employer Solutions Staffing Group LLC** *New Hire Application*

7301 Ohms Lane / Suite 405  
Edina, MN 55439  
T:952.835.1288 / F:952.835.4881

**Personal Data-- PLEASE PRINT LEGIBLY IN INK**

Last Name DEMIBELE First Name ALFOUSSEYMI Middle Initial \_\_\_\_\_  
Street Address 11801 YORK ST APT # 1515  
City/State/Zip THORNTON, CO 80233  
Home Phone \_\_\_\_\_ Cell / Message Phone 720 226 5240  
Company/Employer CMG

**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.

ALFOUSSEYMI DEMIBELE Adembele 11/2/12  
Name (Print or type) Applicant's Signature Date

**A copy or facsimile will be considered the same as an original signature.**

For ESSG Office Use Only				
DOH _____	NHW _____	I-9 _____	8850 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	5 Day Letter (if applicable) _____	ESC Application _____

# Form W-4 (2012)

**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 2012 expires February 18, 2013. 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 \$950 and includes more than \$300 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 dependent(s) 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 projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$160,000 (Married).

**Future developments.** The IRS has created a page on [irs.gov](http://irs.gov) for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

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

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>1</u>
<b>C</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.) . . . . .	<b>C</b>	<u>0</u>
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>1</u>
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	<u>1</u>
<b>F</b>	Enter "1" if you have at least \$1,900 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.) . . . . .	<b>F</b>	<u>1</u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$81,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children.</li> <li>• If your total income will be between \$81,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul>	<b>G</b>	<u>1</u>
<b>H</b>	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.) ▶	<b>H</b>	<u>2</u>

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.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p>▶ 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.</p>	OMB No. 1545-0074  <h1 style="margin: 0;">2012</h1>
1 Your first name and middle initial ALFONSEYM I		Last name DEMBELE
Home address (number and street or rural route) 11801 YORK ST APT 1515		2 Your social security number 650-54-0586
City or town, state, and ZIP code THORNTON, CO 80233		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold 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. ▶ <input type="checkbox"/>		5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 6 Additional amount, if any, you want withheld from each paycheck 7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption.
<ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		8 \$ 7 <u>2</u>
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.) ▶ Adembelo		Date ▶
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)		

# WORK OPPORTUNITY TAX CREDIT

**PLEASE CHECK "YES" OR "NO" AND ANSWER ALL QUESTIONS**

Name ALFOUSSEYNI DEMBELE  
 Address 11801 YORK ST APT 1515  
 City THORNTON State CO Zip 80233 Social Security # 650-54-0586  
 Date of Birth 08/22/1974 Age 38

**Please CHECK ONE ANSWER for each of the following questions, and complete question #5:**

1. Have you or any family member living with you received Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) during the past 24 months? Yes  No
2. Have you or any family member living with you received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) at any time during the past fifteen (15) months? Yes  No
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days? Yes  No
4. Are you part of the Ticket to Work program? Yes  No

5. Name of person who received benefits \_\_\_\_\_  
 Relationship \_\_\_\_\_ City & State where benefits received \_\_\_\_\_

6. Are you a veteran? Yes  No  and Disabled due to service? Yes  No   
 Service Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Branch: \_\_\_\_\_

7. Have you been unemployed at any time during the last 12 months? Yes  No   
 If yes, dates of unemployment: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Did you receive unemployment compensation at any point during your unemployment?  
 If yes, dates received compensation: From: \_\_\_\_\_ To: \_\_\_\_\_ Yes  No

8. Have you been convicted of a felony or released from prison in the last 12 months?  
 Date of Conviction: \_\_\_\_\_ Date of Release: \_\_\_\_\_ Yes  No   
 Parole Officer's Name: \_\_\_\_\_ Parole Officer's Phone # \_\_\_\_\_

9. Have you received rehabilitation services from a State approved or Department of Veterans Affairs approved Vocational rehabilitation agency? Yes  No   
 Name of Agency \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address of Agency \_\_\_\_\_ Counselor's Name \_\_\_\_\_

10. Have you attended High School, College or Technical School for more than an average of 10 hours per week at any time during the last 6 months? Yes  No

11. Did you receive a high school diploma or GED? If yes, date received: \_\_\_\_\_ Yes  No   
 Have you been employed or been admitted to technical school or college since then? Yes  No

12. How much in gross wages have you earned TOTAL in the past six months? \$ \_\_\_\_\_

*I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative, or the Department of Labor.*

→ NEW HIRE SIGNATURE Adembete DATE 11/2/12

**Questions below to be completed by manager**

Starting Wage \_\_\_\_\_ Position \_\_\_\_\_  
 Has employee worked for this company before? \_\_\_\_\_ If yes, date and location \_\_\_\_\_

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

OMB No. 1545-1500

► See separate instructions.

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

Your name ACFOUSSEYNI DEMBELE Social security number ► 650-54-0586

Street address where you live 11801 YORIK ST APT #1515

City or town, state, and ZIP code THORNTON, CO 80233

County ADAM Telephone number (720) 226-5240

If you are under age 40, enter your date of birth (month, day, year) 08/22/1974

- 1  Check here if you are completing this form before August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3  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 discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.
  - I am at least age 18 but not age 25 or older, and:
    - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and
    - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, and
    - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:
  - Discharged or released from active duty in the U.S. Armed Forces, or
  - Unemployed for a period or periods totaling at least 6 months.
- 5  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 ► Adembéle

Date 11/1/12

DO YOU HAVE A DRIVER'S LICENSE?  Yes \_\_\_ No

What is your means of transportation to work? MY CAR

Driver's license number 09-106-0026 State of issue CO

Operator  Commercial (CDL) \_\_\_ Chauffeur \_\_\_

Expiration date 08-22-2016

Have you had any accidents during the past three years? \_\_\_ Yes  No

If so, how many? \_\_\_\_\_

Have you had any moving violations during the past three years? \_\_\_ Yes  No

If so, how many? \_\_\_\_\_

**OFFICE USE ONLY**

Typing \_\_\_ Yes \_\_\_ No

\_\_\_\_\_ WPM

Personal Computer \_\_\_ Yes \_\_\_ No

\_\_\_ PC \_\_\_ Mac

10-key \_\_\_ Yes \_\_\_ No

Word Processing \_\_\_ Yes \_\_\_ No

\_\_\_\_\_ WPM

Other \_\_\_\_\_

Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name MAMBY KEITA

Position WAREHOUSE ASSOCIATE

Company KING SHOPPERS

Address DENVER, CO

Telephone (720) 296 9300

Name PARIS HOPKIN

Position PRODUCTION TECH

Company SANDOS

Address THORNTON, CO

Telephone (720) 393 0160

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Empty space for additional information.

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES? \_\_\_ Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? \_\_\_ Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_



## Addendum to Application

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**PLEASE COMPLETE PAGES 1-4** DATE 11/2/12

Name DEMBELE ALFOUSSEYMI  
Last First Middle Maiden

Social Security No. 650 - 54 - 0586

Telephone (703) 226 5240

If under 18, please list age \_\_\_\_\_ Referred by \_\_\_\_\_

Position applied for (1) QA AUDITOR  
 and salary desired (2) \_\_\_\_\_  
(Be specific)

Days/hours available to work  
 No Pref  Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? 40+ Can you work nights? YES

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

When available for work? 11/12/12

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  
 No  Yes If so, please explain \_\_\_\_\_

Do you anticipate any absences from work on a regular basis?  
 No  Yes If so, please explain \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College	<u>REGIS UNIVERSITY</u>	<u>DENVER, CO</u>	<u>2</u>	
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

# Employer Solutions Staffing Group Direct Deposit Authorization

If you are applying for direct deposit, please make sure that you are mark whether the account is a savings or checking. Failure to provide this information can result in the deposit being delayed for several days. Please also note that it is possible for your direct deposit to be delayed a day or two the first week that your direct deposit is processed. Every bank is different and, although this doesn't happen frequently, it does happen. If you cannot wait a day or two past pay day for your deposit, then we suggest staying with a paper paycheck. The time that the money goes into your account on pay day varies by bank. Please allow until at least 10 am on your payday for the deposit to show.

**Please print**

Check one of the following	Effective Date
<input type="checkbox"/> Start	<input type="checkbox"/> As Soon As Possible
<input type="checkbox"/> Stop	<input type="checkbox"/> Future Paydate
<input type="checkbox"/> Change	____/____/____

Social Security Number  
650-54-0586

Name (Last, First Middle Initial) DEMBELE ALFOUSSEYNI				
Home Address Street		City	State	Zipcode
11801 YORK ST APT # 1515		THORNTON	CO	80233
Date (Mo/Day/Yr)	Employee Signature	Daytime Phone Number		
11/2/12	Adembelo	720 226 5240		

**SUBMISSION OF THIS FORM MEANS YOUR ENTIRE PAYROLL CHECK WILL GO TO THIS FINANCIAL INSTITUTION**

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)

Type of Account

Checking     Savings     Money Market Checking     Money Market Investment Requires Submission of ACH form from your broker

I authorize Employer Solutions Staffing Group to direct deposit funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize Employer Solutions Staffing Group to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by Employer Solutions Staffing Group at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to Employer Solutions Staffing Group for distribution. This will delay payment of funds to you.

ALFOUSSEYNI DEMBELE 7566 E WARREN DR. APT 16-206 DENVER, CO 80231-5343		23-2/1020 103678965155	1012
PAY TO THE ORDER OF _____		DATE 11/2/12	\$ _____
 Five Star Service Guaranteed		AVOID	DOLLARS  Security Features Included. Details on Back.
MEMO _____		Adembelo	
⑆ 10 200002 ⑆ 103678965155 ⑆ 1012			

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

Name: MAMBY KEITA ALFOUSSEMI DEMBELE

Address: DENVER, CO 11801 YORK ST # 1515, THORNTON, CO 8023

Home Phone: 720 296 9300 720 226 5240

Person(s) to contact in case of an emergency on the job (in order of preference):

1. Name: MAMBY KEITA

Phone (work): 720 296 9300

Phone (home): 720 296 9300

2. Name: MAMADOU DIOMBELE

Phone (work): 425 345 8693

Phone (home): 425 345 8693

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

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**PLEASE READ CAREFULLY  
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Employer Solutions Staffing Group LLC, (hereinafter called "the Company"),

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant

Adembóle

Date:

11/2/12

## WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held.  
If you were self-employed, give firm name. Attach additional sheets if necessary.

Name <u>CIRCLE GRAPHICS</u> Position <u>QA AUDITOR</u> Company <u>CIRCLE GRAPHICS</u> Address <u>190 9TH AVE</u> <u>LONGMONT, CO</u> Telephone <u>(303) 532 2370</u>	Supervisor name <u>JENNIFER GETTMAN</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th>Pay or salary</th> </tr> <tr> <td>From <u>OCT 2011</u></td> <td>Start <u>13.00</u></td> </tr> <tr> <td>To <u>PRESENT</u></td> <td>Final <u>14.75</u></td> </tr> </table> Your last job title <u>QA AUDITOR</u>	Employment dates	Pay or salary	From <u>OCT 2011</u>	Start <u>13.00</u>	To <u>PRESENT</u>	Final <u>14.75</u>
Employment dates	Pay or salary						
From <u>OCT 2011</u>	Start <u>13.00</u>						
To <u>PRESENT</u>	Final <u>14.75</u>						
Reason for leaving (be specific) <u>DISTANCE</u>							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.							

Name <u>SAMDOS PHARMACEUTICAL</u> Position <u>PRODUCTION TECHNICIAN</u> Company <u>SAMDOS</u> Address <u>2555 W MIDWAY BLVD</u> Telephone <u>(303) 466 2400</u>	Supervisor name <u>MARK WAIPPLE</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th>Pay or salary</th> </tr> <tr> <td>From <u>July 2010</u></td> <td>Start <u>14.50</u></td> </tr> <tr> <td>To <u>July 2011</u></td> <td>Final <u>14.50</u></td> </tr> </table> Your last job title _____	Employment dates	Pay or salary	From <u>July 2010</u>	Start <u>14.50</u>	To <u>July 2011</u>	Final <u>14.50</u>
Employment dates	Pay or salary						
From <u>July 2010</u>	Start <u>14.50</u>						
To <u>July 2011</u>	Final <u>14.50</u>						
Reason for leaving (be specific) _____							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.							

Name <u>PEPSI</u> Position <u>FINER OP / QA TECH</u> Company <u>PEPSI</u> Address <u>3801 BRIGHTON BLVD</u> Telephone <u>(303) 405 1100</u>	Supervisor name <u>RENE GONZALEZ</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th>Pay or salary</th> </tr> <tr> <td>From <u>JUNE 2005</u></td> <td>Start <u>13.30</u></td> </tr> <tr> <td>To <u>NOV 2009</u></td> <td>Final <u>19.75</u></td> </tr> </table> Your last job title <u>QA TECH</u>	Employment dates	Pay or salary	From <u>JUNE 2005</u>	Start <u>13.30</u>	To <u>NOV 2009</u>	Final <u>19.75</u>
Employment dates	Pay or salary						
From <u>JUNE 2005</u>	Start <u>13.30</u>						
To <u>NOV 2009</u>	Final <u>19.75</u>						
Reason for leaving (be specific) _____							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.							

Who were you referred by? \_\_\_\_\_

May we contact your present employer?  Yes \_\_\_ No

Did you complete this application yourself  Yes \_\_\_ No

If not, who did? \_\_\_\_\_

### For Employer's Use Only

Employer's name Employer Solutions Staffing Group Telephone no. ( 952 ) 835 - 1288 EIN ▶  :

Street address 7301 Ohms Lane, Suite 405

City or town, state, and ZIP code Edina, MN 55439

Person to contact, if different from above Associated Consultants, Inc. Telephone no. ( 800 ) 925 - 0557

Street address 3730 Washington Boulevard

City or town, state, and ZIP code Indianapolis, IN 46205

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) . . . . . ▶  :

Date applicant:

Gave information  / /  Was offered job  / /  Was hired  / /  Started job  / /

**Complete Only If Box 1 on Page 1 is Checked**

State and county or parish of job  :

Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ \_\_\_\_\_ Title \_\_\_\_\_ Date / / \_\_\_\_\_

### Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping . . . . . 3 hrs., 16 min.
- Learning about the law or the form . . . . . 46 min.
- Preparing and sending this form to the SWA . . . . . 42 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

**Form I-9, Employment Eligibility Verification**

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 documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last <b>DEMBELE</b>		First <b>ALFONSEYNI</b>	Middle Initial	Maiden Name
Address (Street Name and Number) <b>11801 YORK ST</b>		Apt. # <b>1515</b>	Date of Birth (month/day/year) <b>08/22/1974</b>	
City <b>THORNTON</b>	State <b>CO</b>	Zip Code <b>80233</b>	Social Security # <b>650-54-0586</b>	

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

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

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) **087-151-104**
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_  
until (expiration date, if applicable - month/day/year) \_\_\_\_\_

Employee's Signature **Adembeld** Date (month/day/year) **11/2/12**

**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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	<b>Resident Card</b>	AND	<b>SS card</b>
Issuing authority: _____		<b>USA</b>		<b>SS Admin</b>
Document #: _____		<b>087-151-104</b>		<b>650-54-0586</b>
Expiration Date (if any): _____		<b>10-3-2022</b>		
Document #: _____				
Expiration Date (if any): _____				

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) **10-6-12** and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <b>[Signature]</b>	Print Name <b>Tina Kral</b>	Title <b>Account Manager</b>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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		Date (month/day/year)



UNITED STATES OF AMERICA PERMANENT RESIDENT

Surname: **DEMBELE**  
Given Name: **ALFOUSSEYNE**  
Country of Birth: **IVORY COAST**  
Date of Birth: **22 NOV 1974**  
Card Expires: **10/03/23**  
Resident Since: **07/27/12**



**SOCIAL SECURITY**

VALID FOR WORK ONLY  
WITH DHS AUTHORIZATION  
**650-54-0586**

THIS NUMBER HAS BEEN ESTABLISHED FOR  
**ALFOUSSEYNE**  
**DEMBELE**

*Alfosseyne Dembele*  
SIGNATURE  
**USA 04/06/2009**

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 11/06/2012  
Page: 1 of 1

Case Verification Number: 2012311093233VW

**Case Information:****Employee Information:**

Last Name:	Dembele	First Name:	alfousseyni
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 0586	Date of Birth:	08/22/1974
Citizenship Status:	A lawful permanent resident		

**Document Information:**

List A Document:	Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
Card Number:	WAC1214751729	Document Expiration Date:	
Alien Number:	087151104	I-94 Number:	

**Additional Information:**

Hire Date:	11/05/2012	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CKRO8357	Submitted On:	11/06/2012

**Initial Case Result:**

Last Name (in DHS records): DEMBELE

First Name (in DHS records): ALFOUSSEYNI



Document Expiration Date (in DHS records): INDEFINITE

Case Result:

Employment Authorized

**Employee Referred to SSA:**

Referred By:

Referred On:

**Case Result from SSA (after SSA Tentative Nonconfirmation):**

Case Result:

Response Date:

**Resubmitted to SSA (after Review and Update Employee Data):**

Last Name:		First Name:	
Middle Initial:		Maiden Name:	
Social Security Number:		Date of Birth:	
Resubmitted By:		Resubmitted On:	

**Case Result from SSA (after Resubmission):**

Case Result:

**Request Name Review:**

Comments:

Submitted By:

Submitted On:

**Case Result from DHS (after DHS Verification in Process):**

Case Result:

Response Date:

**Employee Referred to DHS:**

Referred By:

Referred On:

**Case Result from DHS (after DHS Tentative Nonconfirmation):**

Case Result:

Response Date:

