



7301 Ohms Lane Suite 405 Edina, MN 55439

Tel: 952.835.1288 • Fax: 952.835.1255

www.esgstaffingsolutions.com **New**

Hire Application

Personal Data— PLEASE PRINT LEGIBLY IN INK

01/02/2014

Androver R. Paniagua Montilla
39 Clematis ST. FL 1 02908, Providence RI
SS# 096 86 9935 DOB 02/11/1977
A# 097-849-669 Driver License 2513974 (Rhode Island)

Are your terms of employment 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 for consideration for employment or, if discovered after I begin employment, will result in my termination.

I agree to abide by the policies and procedures of ESSG.

Androver R. Paniagua
Print or type

Androver R. Paniagua
Applicant's Signature

Date 01/02/2014

A copy of this application ("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	I-9	8850	W4
Emergency Contact Info	Background Release Form	Background Results	Unemployment Letter (if applicable)	ESC Application
For ESSG Client Use				
DOH	ROP	Work Site Loc.	WC Code	

ESSG Providence Solutions RI



DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which applicant(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) MAGUA		First Name (Given Name) Androver		Middle Initial R	Other Names Used (if any) Andro	
Address (Street Number and Name) Clematis ST			Apt. Number 1	City or Town Providence		State RI
Zip Code 02908	Birth (mm/dd/yyyy) 11/1977	U.S. Social Security Number 096-869935		E-mail Address Andropamagua@gmail.com		Telephone Number 401-465-8074

Be 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 declare, 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): A# 097-849-669
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy). Some aliens may write "N/A" in this field.

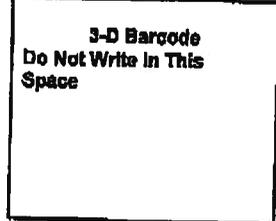
See instructions)

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

1. Alien Registration Number/USCIS Number: A# 097-849-669

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: ADIBI, pm	Date (mm/dd/yyyy): 02/02/2014
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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 declare, 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)
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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: <i>Driver License</i>		Document Title: <i>SS Card</i>
Issuing Authority:		Issuing Authority: <i>RJ</i>		Issuing Authority: <i>SS Admin</i>
Document Number:		Document Number: <i>2513974</i>		Document Number: <i>096-86-9935</i>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <i>2-11-17</i>		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): 1-8-14 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>[Signature]</i>		Date (mm/dd/yyyy) <i>1-13-14</i>	Title of Employer or Authorized Representative <i>Acct Mgr</i>	
Last Name (Family Name) <i>hsol</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):

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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DISCLOSURE AND AUTHORIZATION [IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Orange Tree Employment Screening Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your credit history, 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, 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 disclosed about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be aware 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 Ohms 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.orangetreescreening.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing you 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.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative 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.
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.
Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage 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.
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.

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 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING's website is at: www.orangetreescreening.com, another outside organization acting on behalf of the company, and/or the company 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.
Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

(Must include email address) Andro.paniagua@gmail.com

Signature: Andro.paniagua

Date: 01/02/2014

ANDROVER R. PANIAGUA **BACKGROUND INFORMATION** MONTANA SS# 096-86-9935

DOR: 02/11/1977

Driver license: RI 2513974

A# 097-849-669

Address:

39 clematis ST FL. 1

Providence, RI 02908

State of Rhode Island and Providence Plantations **RI W-4**

Employee's Withholding Allowance Certificate **2013**

PLEASE PRINT

Name: middle initial, last
Andrew L. Paniagua

Present address (Number and including apartment number or rural route)
39 Clematis ST FL 1

City, or post office State Zip code
Providence, RI 02908

Your social security number
015-86-9935

- 1. Enter the number of allowances from line 1E above 1. **2**
- 2. Enter any additional dollar amount which you would like withheld from your pay **0** \$
- 3. If you meet the conditions above, write "EXEMPT" or "MS" whichever applies 2. **"EXEMPT"**

Employee:
File this form with your employer to adjust your Rhode Island withholding. You should make a copy for your own records.

Employer:
Keep this certificate with your payroll records. The form must be available to the Division of Taxation upon request.

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.

Employer Signature: **Andrew L. Paniagua**
10:21 pm

Date: **01/02/2014**

State of Rhode Island and Providence Plantations 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 new personal income tax system in effect as of January 1, 2011, if your annual wage exceeds \$207,950, 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. 1 B.

I can claim my spouse as a dependent. If yes, enter "1" on line 1B..... 1B. _____

C. Enter the number of dependents (other than you or your spouse) you will claim on your tax return..... 1C. 1

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. 1E. _____

Enter the total number of personal allowances to which you are entitled. Enter on line 1 below..... 1E. 2

Line 2 Additional withholding amounts

If you have additional withholding taken out of your pay, enter that dollar amount which is to be withheld each pay period on line 2 below 0

Line 3 Exempt Taxpayer

Exemption #1

If you meet both of the conditions below, you may claim exemption from Rhode Island withholding for 2013:

a) I had a right to a refund of all Rhode Island income tax withheld because I had no tax liability AND

b) 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.

Exemption #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 2013.

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 live 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. Other than that, Form RI W-4 only needs to be completed if you are making changes to your withholding allowances.

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 on question #6.)

Dates of Service - From: ___/___/___ To: ___/___/___

Branch of Service: _____

Are you entitled to or are you receiving compensation for a service-connected disability? Have you been unemployed at any time during the last 12 months?

Yes, dates of unemployment - From: 12/03/2013 To: Present

Do you receive unemployment compensation at any point during your unemployment? (Pending status)

Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months?

Conviction Date: ___/___/___ Release Date: ___/___/___

Is this a Federal or State conviction? If State - County: _____ State: _____

Federal State

Additional Tax Credits

(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.

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

Migrant or seasonal farm worker? Have you ever been convicted of a misdemeanor?

Do you receive Family Independence Benefits?

PLEASE READ, SIGN, AND DATE:

I declare the information above to be true and accurate to the best of my knowledge, and I authorize any agency, individuals to supply such verification or information may be needed to determine tax credit eligibility to my employer, employer representative Consultants, Inc. dba Retrotax, or the Department of Labor.

Employee Signature: Adriana Pina Date: 01/08/2014



INJURY MANAGEMENT PROGRAM

Injured Worker's Responsibilities

As your employer, we are concerned about your full recovery. Reasonable and necessary medical care will be paid for any compensable work injury. Medically authorized time away from work will be reimbursed in accordance with the State

Form 1 rev. 08/12)
EMPLOYEE SECTION:

TAX CREDIT QUESTIONNAIRE



EIN#:		Client Name & State:	
Manager:	Position:	Starting Wage: \$	

EMPLOYEE SECTION:

Employee Name:	Street Address:	City/State:	Zip:
ROVER R. PANIAGUA	39 Clematis ST FL 1	PROVIDENCE, RI	02908
SSN:	Date of Birth:	Age:	Have you worked for this company before?
096-86-9935	02/11/1977	36	Yes <input type="radio"/> No <input checked="" type="radio"/>
		If yes, location:	

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

Yes No

1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 15, 2008? (If yes, please provide information below.)

Name of the person receiving benefits: _____ Relationship to you: _____
County: _____ State: _____

2. 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: _____
County: _____ State: _____

NO

3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months? (Note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits. *If checked yes please provide a copy of your SSI documentation.)

Yes No

NO

If your paycheck was stolen, you must first file a police report before we can reissue the check. Once you have done so, you must provide a copy of the policy 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 puede 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): ANDRUEB R. PAMAGUA

Signature/Firma: *Andrueb R. Pamagua*

Employee Keeps This Form

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
1210-0148
Expires 11-30-2013

Part A: General Information

When many parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employer-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that does not meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Do Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly

1/ 25.

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6RFLD06HFXULWA

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6WDWH =LS

Cell3KRQH (mobile)

1: TEXT ALERTS, when your paycheck is deposited on your card!
1: We need to know your cell phone service provider and mobile number above!

Yes, sign me up, for text alerts
My mobile service provider is:

2: 372)3\$<52// (%.7 &\$5"WREHFRPSOHWHGZKHQXRSLFNXSXRXU3DAUROO'HELW&DUG
3: JROO'HELW&DUG5RXWLQJ 3DAUROO'HELW&DUG\$FFRXQW
122242597

4: HUHFLYHGP3DAUROO'HELW&DUGZHOFRPHEURFKXHSURJUDPIHVSURJUDFVHUPVFRQGLWLRQVDQGGLVFORVXUHV%DFWL
5: LQJP3DAUROO'HELW&DUG ,DPDJUHILQIWRWKHSURJUDFVHUPVFRQGLWLRQVDQGGLVFORVXUHVVKDWDUHLQFOXGHGRUPDG
6: LODEOHWRPHIURPWLPHWRWLPHIURPWKHILQDQFLDOLQVWLWXWLRQ,
7: KRULJ
8: HILQDQFLDOLQVWLWXWLRQWRGHELP3DAUROO'HELW&DUGDFFRXQWIRUWKHIIHVGHVVFULEHGLQWKHIIHVFKHGXOHWKDW
9: UWRJWKHSURJUDFVHUPV
10: L.WLRQVDQGGLVFORVXUHV

(PSOR\HH\TV6LJQDWXUH

DWH

11: WKRULJ

12: *WRGLUIHFWOAGHSRVLWPSHULRGLFZDJHVFRPSHQVDWLRQSDPHQVWQHWRJUHTXLUHGWD[ZLWKKROGLQJVRWKHUUH
13: UHGZLWKKROGLQJ

14: XWKRULJ

15: HIGXFWRQVLQWRPADFFRXQWVDVGHVLIQDWHGDERYHDQGWRLQLWLDWHLIQHFIHVVVDUG
16: WHQWULHVDQGDGMXVWPHQWVIRUDQFUGLWHQWULHV PDGHLQHURUWRPADFFRXQWV

17: LOLVUHTXLUHGIRUSDVWXELQIRUPDWLRQ

(PDLO

@

this information will only be used to send your paystubs electronically

Employee's Signature: *Lonst. pm*

Date: *01/02/2014*

STATEMENT OF CONFIDENTIALITY

This agreement made this 02 day of January, 2014, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Androvel R. Panigawa 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.

ADRSI, pm

Employee Signature

Employer Solutions Staffing Group LLC, Representative

- Identify theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

EMERGENCY CONTACT INFORMATION

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

Employee Name: ANDROVED R. PAMAGUA M.
 Address: 39 clematis ST FL 1 providence , RI
 Home Phone: 401 - 465-8074 (cell)

EMERGENCY CONTACT	
Please list your preferred phone numbers who could be contacted in case of an emergency.	
Contact #1 Name: Ana Montilla Relationship: Cousin	Home Phone: 401 - 831 - 2906 Cell Phone: 401 - 369 - 0767 Work Phone: _____
Contact #2 Name: Harold Santana Relationship: Friends	Home Phone: _____ Cell Phone: (401) 301 - 6987 Work Phone: _____

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