



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 Phimradapsy First Name Sourinhathai Middle Initial _____
Street Address 4401 Vera Cruz AVE N
City/State/Zip Crystal MN 55422
Home Phone _____ Cell / Message Phone (612) 735-7582
Company/Employer _____

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.

Name (Print or type) Sourinhathai Phimradapsy Applicant's Signature [Signature] Date 4/28/14

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 (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 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 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 _____
B	Enter "1" if: <ul style="list-style-type: none"> • 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 \$1,900 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.)	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	<h3>Employee's Withholding Allowance Certificate</h3> <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>2013</h1>
1 Your first name and middle initial <u>Sourinhathai</u>		2 Your social security number <u>562-69-1270</u>
Last name <u>Phimpradapay</u>		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.
Home address (number and street or rural route) <u>4401 Vera Cruz AVE N</u>		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"/>
City or town, state, and ZIP code <u>Crystal MN 55422</u>		5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) <u>1</u>
6 Additional amount, if any, you want withheld from each paycheck <u>\$ 0</u>		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. ▶ <u>7</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.) ▶ <u>Sourinhathai Phimpradapay</u>		Date ▶ <u>4/28/14</u>
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)		

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.)

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

List A Identify and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title:		Document Title: <u>MINNESOTA DRIVERS LICENSE</u>		Document Title: <u>SOCIAL SECURITY CARD</u>
Issuing Authority:		Issuing Authority: <u>STATE OF MN</u>		Issuing Authority: <u>SS ADMIN</u>
Document Number:		Document Number: <u>2918143580418</u>		Document Number: <u>562-69-1270</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>10/17/2017</u>		Expiration Date (if any)(mm/dd/yyyy): <u>N/A</u>
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcodes
Do Not Write in This Space

Certification

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

The employee's first day of employment (mm/dd/yyyy): 05/12/2014 (See Instructions for exemptions.)

Signature of Employer or Authorized Representative 		Date (mm/dd/yyyy) <u>05/08/2014</u>	Title of Employer or Authorized Representative <u>RECRUITER</u>	
Last Name (Family Name) <u>[Signature]</u>		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State
				Zip Code

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) (mm/dd/yyyy):

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.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

SOCIAL SECURITY

562-69-1270
 THIS NUMBER HAS BEEN ESTABLISHED FOR
SOURINHATHAI PHIMPRADAPSY

SIGNATURE

MINNESOTA
DRIVER'S LICENSE



SOURINHATHAI PHIMPRADAPSY
 4401 VEHA CHUE AVENUE
 CRYSTAL, MN 55422

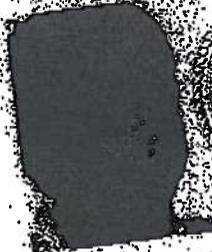
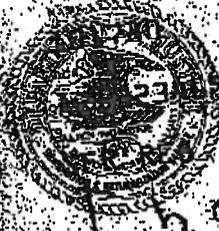
Date of Birth 10-17-1980
 Sex M Eyes BRN Hair D
 Height 5-7 Weight 160

ISSUED 09-2013 EXPIRES 01-17-2017

R918143580418

RESIDENT ALIEN

PHIMPRADAPSY, SOURINHATHAI

Sourinhe Thai Phimradassy

ALTER REGISTRATION RECEIPT CARD
USCIS DETERMINES THIS INDIVIDUAL IS ELIGIBLE TO RESIDE PERMANENTLY AND WORK IN THE U.S.

25323469 11 08 085 362 55118

5793 24510 45317 63780 31810

021682 263 129 16516 8762830

EMPLOYEE INFORMATION (Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

USE BLACK or BLUE INK ONLY ESC CU (NAV* S AD) P2 v13.0

Social Security Number 562-69-1220
Date of Birth 10/17/1980 Sex M F
Name Sourinhotjai Phimpradapsy
Street Address 4401 Vera Cruz AVE N
City Crystal State MN Zip 55422
Home Phone

Do you or any dependents have Medicare?
Yes No If Yes:
Medicare Health Insurance Claim Number (HICN)
Medicare Effective Date
Names of Covered Person(s)
1.
2.
3.

BENEFIT SELECTION

Weekly Rates

MEDICAL



- \$20.91 Employee Only
\$42.44 Employee + One
\$56.67 Employee + Family
NO to MEDICAL, TERM LIFE, and STD benefits.

DENTAL



- \$ 5.99 Employee Only
\$11.98 Employee + One
\$19.77 Employee + Family
NO

TERM LIFE



- YES \$0.60 Employee Only
\$0.90 Employee + One
NO \$1.80 Employee + Family

SHORT-TERM DISABILITY



- YES
NO \$4.20 Employee Only

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

You MUST enroll in the Medical Insurance Plan before adding Term Life or STD. Your coverage level for Term Life will be identical to your medical plan selection.

REQUIRED DEPENDENT INFORMATION

Name
Social Security Number
Date of Birth Sex M F
Relationship: Spouse Child Domestic Partner

Name
Social Security Number
Date of Birth Sex M F
Relationship: Spouse Child Domestic Partner

Name
Social Security Number
Date of Birth Sex M F
Relationship: Spouse Child Domestic Partner

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.

NAME OF BENEFICIARY
RELATIONSHIP

Accidental Death & Dismemberment is part of the Term Life Benefit.

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declination of coverage.

Signature Sourinhotjai Phimpradapsy

Date 04/28/2014

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

Name: Sourinbathai Phimpradapsy
Address: 4401 Vera Cruz AVE N Crystal MN 55422
Home Phone: (763) 533-2298

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

1. Name: Sophea Chann
Phone (work): (612) 876-1633
Phone (home): _____
2. Name: Mon Phimpradapsy
Phone (work): (612) 481-8792
Phone (home): _____

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

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
562-69-1270

Name (Last, First Middle Initial)
Sourinhathai Phimpradapsy

Home Address Street City State Zipcode
4401 Vera Cruz AVE N Crystal MN 55422

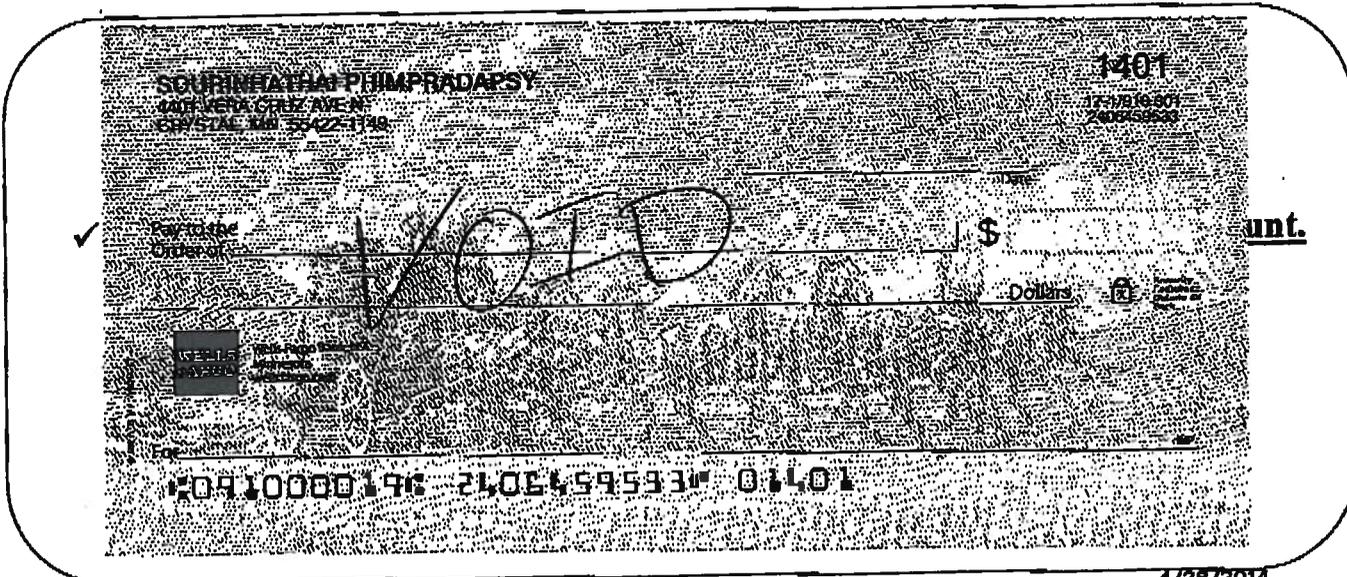
Date (Mo/Day/Yr) Employee Signature Daytime Phone Number
4/28/14 Sourinhathai Phimpradapsy (612) 735-7582

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

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

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.



The UPS Store #1981
7964 Brooklyn Blvd
Brooklyn Park, MN 55445
(763)425-6183 Telephone
(763)425-6390 Fax
Store1981@theupsstore.com



Fax Cover

The UPS Store

To: _____ **Fax #:** (303) 736-7767

Date: _____ **# of Pages (including cover sheet):** _____

From: _____ **Phone #:** _____

Subject: _____



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) <u>Phimpradapsy</u>		First Name (Given Name) <u>Sourinhathai</u>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <u>4401 Vera Cruz AVE N</u>			Apt. Number	City or Town <u>Crystal</u>	State <u>MN</u>	Zip Code <u>55422</u>
Date of Birth (mm/dd/yyyy) <u>10/17/1980</u>	U.S. Social Security Number <u>562-69-1270</u>	E-mail Address			Telephone Number <u>(612) 735-7582</u>	

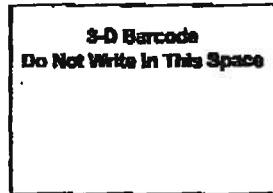
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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): A25323469
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____ . Some aliens may write "NA" 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 "NA" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <u>Sourinhathai Phimpradapsy</u>	Date (mm/dd/yyyy): <u>4/28/14</u>
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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	



Section 2. Employer or Authorized Representative Review and Verification
 (Employer 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 complete a verification of one document from List B and one document from List C as listed on the "List 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.)

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

List A Identify and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

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

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exceptions.)

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)		City or Town
	State	Zip Code

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

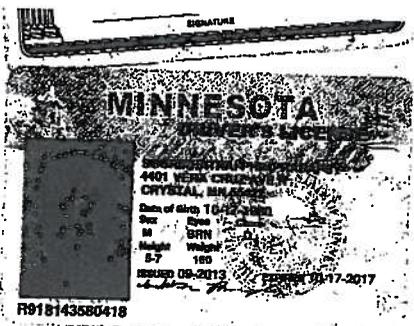
A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial (B. Date of Birth (if applicable) (mm/dd/yyyy):

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.

Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
-----------------	------------------	--

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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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Souvinha Thai Phimradassy

ALIEN REGISTRATION RECEIPT CARD
 PERMITS HOLDER BY THIS CARD IS ENTITLED TO RESIDE PERMANENTLY AND WORK IN THE U.S.

25323469	11	08	085	362	55118
5793	24510	45317	63780	31810	
021682	263	129	16516	8762830	

VSI-IND 219301-EMP

OFFICE USE ONLY

Re Hire Date

EMPLOYEE INFORMATION (Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

USE BLACK or BLUE INK ONLY
FSC CLIN 4V SAD P2 of 10

Social Security Number 562-69-1220
Date of Birth 10/17/1980 Sex M F
Name Sourinhotai Phimpradapsy
Street Address 4401 Vera Cruz AVE N
City Crystal State MN Zip 55422
Home Phone _____

Do you or any dependents have Medicare?
 Yes No If Yes:
Medicare Health Insurance Claim Number (HICN) _____
Medicare Effective Date ____/____/____
Names of Covered Person(s)
1. _____
2. _____
3. _____

BENEFIT SELECTION

Weekly Rates

MEDICAL 

- \$20.91 Employee Only
- \$42.44 Employee + One
- \$56.67 Employee + Family
- NO to MEDICAL, TERM LIFE, and STD benefits.

You MUST enroll in the Medical Insurance Plan before adding Term Life or STD. Your coverage level for Term Life will be identical to your medical plan selection.

REQUIRED DEPENDENT INFORMATION

Name _____
Social Security Number _____
Date of Birth ____/____/____ Sex M F
Relationship: Spouse Child Domestic Partner

Name _____
Social Security Number _____
Date of Birth ____/____/____ Sex M F
Relationship: Spouse Child Domestic Partner

Name _____
Social Security Number _____
Date of Birth ____/____/____ Sex M F
Relationship: Spouse Child Domestic Partner

DENTAL 

- \$ 5.99 Employee Only
- \$11.98 Employee + One
- \$19.77 Employee + Family
- NO

TERM LIFE 

- YES \$0.60 Employee Only
\$0.90 Employee + One
- NO \$1.80 Employee + Family

SHORT-TERM DISABILITY 

- YES
- NO \$4.20 Employee Only

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.

NAME OF BENEFICIARY _____

RELATIONSHIP _____

Accidental Death & Dismemberment is part of the Term Life Benefit.

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declination of coverage.

Signature Sourinhotai Phimpradapsy

Date 04/28/2014



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 Phimpradapsy First Name Sourinhathai Middle Initial _____
Street Address 4401 Vera Cruz AVE N
City/State/Zip Crystal MN 55422
Home Phone _____ Cell / Message Phone (612) 735-7582
Company/Employer _____

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.

Sourinhathai Phimpradapsy Sourinhathai Phimpradapsy 4/28/14
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				
DOH _____	NHW _____	I-9 _____	8850 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	5 Day Letter (if applicable) _____	ESC Application _____

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 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 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** _____

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 \$1,900 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.) **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

OMB No. 1545-0074
2013

▶ 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.

1 Your first name and middle initial: Sourinhotai Last name: Phimpradapoy

2 Your social security number: 562-69-1270

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.

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**

6 Additional amount, if any, you want withheld from each paycheck **1**

7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. **6** \$ **0**

- 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.

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.) ▶ Sourinhotai Phimpradapoy Date ▶ 4/28/14

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)

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

Name: Sourinhathai Phimpradapsy

Address: 4401 Vera Cruz AVE N Crystal MN 55422

Home Phone: (763) 533-2298

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

1. Name: Sopheha Chann

Phone (work): (612) 876-1633

Phone (home): _____

2. Name: Mon Phimpradapsy

Phone (work): (612) 481-8792

Phone (home): _____

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

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
562-69-1270

Name (Last, First Middle Initial) Sourinhathai Phimpradapsy

Home Address 4401 Vera Cruz AVE N City Crystal State MN Zipcode 55422

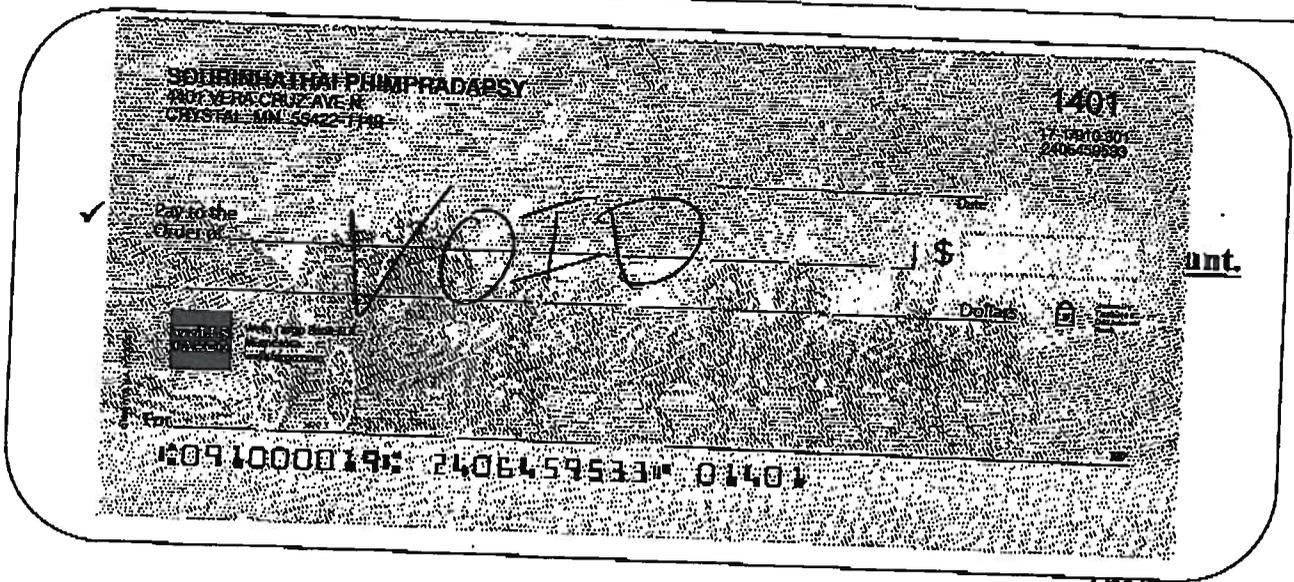
Date (Mo/Day/Yr) 4/28/14 Employee Signature Sourinhathai Phimpradapsy Daytime Phone Number (612) 735-7582

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

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

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.



4/28/2014



1960
1788021

1960
1788021

1960
1788021



12000 N. Washington St. Ste. 290
Thornton, CO. 80241
Phone – 866.920.1425
Fax – 303.736.7767

Background Screening Request – Corporate Management Group

Accellent Package

Submitted by Irene Rival

Return Fax Number: (303) 736-7767

This fax contains the following:

- Authorization form
- Resume

Notes: Please limit the search to the following criteria

- Social Security Trace
- County Criminal History Search - 7 years of address history
- Instant Nationwide
- State Sex Offender
- Education Verification

Sourinhathai Phimpradapsy
4401 Vera Cruz Ave North
Crystal, MN 55422
Cell (612)735-7582

OBJECTIVE: *Seeking a production/Assembly position in your respective organization.*

SKILLS: *I have experiences in warehouse packing and assembling, being focus on my job duties work well with others.*

WORK EXPERIENCE November 1999-May 2011
Plymouth, MN

Memsi Hearing Aid

Casing and Finishing

- *Cutting and Assemble hearing Aid together*
- *Buff and casing*
- *Did shell lab and repaired hearing Aid*
- *Helped with other department when is busy*
- *Assemble and Casing 15 hearing Aid a day*
- *Micro scope and clean room, Laser*

August-1998 -May 1999
St. Louis Park, MN

Japs Olsens Mailing

Warehouse

- *Packing and Shipping mail*
- *Helped with load and unload trucks*
- *Helped run the machine*
- *Shipped out mailing*

EDUCATION

Merced High School
205 W. Olive Ave
Merced, Ca 95348

High School Diploma

REFERENCE

Available upon request

FAX COVER SHEET

DATE: 4/28/2014

TO: J Rene

FROM: Ther

FAX #: 703-736-7767

FAX #: _____

PHONE #: _____

PHONE #: 012-735-7582

NUMBER OF PAGES

(INCLUDING COVER SHEET): 2

MESSAGE:

Here is my resume.

Thank you
Ther



Nationsearch.com 11160 Huron St. #201 Thornton, CO. 80234
 Phone 800.827.9550 Fax 800.827.6118

AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

I hereby authorize Nationsearch.com, and its designated agents and representatives to conduct a review of my background through a consumer report and /or an investigative consumer report to be generated for employment purposes, promotion, reassignment or retention as an employee of

Sourinbatha Phimpradapsi

I understand and am aware that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: names and dates of previous/current employment, work experience, criminal history records, sexual offenders lists, motor vehicle records, educational records, professional license verification, credit history, civil cases, OFAC list, OIG/GSA lists and any other sanctions lists. Upon request, Nationsearch.com will supply a copy of the consumer report (completed) along with a copy of the rights under the FCRA.

I, Sourinbatha Phimpradapsi, authorize the release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at (company name) MEMSI

I hereby release Nationsearch.com and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of any kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization for release of information. I hereby certify that all information provided below and on my resume, CV or questionnaire is correct to the best of my knowledge. Any false statements provided on this form and/or on my resume, CV or application questionnaire will be considered just cause for the termination of employment at any time. This authorization and consent shall be valid in original, fax, copy or scanned form.

Please provide the following information, which is required by government agencies and other entities for identification purposes when conducting the background screening process. This information is confidential and will not be used for any other purpose.

Sourinbatha Phimpradapsi 4/28/14
 Applicant Signature Date

Other Names Used: N/A

Social Security Number	562-69-1270
Date of Birth: To be used for screening purposes only	10/17/1980
Drivers License number : State of Issue:	R918143580418

Street Address	City	State	Zip Code
4401 VERA CRUZ AVE N	Crystal	MN	55422



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) <u>Phimpradapsy</u>		First Name (Given Name) <u>Sourinhathai</u>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <u>4401 Vera Cruz AVE N</u>			Apt. Number	City or Town <u>Crystal</u>	State <u>MN</u>	Zip Code <u>55422</u>
Date of Birth (mm/dd/yyyy) <u>10/17/1980</u>	U.S. Social Security Number <u>562-69-1279</u>		E-mail Address		Telephone Number <u>(612) 735-7582</u>	

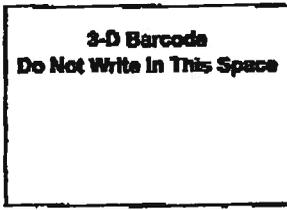
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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): A25323469
- 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)

Signature of Employee: <u>Sourinhathai Phimpradapsy</u>	Date (mm/dd/yyyy): <u>4/28/14</u>
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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

