



employer solutions staffing group
Leveraging Resources in a Changing Market

7301 Ohms Lane Suite 405
Edina, MN 55439
Tel: 952.835.1288 • Fax: 952.835.1255
www.essstaffingsolutions.com

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Woodward First Name Sherry Middle Initial _____
 Street Address 2452 Grant Ave Apt/Site _____
 City/State/Zip Danbury, Ohio 45418
 Phone Number 937-305-3489 Email Address sherry101 @Aol.com
 Staffing Agency/Recruitment Partner C/MG

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 client, 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) Sherry Woodward Applicant's signature [Signature]
 Date 5/15/2014

A copy of facsimile ("fax") will be considered the same as an original signature. Email will ONLY be used for employment correspondence

For ESSG Office Use Only				
DOH	NHW	LA	8850	W4
Emergency Contact Info	Background Release Form	Background Results	Unemployment Letter (if applicable)	Etc Application
For ESSG Client Use				
DOH	ROP	Work Site Loc.	WIC Code	

Form W-4 (2014)

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. Example: You are a graduate student and your only income is from a part-time job. You are not eligible for a refundable tax credit, so you do not want to claim the credit. You are not claiming any other tax credits or deductions, so you do not want to claim the credit. You are not claiming any other tax credits or deductions, so you do not want to claim the credit.

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 \$250 of unearned income (for example, interest and dividends).

Example. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income tax credits or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic Instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheet on page 2 further adjusts your withholding allowances based on itemized deductions, certain credits, adjustments to income, or over-accumulated job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claim and may not be a full 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. 931, Examples, 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. 935 for information on claiming your other credits and 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 obtained 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 2014. See Pub. 505, especially if your earnings exceed \$100,000 (single) or \$180,000 (married).

Write down the information about any future deductions affecting Form W-4 that are required to be included in the box for the federal tax credit for the federal tax credit.

Personal Allowances Worksheet (Keep for your records.)

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

B Enter "1" if: **B 0**

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

C Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.) **C 0**

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. **D 1**

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

F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit. **F 0**

G **Child Tax Credit (including additional child tax credit).** See Pub. 503, Child and Dependent Care Expenses, for details. **G 0**

- If your total income will be less than \$85,000 (\$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 \$85,000 and \$94,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child. **G 3**

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 3**

For accuracy, complete all worksheets that apply.

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.

Employee's Withholding Allowance Certificate

Form W-4 **OMB No. 1545-0074**

Department of the Treasury **2014**

Internal Revenue Service

1 Your first name and middle initial **SHERRY** Last name **WOODWARD**

Home address (number and street or rural route) **2452 Grand Ave** 2 Your social security number **277-766578**

City or town, state, and ZIP code **Dayton, Ohio 45406**

3 Single Married Married but withheld at higher "Single" rate. 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) **3**

6 Additional amount, if any, you want withheld from each paycheck **0**

7 I claim exemption from withholding for 2014, 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. **Exempt**

Under penalties of perjury, I declare that I have examined this certificate and believe, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature **Sherry Wood** Date **5/15/2014**

This form is not valid unless you sign it. **9** Office code (optional) **10** Employer identification number (EIN)

EMERGENCY CONTACT INFORMATION

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

Employee Name: _____

Address: _____

Home Phone: _____

EMERGENCY CONTACTS	
Contact #1 Name: <i>Jenna Crowder</i> Relationship: <i>Daughter</i>	Home Phone: Cell Phone: <i>937-715-2762</i> Work Phone:
Contact #2 Name: <i>Jerry Jackson</i> Relationship: <i>Father</i>	Home Phone: Cell Phone: <i>937-248-8468</i> Work Phone:

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

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representatives 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 "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	OR	List B	AND	List C
Identity and Employment Authorization		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 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): _____ (See instructions for exemptions.)

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
7301 OHMS LANE	SUTTE 405	EMPLOYER SOLUTIONS STAFFING GROUP LLC
	City or Town	State
	EDINA	MIN
		Zip Code
		55439

Section 3. Reverification and Relites (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 Relite (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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IT 4
Rev. 5/07

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions increases.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or he) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 31st of the year in which the death occurs.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions, or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

2 please detach here

IT 4
Rev. 5/07

Ohio Department of Taxation
Employee's Withholding Exemption Certificate

Print full name: Sherry Woodward Social Security number: 277-76-6578
Home address and ZIP code: 2452 Grant Ave Dayton, OH 45466 School district no. _____

Public school district of residence: _____
(See *The Teacher at Law*, Ohio.gov.)

1. Personal exemption for yourself, enter "1" if claimed: 1
2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed): 0

3. Exemptions for dependents: 1
4. Add the exemptions that you have claimed above and enter total: 2

5. Additional withholding per pay period under agreement with employer: \$ _____
Under the penalty of perjury I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature: Sherry Woodward Date: 5/15/14



employer solutions staffing group

Leveraging Resources in a Changing Market
Direct Deposit/Payroll Debit Card Authorization

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card.
If you do not provide a written election, wages will be paid by Payroll Debit Card.

SECTION 1 - BASIC INFORMATION
Employee Name: _____ SSN# (last 4 digits) 277-76-6579 Effective Date: _____

SECTION 2 - PAYROLL ELECTION
 Direct Deposit (Please complete Sections 3 and 5 below)
 Payroll Debit Card (Please complete Sections 4 and 5 below)

SECTION 3 - DIRECT DEPOSIT
 Update Bank Account
Bank Name: CHASE
Routing#: 044000037
Account#: 568938724
Account Type: Checking Savings Other
Initial: SL Date: 5/15/14

To help us avoid making an error, please attach a copy of a voided check. (A deposit slip will not work)
If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods.

SECTION 4 - PAYROLL DEBIT CARD (OPTIONAL CARD) (ADD)
Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.
Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)
First Name: M.I. Last Name: _____ Date of Birth: _____
Street Address (no box nor apartment): _____ Social Security#: _____
City: _____ State: _____ Zip: _____ Call Phone (mobile): _____

GET TEXT ALERTS, when your paycheck is deposited on your card! Yes, sign me up, for text alerts
All we need to know your cell phone service provider and mobile number above! My mobile service provider is: _____

RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)
Payroll Debit Card Routing #: _____ Payroll Debit Card Account #: 122242597

I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.
Date: _____

SECTION 5 - AUTHORIZATION
I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). *E-mail is required for pay stub information.
*E-mail: Hershey101 @ AOL.com
this information will only be used to send your paystubs electronically

Employee's Signature: [Signature] Date: 5/15/14

Form **8850**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

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 Sherry Waldman Social security number ▶ 277-26-6522

Street address where you live 2452 Grant Ave

City or town, state, and ZIP code Daly City, OHIO 45466

County Montgomery Telephone number 937-365-3889

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 Check here if any of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but not age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, or
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months, or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ [Signature] Date 5/15/14

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cal. No. 22861L Form 8850 (Rev. 1-2012)

Form A (rev. 08/12)

TAX CREDIT QUESTIONNAIRE

RETRO TAX
Small Business Tax Credit Administration

EMPLOYER SECTION:

ESG FEIN#:	ESG Client Name & State:
Hiring Manager:	Position:
	Starting Wage: \$

EMPLOYEE SECTION:

Employee Name: <i>Shery M. Leonard</i>	Street Address: <i>2952 Grant Ave</i>	City/State: <i>Daphnola, MS</i>	Zip: <i>39206</i>
SSN: <i>077-76-6571</i>	Date of Birth: <i>5/26/70</i>	Age: <i>43</i>	Have you worked for this company before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			If yes, location:

Please complete all questions, and sign and date the form.

Yes No

- Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997? (If yes, please provide information below.)
 Name of the person receiving benefits: _____ Relationship to you: _____
 City: _____ County: _____ State: _____
- Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months? (If yes, please provide information below.)
 Name of the person receiving benefits: _____ Relationship to you: _____
 City: _____ County: _____ State: _____
- Have you received Supplemental Security Income (SSI) at any time within the past 3 months? Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits. *If you checked yes please provide a copy of your SSI documentation.
 No Yes
- Have you received any type of vocational rehabilitation services within the past two years? If yes, please indicate which type of agency you worked with and provide their location information below:
 Vocational Rehabilitation Agency Dept. of Veterans Affairs Employment Network (Ticket to Work Program)
 Name of Agency: _____ Phone #: _____
 City: _____ County: _____ State: _____
 *If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.
- Are you a Veteran of the U.S. Military? *If yes, please provide a copy of your DD-214 and letter of separation. (If yes, please provide information below. If no, please continue to question #6.)
 Dates of Service - From: _____ To: _____
 Branch of Service: _____
 Are you entitled to or are you receiving compensation for a service-connected disability? No Yes
 Have you been unemployed at any time during the last 12 months? No Yes
 If yes, dates of unemployment - From: _____ To: _____
 Did you receive unemployment compensation at any point during your unemployment? No Yes
- Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months?
 Conviction Date: _____ Release Date: _____
 Was this a Federal or State conviction? If State - County: _____ State: _____

Additional Tax Credits:

IRC (Native American): Are you or your spouse a member of a Native American Tribe?

*If you checked yes please provide a copy of your CDIB card.

CA Residents: Are you the child of foster parents? Do you receive CalWorks? Workforce Investment Act?

SC Residents: Are you a migrant or seasonal farm worker? Have you ever been convicted of a misdemeanor?

Do you receive Family Independence Benefits?

PLEASE READ, SIGN, AND DATE:

Under penalties of perjury, I declare the information above to be true and accurate to the best of my knowledge, and I hereby authorize 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 / Associated Consultants, ~~for~~ RetroTax, or the Department of Labor.

Now Employee Signature: *Shery M. Leonard* Date: *5/15/14*

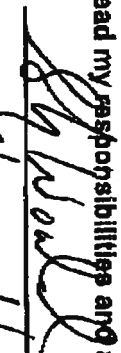
Maintain regular, weekly, communication with your employer if you are unable to return to work. Contact your employer a minimum of after every visit with your primary health care provider. Keep the claims representative advised of your status.

Notify your employer immediately of any new injuries or conditions that impact your physical condition.

If it is necessary to miss scheduled work due to a work injury, you must be seen by your primary health care provider the same day in order to receive compensation for the time away from work. The physician must complete a Report of Workability.

I have read my responsibilities and agree to abide by these guidelines.

Signed:



Printed Name:

Sherry Woodward



employer solutions staffing group
Leveraging Resources in a Changing Market

Important/Importante

LOST OR STOLEN PAYCHECKS

If a paycheck is lost (missing, misplaced, destroyed, lost in the mail, etc.), you must notify your staffing recruiter that the check cannot be found. If it can be verified that the check has not been cashed, ESSG will stop payment on the check and re-issue the check to you, deducting a fee of between \$25-\$35.

If your paycheck was stolen, you must first file a police report before we can re-issue the check. Once you have done so, you must provide a copy of the police report to your staffing recruiter that the check was stolen. If the check has not been cashed and if the loss of the check was not your fault, ESSG will issue a new check and no fee will be deducted.

CHEQUES DE PAGO PERDIDOS O ROBADOS

Si un cheque de pago se pierde (que falta, fuera de lugar, destruido, perdido en el correo, etc), usted debe notificar a su reclutador de personal que el cheque no se puede encontrar. Si se pueda verificar que el cheque no ha sido cobrado, ESSG se detendrá el cheque de pago y reemitir el cheque a usted, descontando un cargo de entre \$ 25 - \$ 35.

Si su cheque de pago fue robado, primero debe denunciar el robo a la policía antes de que podamos volver a emitir el cheque. Una vez hecho esto, usted debe proporcionar una copia de la denuncia a su reclutador de personal que el cheque fue robado. Si el cheque no ha sido cobrado y si la pérdida del cheque no fue su culpa, ESSG emitirá un nuevo cheque y no hay cuota se deducirá.

AGREED/SE ACUERDA

Name/Nombre (con letra de molde):

Sherry D. D. R.

Signature/Firma:

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Employer Solutions Staffing Group LLC		4. Employer Identification Number (EIN) 20-8084369	
5. Employer address 7301 Ohms Lane Suite 405		6. Employer phone number 952-767-9519	
7. City Edina	8. State MN	9. ZIP code 55439	
10. Who can we contact about employee health coverage at this job? RSSC Health Benefits Team			
11. Phone number (if different from above) 952-767-9519		12. Email address health@employersolutionsgroup.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees.
 - Some employees. Eligible employees are: **Site by site basis, to employees who work 30+ hours/week, 1560+ hours/year**
- With respect to dependents:
 - We do offer coverage. Eligible dependents are: **Dependents of enrolled employees working at sites that have elected insurance**
 - We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.
 ** Even if your employer intends your coverage to be affordable, you may still be eligible for a Premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.
 If you decide to drop or coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

- Yes (Continue)
- No (STOP and return this form to employer)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? **Varies by site** (mm/dd/yyyy) (Continue)

14. Does the employer offer a health plan that meets the minimum value standard**?

- Yes (Go to question 15)
 - No (STOP and return form to employer)
15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
- a. How much would the employee have to pay in premiums for this plan? **\$Varies - \$0 - \$55.38**
- b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employer.

16. What change will the employer make for the new plan year?

- Employer won't offer health coverage
 - Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
 - a. How much will the employee have to pay in premiums for that plan? \$ Monthly Quarterly Yearly
 - b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly
- Date of change (mm/dd/yyyy): _____



employer solutions staffing groupsm

Leveraging Resources in a Changing Market

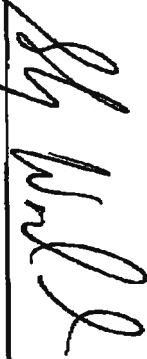
STATEMENT OF CONFIDENTIALITY

This agreement made this 15 day of May, 2011, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and _____ hereafter referred to as "employee".

WITNESSETH:

For the duration of my employment and after resignation or termination of this employment with employer, for any reason whatsoever, the employee shall not use or disclose to any other person or company, and confidential or proprietary information or know-how related to the business of the employer.

In view of the difficulty of determining the amount of damages which may result to the employer from a violation of any of the provisions hereof, the employee agrees to pay to the employer the sum of \$10,000 as liquidated damages for every such violation; provided, however, that the payment of such amount as liquidated damages shall not be construed as a release or waiver by the employer of the right to prevent any such violation in equity or otherwise.



Employee Signature

Employer Solutions Staffing Group LLC, Representative



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 (Employers 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) <i>Woodward</i>		First Name (Given Name) <i>Sherry</i>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <i>24525 Road Ave</i>			Apt. Number	City or Town <i>Dryden</i>	State <i>MI</i>	Zip Code <i>49786</i>
Date of Birth (mm/dd/yyyy) <i>5/16/70</i>	U.S. Social Security Number <i>177-50-6578</i>	Email Address <i>Herby1010@aol.com</i>		Telephone Number <i>937-305-3489</i>		

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.

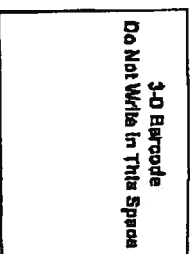
I attest under penalty of perjury, that I am (check one of the following):

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

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

- 1. Alien Registration Number/USCIS Number: _____
- OR
- 2. Form I-94 Admission Number: _____

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



Foreign Passport Number: _____
Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <i>Sherry Woodward</i>	Date (mm/dd/yyyy): <i>5/15/14</i>
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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	

Employer Completes Next Page

May 15, 2014 10:04AM

No. 2395 P. 7

DISCLOSURE AND AUTHORIZATION (IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION)

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. This, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Chms Lane, Minneapolis, MN 55439. Tel: 800-886-4777 or 952-941-9040. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING'S website is at www.orange-tree-screening.com or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p>New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigation consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.</p> <p>New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p> <p>Orange applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the scoring and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.</p> <p>Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>
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ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Chms Lane, Minneapolis, MN 55439. Tel: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING'S website is at: www.orange-tree-screening.com, another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Alaska and Oklahoma applicants or employees only: Please check the box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

(Must include email address: Herkeby11@aol.com)

Signature: [Signature] Date: 5/15/14

BACKGROUND INFORMATION

Last Name: Woodward First: Sherry Middle: _____

Social Security #: 077-76-6572 Other Names/Aliases: _____ Date of Birth (mm/dd/yyyy)*: 5/26/70

Driver's License #: RD 746763 State of Driver's License: OK

Present Address: 2452 Grant Ave Telephone # (Primary): 987-205-3499

City/State/Zip: Daly, IL 60456

*This information will be used for background screening purposes only and will not be used as hiring criteria.

MAY 15, 2014 10:02AM

Irene

No. 2395 P. 1

fax: 303-736-7767

Attention: Katie
Dawie

From: Jodi Blake (Store Room)
Solutions)
c/o Sherry Woodward

5/15/14