



New Hire Application

Personal Data- PLEASE PRINT LEGIBLY IN INK

Last Name SILVA First Name DAVID Middle Initial M
 Street Address 3 Notre Dame st Apt/Ste _____
 City/State/Zip Coventry RI 02816
 Phone Number 401-486-6161 Email Address DSILVA1965 @ Gmail.com
 Staffing Agency/Recruitment Partner _____

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A. Are

you legally authorized to work in the United States of America? YES NO

Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG 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.

DAVID M SILVA
Name (Print or type)

Applicant's Signature

1-6-13
Date

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

For ESSG Office Use Only				
DOH _____	MHW _____	I-9 _____	8850 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Unemployment Letter (If applicable) _____	ESB Application _____
For ESSG Client Use				
DOH _____	ROP _____	Work Site Loc. _____	WC Code _____	



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) Silva		First Name (Given Name) David		Middle Initial M	Other Names Used (if any)	
Address (Street Number and Name) 3 Notre Dame St.			Apt. Number	City or Town Coventry	State RI	Zip Code 02816
Date of Birth (mm/dd/yyyy) 06/09/1965	U.S. Social Security Number 036 - 50 - 6595		E-mail Address dailva1965@gmail.com			Telephone Number (401) 822-0987

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

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

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

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

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

3-D Barcode
Do Not Write in This Space

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:	Date (mm/dd/yyyy): 01/06/2014
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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



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 Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <i>Driver License</i>		Document Title: <i>US Gov Id</i>
Issuing Authority:		Issuing Authority: <i>RI</i>		Issuing Authority: <i>USA</i>
Document Number:		Document Number: <i>8109527</i>		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <i>6.9.16</i>		Expiration Date (if any)(mm/dd/yyyy): <i>8.10.15</i>
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): *1.8.14* (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Tina L...</i>		Date (mm/dd/yyyy) <i>1.13.14</i>	Title of Employer or Authorized Representative	
Last Name (Family Name) <i>hool</i>	First Name (Given Name) <i>Tina</i>	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):
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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):
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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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Employee's Withholding Allowance Certificate

If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form RI W-4 for the highest-paying job and claim zero on all of your other RI W-4 forms. You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld. Also, keep in mind that based on the personal income tax system in effect as of January 1, 2011, if your annual wages exceed \$211,300, your exemption amount will be phased out and be equal to zero.

Line 1: Figure your personal allowances (including allowances for dependents)

- A. No one else can claim me as a dependent. If yes, enter "1" on line 1A..... 1A. _____
- B. I can claim my spouse as a dependent. If yes, enter "1" on line 1B..... 1B. 1
- C. Enter the number of dependents (other than you or your spouse) you will claim on your tax return..... 1C. 2
- D. Enter any additional allowances (review carefully to avoid underwithholding) 1D. _____
- E. Add lines A, B, C and D and enter here. However, if line E is more than 10, enter 10.
This is the total number of personal allowances to which you are entitled. Enter on line 1 below..... 1E. _____

Line 2: Additional withholding amounts

If you want additional withholding taken out of your pay, enter that dollar amount which is to be withheld each pay period on line 2 below.

Line 3: Exempt Taxpayer

Exempt Status #1

If you meet both of the conditions below, you may claim exemption from Rhode Island withholding for 2014:

- a) Last year I had a right to a refund of all Rhode Island income tax withheld because I had no tax liability AND
- b) This year I expect a refund of all Rhode Island income tax because I expect to have no tax liability.

If you meet both of the above conditions, write "EXEMPT" on line 3 below.

Exempt Status #2

If you are the spouse of a servicemember stationed in Rhode Island, your wages may be exempt under the Military Spouses Residency Relief Act. If you meet both of the conditions below, you may claim exemption from Rhode Island withholding for 2014.

- a) You moved to Rhode Island solely to be with your servicemember spouse in compliance with military orders sending the servicemember to Rhode Island AND
- b) You have the same non-Rhode Island domicile as your servicemember spouse.

If you meet both of the above conditions, write "EXEMPT-MS" on line 3 below.

NOTE:

If you claim "EXEMPT" or "EXEMPT-MS" on line 3, you must complete Form RI W-4 each year. Otherwise, Form RI W-4 only needs to be completed if you are making changes to your withholding allowance.

RI W-4	State of Rhode Island and Providence Plantations Employee's Withholding Allowance Certificate	2014
PLEASE PRINT		
<p>Name - first, middle initial, last DAVID M. SILVA</p> <p>Present home address (Number and street, including apartment number or rural route) 3 Notre Dame St</p> <p>City, town or post office State ZIP code COVENTRY RI 02810</p> <p>Your social security number 036-50-6595</p>	<p>1. Enter the number of allowances from line 1E above 1. <u>4</u></p> <p>2. Enter any additional dollar amount which you would like withheld from your pay 2. <u>\$ 0</u></p> <p>3. If you meet the conditions above, write "EXEMPT" or "EXEMPT-MS" whichever applies 3. _____</p>	
<p>Employee: File this form with your employer to adjust your Rhode Island withholding. You should make a copy for your own records.</p> <p>Employer: Keep this certificate with your payroll records. The form must be available to the Division of Taxation upon request.</p>		
<p>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.</p>		
<p>Employee Signature → <u>David M. Silva</u></p>	<p>Date <u>1-6-14</u></p>	

Rhode Island

DRIVER LICENSE
Class 10 License No. 8109527
Expires 06-09-2016

Sex M Ht 510 Wt 180 Eyes BROWN Issue Date 06-09-2011

Restrictions H Endorsements

DAVID M SILVA
3 NOTRE DAME ST
COVENTRY, RI 02816



David M. Silva



DL

United States Government

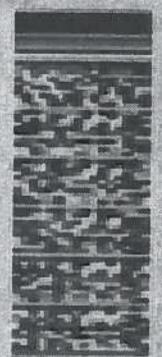
AUG2015



Affiliation
**Uniformed
Services**
Agency/Department
Army

Expires
2015AUG10

**SILVA,
DAVID MARK**



Pay Grade Rank
E7 SFC

General Services Administration Identification Card