



**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 Koetter First Name EdwynA Middle Initial M  
 Street Address 4155 NEW London Rd.  
 City/State/Zip HENRIETTA, TEXAS. 76365  
 Home Phone 940-215-0027 Cell / Message Phone 940-781-6031  
 Company/Employer STORE ROOM SOLUTIONS

**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.

EdwynA Koetter                      EdwynA Koetter                      5/6/14  
 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

**Texas** DRIVER LICENSE USA TX



DL 06063367    Class C  
Iss 04/03/2012    Exp 04/11/2018  
DOB 04/11/1951  
HARMON  
EDWYNA FRERICH  
4155 NEW LONDON RD  
HENRIETTA TX 76365-0000

12 Restrictions A    2a Error NONE  
14 Hgt 5-03    15 Sex F    16 Eyes BRO  
5 DD 24619280045003136645

*Edwyna Harmon*

**SOCIAL SECURITY**



463-80-6894  
THIS NUMBER HAS BEEN ESTABLISHED FOR  
EDWYNA FRERICH HARMON  
*Edwyna Harmon*  
SIGNATURE

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

Name: Edwyna Koetter  
Address: 4155 NEW London Rd. Henrietta, Tex  
Home Phone: 940-215-0027  
Cell - 940-781-6031

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

1. Name: Charles Koetter (Husband)  
Phone (work): 940-704-4908 - cell  
Phone (home): 940-215-0027
2. Name: Tammy Lemond (Daughter)  
Phone (work): \_\_\_\_\_  
Phone (home): 940-781-2414

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

Not Allergic to anything  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Texas** DRIVER LICENSE USA  
TX

 DL **06063367** • Class **C**  
Iss **04/03/2012** • Exp **04/11/2018**  
DOB **04/11/1951**  
HARMON  
EDWYNA FRERICH  
4155 NEW LONDON RD  
HENRIETTA TX 76365-0000

12 Restrictions **A** • End **NONE**  
16 Hgt **5-03** • 15 Sex **F** • 19 Eyes **BRO**  
ID **24819280045003136645**

*Edwyna Harmon*

**SOCIAL SECURITY**



**463-80-6894**  
THIS NUMBER HAS BEEN ESTABLISHED FOR  
**EDWYNA FRERICH HARMON**  
*Edwyna Harmon*  
SIGNATURE

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

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

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.

WORK OPPORTUNITY TAX CREDIT

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

Name EDWYNA KOEHLER
Address 4155 NEW London Rd
City HENRIETTA State TX Zip 76365 Social Security # 463 80 6894
Date of Birth 4/11/51 Age 63

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 [X]
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 [X]
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days? Yes [ ] No [X]
4. Are you part of the Ticket to Work program? Yes [ ] No [X]

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 [X]
Service Dates: From: To: Branch:

7. Have you been unemployed at any time during the last 12 months? Yes [ ] No [X]
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 [X]

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 [X]
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 [X]
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 [X]

11. Did you receive a high school diploma or GED? If yes, date received: 1969 Yes [X] No [ ]
Have you been employed or been admitted to technical school or college since then? Yes [ ] No [X]

12. How much in gross wages have you earned TOTAL in the past six months? \$ 18,000



U.S. Department of Labor  
Employment and Training Administration

OMB Control No. 1205-0371  
Expiration Date: November 30, 2011

### YOUTH SELF-ATTESTATION FORM Work Opportunity Tax Credit Program

**Instructions:** This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with Form ETA 9061 for each certification request filed.

New Hire Name: Edwyna Koetter

Social Security Number: 463-80-6894 Date of Birth: 04/11/2014 ~~1951~~

Employer Name: Employer Solutions Staffing Group

Employer Federal ID (EIN) Number: \_\_\_\_\_

**Please check all the statements that apply to you. Sign and date this form where indicated below.**

- In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations.
- I do not have a High School Diploma or GED certificate.
- I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school. I also have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

New Hire's Signature: Edwyna Koetter Date 5/6/2014

**Privacy Act Notice:**

The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form, including the Social Security Number, will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

# 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  
463-80-6894

Name (Last, First Middle Initial) Koetter Edwyna M.				
Home Address	Street	City	State	Zipcode
4155 NEW	London Rd.	Henrietta	Tex	76365
Date (Mo/Day/Yr)	Employee Signature	Daytime Phone Number		
	Edwyna Koetter	940-781-6031		

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

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

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.

