



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 Johnston First Name Ethan Middle Initial S
 Street Address 1225 W 135th Ave
 City/State/Zip Westminster, CO 80234
 Home Phone (303) 431-7542 Cell / Message Phone (720) 402-4511
 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.

Ethan S. Johnston
Name (Print or type)

Applicant's Signature

4-23-2012
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 _____ |



Addendum to Application

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4 DATE 4-22-2012

Name Ethan S. Johnston
Last First Middle Maiden

Social Security No. 623 - 48 - 0177

Telephone (303) 431-7542

If under 18, please list age _____ Referred by _____

Position applied for (1) machine operator Days/hours available to work
 and salary desired (2) _____
 (Be specific) No Pref Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME

When available for work? Any time

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No ___ Yes If so, please explain _____

Do you anticipate any absences from work on a regular basis?
 No ___ Yes If so, please explain _____

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|---------------------|-------------------------------------|---------------------------|---------------------|
| High School | Lake wood | LAke wood, CO | 4 years | High school |
| College | Metro state college | Denver, Colorado | 1 year | Aviation Technology |
| Bus. or Trade School | | | | |
| Professional School | | | | |

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No ___ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

DO YOU HAVE A DRIVER'S LICENSE? Yes ___ No

What is your means of transportation to work? Car

Driver's license number 94-286-1870 State of issue CO

Operator Commercial (CDL) ___ Chauffeur ___

Expiration date 04-10-2015

Have you had any accidents during the past three years? ___ Yes No

If so, how many? _____

Have you had any moving violations during the past three years? Yes ___ No

If so, how many? 1 ticket

OFFICE USE ONLY

Typing Yes ___ No

35 WPM

Personal Computer Yes ___ No

PC ___ Mac

10-key Yes ___ No

Word Processing Yes ___ No

_____ WPM

Other _____

Skills _____

Please list two references other than relatives or previous employers.

Name Rick Lord

Position Airport maintenance

Company Jefferson Airport

Address _____

Broomfield, Colorado

Telephone (303) 345-4418

Name Jared

Position Airport Maintenance

Company Jefferson Airport

Address _____

Broomfield, Colorado

Telephone (720) 352-0395

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

N/A

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ___ Yes ___ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ___ Yes ___ No

Specialty _____ Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

| Name <u>Jefferson County Airport</u> Position <u>Airport operation/maintenance</u> Company <u>Jefferson County</u> Address <u>100 Jefferson County Pkwy, Gate 4560 Golden, CO 80419</u> Telephone <u>(303) 271-8532</u> | Supervisor name <u>Jeff</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From <u>02-2007</u></td> <td>Start</td> </tr> <tr> <td>To <u>present</u></td> <td>Final</td> </tr> <tr> <td colspan="2">Your last job title <u>Airport operation/maintenance</u></td> </tr> </table> | Employment dates | Pay or salary | From <u>02-2007</u> | Start | To <u>present</u> | Final | Your last job title <u>Airport operation/maintenance</u> | |
|--|---|------------------|---------------|---------------------|-------|-------------------|-------|--|--|
| Employment dates | Pay or salary | | | | | | | | |
| From <u>02-2007</u> | Start | | | | | | | | |
| To <u>present</u> | Final | | | | | | | | |
| Your last job title <u>Airport operation/maintenance</u> | | | | | | | | | |
| Reason for leaving (be specific) <u>currently working on weekend</u> | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Airport operation, maintaining computer data, inspection Airport property, maintenance building, cleaning office, take a phone called</u> | | | | | | | | | |

| Name <u>Microsemi corp.</u> Position <u>Machine operation (clean-room)</u> Company _____ Address <u>Broomfield, Colorado</u> Telephone (____) _____ | Supervisor name <u>Frank</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From <u>02-2004</u></td> <td>Start</td> </tr> <tr> <td>To <u>04-2009</u></td> <td>Final</td> </tr> <tr> <td colspan="2">Your last job title <u>Clean-Room operator</u></td> </tr> </table> | Employment dates | Pay or salary | From <u>02-2004</u> | Start | To <u>04-2009</u> | Final | Your last job title <u>Clean-Room operator</u> | |
|--|--|------------------|---------------|---------------------|-------|-------------------|-------|--|--|
| Employment dates | Pay or salary | | | | | | | | |
| From <u>02-2004</u> | Start | | | | | | | | |
| To <u>04-2009</u> | Final | | | | | | | | |
| Your last job title <u>Clean-Room operator</u> | | | | | | | | | |
| Reason for leaving (be specific) <u>Lay off (company closed)</u> | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Working in clean-room, operator machine with chemical assembly. input p.c data.</u> | | | | | | | | | |

| Name _____ Position _____ Company _____ Address _____ Telephone (____) _____ | Supervisor name _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From _____</td> <td>Start</td> </tr> <tr> <td>To _____</td> <td>Final</td> </tr> <tr> <td colspan="2">Your last job title _____</td> </tr> </table> | Employment dates | Pay or salary | From _____ | Start | To _____ | Final | Your last job title _____ | |
|--|--|------------------|---------------|------------|-------|----------|-------|---------------------------|--|
| Employment dates | Pay or salary | | | | | | | | |
| From _____ | Start | | | | | | | | |
| To _____ | Final | | | | | | | | |
| Your last job title _____ | | | | | | | | | |
| Reason for leaving (be specific) _____ | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | | | | | | | |

Who were you referred by? _____

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

Form W-4 (2011)

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 2011 expires February 16, 2012. 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 \$950 and includes more than \$300 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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

| | | | |
|----------|---|----------|----------|
| A | Enter "1" for yourself if no one else can claim you as a dependent | A | <u>1</u> |
| 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 | <u>0</u> |
| 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 | <u>0</u> |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return | D | <u>0</u> |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) | E | <u>0</u> |
| 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 | <u>0</u> |
| 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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children | G | <u>0</u> |
| 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.) 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 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. | H | <u>1</u> |

Cut 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 2011 |
| <p>1 Type or print your first name and middle initial. Last name</p> <p><u>Ethan</u> <u>Sohnston</u></p> | | <p>2 Your social security number</p> <p><u>623-48-0177</u></p> |
| <p>Home address (number and street or rural route)</p> <p><u>1225 W 135th Ave</u></p> <p>City or town, state, and ZIP code</p> <p><u>Westminster, CO 80234</u></p> | | <p>3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.</p> <p>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</p> <p>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"/></p> |
| <p>5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</p> <p>6 Additional amount, if any, you want withheld from each paycheck</p> <p>7 I claim exemption from withholding for 2011, 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</p> | | <p>5 <u>1</u></p> <p>6 \$</p> <p>7</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's signature (This form is not valid unless you sign it.) <u>Ethan Sohnston</u> Date <u>4-23-2012</u></p> | | |
| <p>8 Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS.)</p> | | <p>9 Office code (optional)</p> <p>10 Employer identification number (EIN)</p> |

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

Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

| | | | |
|---|-----------------------|----------------|---|
| Print Name: Last <u>Johnston</u> | First <u>Ethan</u> | Middle Initial | Maiden Name <u>Sebastian</u> |
| Address (Street Name and Number) <u>1225 W 135th Ave</u> | | Apt. # | Date of Birth (month/day/year) <u>04-10-1980</u> |
| City <u>Westminster, CO</u> | State <u>80234</u> | Zip Code | Social Security # <u>623-48-0177</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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____

Employee's Signature [Signature] Date (month/day/year) 4-23-2012

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.

| | |
|---|-----------------------|
| Preparer's/Translator's Signature | Print Name |
| Address (Street Name and Number, City, State, Zip Code) | Date (month/day/year) |

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

| List A | OR | List B | AND | List C |
|--|-------|--------|-------|--------|
| Document title: <u>US PASSPORT</u> | OR | _____ | _____ | _____ |
| Issuing authority: <u>US Department of State</u> | | _____ | _____ | _____ |
| Document #: <u>USA 450792864</u> | | _____ | _____ | _____ |
| Expiration Date (if any): <u>12 MAY 2020</u> | | _____ | _____ | _____ |
| Document #: _____ | | _____ | _____ | _____ |
| Expiration Date (if any): _____ | _____ | _____ | _____ | _____ |

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

| | | |
|---|------------|-----------------------|
| Signature of Employer or Authorized Representative | Print Name | Title |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) | | Date (month/day/year) |

Section 3. Updating and Reverification (To be completed and signed by employer.)

| | |
|-----------------------------|--|
| A. New Name (if applicable) | B. Date of Rehire (month/day/year) (if applicable) |
|-----------------------------|--|

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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 (month/day/year) |
|--|-----------------------|

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Employer Solutions Staffing Group LLC, (hereinafter called "the Company"),

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant



Date:

4-23-2012

**DISCLOSURE AND CONSENT CONCERNING CONSUMER
AND INVESTIGATIVE CONSUMER REPORTS**

This form, which you should read carefully, has been provided to you because CMG may request Consumer Reports and/or Investigative Consumer Reports from a consumer reporting agency. The Company will use any such report(s) solely for employment-related purposes. Consumer Reports or Investigative Consumer Reports will be obtained from CSS Test, Inc. ("CSS Test") located at 400 Laurel Oak Road, Suite 102, Voorhees NJ, 08043. They can be contacted at 856-627-5600. Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws, I hereby authorize and permit CSS Test, Inc., to obtain a consumer report and/or an investigative consumer report which may include the following: Reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: credit reports, social security number, criminal records checks, public court records checks, including civil, driving records, educational records, verification of employment positions held, workers compensation records, personal and professional references, licensing, certification, etc. The information contained in these reports may be obtained by CSS Test from private or public record sources including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

Additional State Law Notices: If you live or are applying for a job in California, Maine, New York or Washington, please note:

California residents, under section 1786.22 of the California Civil Code, you may view the file maintained on you by CSS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at CSS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

Maine: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

New York: You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

Washington State: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

CONSENT

I have carefully read and understand this Disclosure and Consent form and, by my signature below, consent to the release of consumer and/or investigative consumer reports, as defined above, to the Company in conjunction with my application for employment. I further understand that any and all information contained in my job application or otherwise disclosed to the Company by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Company. I understand that if the Company hires me, it may request a consumer report and/or an investigative consumer report about me, as defined above, for employment-related purposes during the course of my employment. I understand that my consent will apply throughout my employment, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time. This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

Applicant Last Name ^{ES} Ethan Johnston First Ethan Middle Sebastian
Social Security # 623-48-0177 Date of Birth (for ID purposes only) 04-10-1980
Drivers License Number and State of Issue 94-286-1870
Present Address 1225 W 135th Ave
City/State/Zip Westminster, CO 80234
Applicant Signature [Signature] Date 04-23-2012

CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS ONLY:

I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report on me that is requested.

CSS Inc.

400 Laurel Oak Road, Suite 102, Voorhees, NJ 08043 Tel: 1-856-627-5600 Fax: 1-856-627-5699

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

Name: ~~Kammaly Inthamanivong~~ Ethan S- Johnston
Address: ~~5020 W 71st Place, Westminster, CO 80234~~
Home Phone: ~~(303) 427-0789~~ 1225W 135th AVE.
Westminster, CO 80234
(303) 431-7542

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

1. Name: Kammaly Inthamanivong
Phone (work): (303) 921-5892
Phone (home): (303) 427-0789
2. Name: Bobby Serixay
Phone (work): _____
Phone (home): (303) 834-5078

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 checked="" type="checkbox"/> As Soon As Possible |
| <input type="checkbox"/> Stop | <input type="checkbox"/> Future Paydate |
| <input type="checkbox"/> Change | ____/____/____ |

Social Security Number
623-48-0177

| | | | | |
|--|--------------------|----------------------|-------|---------|
| Name (Last, First Middle Initial) Johnston Ethan S. | | | | |
| Home Address | Street | City | State | Zipcode |
| 1225W | 135th AVE | Westminster | CO | 80234 |
| Date (Mo/Day/Yr) | Employee Signature | Daytime Phone Number | | |
| 04-23-2012 | <i>E. Johnston</i> | (303) 431-7542 | | |

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

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

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.

✓ **Attach a voided check HERE or photocopy of a check for checking account.**
DO NOT ATTACH A DEPOSIT SLIP.

WOTC NEW HIRE PROCESS

Part One - Applicant

On the day the Applicant is offered and accepts the job, the applicant should:

- a. **completely fill out, sign and date** Form A (either the English or Spanish side),
AND
- b. **completely fill out, sign and date** the front of the 8850 form,
AND (if at least 16 but not yet 25 years old)
- c. **completely fill out, sign and date** the Disconnected Youth Self-Attestation form.

Part Two – HR Administrator

1. After the Applicant fills out the two forms listed above, the HR administrator should check for:
 - a. Legibility, especially SS#,
 - b. Completeness of forms, especially **signature** on Form 8850, Form A and Self-Attestation form,
 - c. Employee has included their **physical** address, **NO P.O. BOXES**,
 - d. If the Applicant is a veteran (question 6 of the Form A), please obtain a copy of their DD-214, and
 - e. If the Applicant is part of the "Ticket to Work" program (question 4 on the Form A), please obtain a copy of their ticket document.
2. HR Administrator or Manager should then complete the "For Employer's Use Only" section on the back of the Form 8850, then sign and date the form.
3. Attach a copy of the employee's **W-4 form**, Social Security Card **AND** one of the following:
 - a. Driver's License,
 - b. Resident Alien Card,
 - c. Birth Certificate, or
 - d. State ID card.
4. Completed packets should include:
 - a. Form A (**ORIGINAL SIGNATURE IS REQUIRED BY ACI/RetroTax**),
 - b. 8850 form (**ORIGINAL SIGNATURE IS REQUIRED BY ACI/RetroTax**),
 - c. Disconnected Youth Self-Attestation form (**ORIGINAL SIGNATURE REQUIRED BY ACI/RetroTax**),
 - d. Copy of Social Security Card,
 - e. Copy of W-4 form,
 - f. One other piece of Identification (see list above),
 - g. Copy of DD-214, if applicable, and
 - h. Copy of Ticket to Work, if applicable.
5. Gather completed packets and mail to:

ACI/RetroTax
3730 Washington Boulevard
Indianapolis, IN 46205

Please double check the paperwork. The more thorough the HR Administrators are in providing support documentation and the completed forms, the faster ACI/RetroTax can process the forms without repeatedly contacting you.

The forms must reach ACI/RetroTax's office, be processed and ACI/RetroTax must send the forms to the State Department of Employment Services within 28 days of the employee's Job Started Date or you will lose the certification.

If you have any questions or concerns please feel free to contact Becky Huber or Lola Strode at 1-800-925-0557.

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 Ethan S. Johnston Social security number ▶ 623-48-0177

Street address where you live 1225 W 13th Ave

City or town, state, and ZIP code Westminster, CO 80234

County Adams Telephone number (303) 431-7542

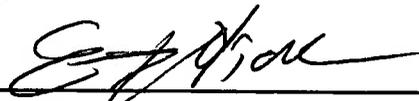
If you are under age 40, enter your date of birth (month, day, year) 4-10-1980

- 1 Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 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 discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 16 but **not** age 25 or older, **and**:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
 - Discharged or released from active duty in the U.S. Armed Forces, **or**
 - Unemployed for a period or periods totaling at least 6 months.
- 5 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 ▶



Date 4/23/2012

For Employer's Use Only

Employer's name Employer Solutions Staffing Group Telephone no. (952) 835 - 1288 EIN ▶ ;

Street address 7301 Ohms Lane, Suite 405

City or town, state, and ZIP code Edina, MN 55439

Person to contact, if different from above Associated Consultants, Inc. Telephone no. (800) 925 - 0557

Street address 3730 Washington Boulevard

City or town, state, and ZIP code Indianapolis, IN 46205

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ▶

Date applicant:
Gave information / / Was offered job / / Was hired / / Started job / /

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job _____

Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ Title Date / /

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code. Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping 3 hrs., 16 min. Learning about the law or the form 46 min. Preparing and sending this form to the SWA 42 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.

WORK OPPORTUNITY TAX CREDIT

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

Name Ethan S. Johnston
Address 1225 W 135th Ave
City Westminster State CO Zip 80224 Social Security # 623 48-0177
Date of Birth 4-10-1980 Age 32

Please CHECK ONE ANSWER for each of the following questions, and complete question #5:

- 1. Have you or any family member living with you received Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) during the past 24 months? Yes [] No [X]
2. Have you or any family member living with you received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) at any time during the past fifteen (15) months? Yes [] No [X]
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days? Yes [] No [X]
4. Are you part of the Ticket to Work program? Yes [] No [X]

5. Name of person who received benefits N/A
Relationship City & State where benefits received

6. Are you a veteran? Yes [] No [X] and Disabled due to service? Yes [] No [X]
Service Dates: From: To: Branch:

7. Have you been unemployed at any time during the last 12 months? Yes [] No [X]
If yes, dates of unemployment: From: To:
Did you receive unemployment compensation at any point during your unemployment?
If yes, dates received compensation: From: To: Yes [] No []

8. Have you been convicted of a felony or released from prison in the last 12 months?
Date of Conviction: Date of Release: Yes [] No [X]
Parole Officer's Name: Parole Officer's Phone #

9. Have you received rehabilitation services from a State approved or Department of Veterans Affairs approved Vocational rehabilitation agency? Yes [] No [X]
Name of Agency Phone #
Address of Agency Counselor's Name

10. Have you attended High School, College or Technical School for more than an average of 10 hours per week at any time during the last 6 months? Yes [] No [X]

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

12. How much in gross wages have you earned TOTAL in the past six months? \$11,000

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, or the Department of Labor.
NEW HIRE SIGNATURE DATE 4-23-2012

Questions below to be completed by manager
Starting Wage Position
Has employee worked for this company before? If yes, date and location



YOUTH SELF-ATTESTATION FORM Work Opportunity Tax Credit Program

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

New Hire Name: Ethan S. Johnston

Social Security Number: 623 28-0177 Date of Birth: 04-10-1980

Employer Name: Employer Solutions Staffing Group

Employer Federal ID (EIN) Number: -

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

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

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

New Hire's Signature: *Ethan S. Johnston* Date 4-23-2012

Privacy Act Notice:

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

Public Burden Statement:

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.

Ethan S. Johnston

1225 W 135th Ave
Denver, CO 80234
(720) 402- 4511
ryanholer@yahoo.com

OBJECTIVE: *To achieve a position as an Assembly Operator*

EDUCATION:

Metropolitan State College of Denver

- Electrical Engineering Technology undergraduate

PERSONAL ATTRIBUTES:

- Enjoy multitasking, strong written and verbal communication skills, quick learner, highly motivated self-starter, dependable, punctual, flexible, team-oriented. Adept with all MS Office software.

EMPLOYMENT EXPERIENCE:

02/2006-present

Rocky Mountain Metropolitan Airport (Jefferson County Government)

Title: Operations Specialist

- Perform routine inspection of all airport property to ensure compliance with FAA/County rules and regulations.
- Issue Notice to Airman (NOTAMS) and airport condition reports.
- Maintain computer data files, compile various report--such as incident/accident reports.
- Respond to airport emergencies in accordance with prescribed procedures and take steps to minimize the impact on other airport operations.
- Perform on-call duty during the night, holidays and weekends.
- Perform landscaping and snow removal operation.
- Perform minor repairs and maintenance to the airfield, fleet equipment and assisted with en operational requirements of the airport.
- Active ARFF (Aircraft Rescue Firefighter).
- Handle two-way radio communication and work closely with air traffic control tower.
- Work closely with local and national law enforcement personnel such as FBI, NTSB, Fire Rescue, Jefferson County Sheriff, U.S .Customs and Border Patrol and the National Weather Service.
- Maintain various reports with strong written and verbal communication.

04/2004-03/2009

Microsemi Corporation. Broomfield, CO

Title: Wafer Fabrication Process Technician III Clean Room.

- Maintained computer data: analyzed, filed, and responded to control rework issues.
- Responded to daily semiconductor wafer fabrication and operations under time-sensitive deadlines and according to specifications.
- Worked closely with operations managers and engineering regarding processes as needed. Helped in finding solutions to routine problems.
- Performed simple to complex production tasks of routine and non-routine nature according to a set of written instructions.
- Follows instruction on complex, detailed process instructions such as MPI's, MN's, Lot Travelers, and LBM's with very minimal supervision.
- Demonstrated proficiency in assigned area by effectively and consistently meeting and/or exceeding quality, quantity, and process flow requirements.
- Demonstrated a high level of knowledge in statistical process control (SPC) charting methods, as needed.
- Communicated quality issues to Group Leader/Supervisor.
- Aided in trained new operators in process and documentation procedures. Helped develop lower level operator's knowledge and skills.
- Trained and performed as backup for higher-level jobs.
- Worked independently on multiple processes, as required.
- Assisted Group Leader to assure adequate supply of materials/parts to work stations by either communicating need or directly obtaining materials from the stockroom.
- Communicated with wafer fabrication operators on other shifts in assigned area regarding parts and process information. Participated as a key individual in team decision making and problem solving.
- Knowledge of semiconductor theory, such as oxidation deposition diffusion process.

03/2002 – 05/2004

JDS Uniphase Corporation (Pico light)

Title: Assembled and Tested

- Assembled and tested Vertical cavity surface emitting laser (VCSEL) wafer fabrication and 10 –Gigabit Ethernet.
- Calibration, maintenance, and troubleshooting on all plant instrument with specific focus on 10 SFP+, 10Gigabit E and stressed signal test solution equipment.
- Assembled 10 Gigabit Ethernet and tested.
- Focus on large scale pollution, emission, monitoring, small scale, thermometer equipment.
- Knowledge of statistical tools as well as basic statistics.
- Monitored R & D and SVT lab to test the board and system with combined enhance transport technology like SDH/OTH, fiber channel and multifold Ethernet service.

09/2001 - 12/2001 (Internship)

Wing of Rocky Aerospace Museum at Denver, Colorado

Title: *Clerk / Receptionist.*

- Prepared work orders for preventative maintenance and general repairs.
- Performed required custodial duties, serving hangars, performing landscaping, minor repairs and maintenance to the museum.
- Provided customer service to over 100 customers daily.
- Performed minor repairs and maintenance to the museum facilities.

References: Available upon request

Charles McLean Community High School

Jefferson County Public Schools

This Certifies That

Sonexay Phasay

has satisfactorily completed a Course of Study prescribed by
Jefferson County Public Schools and having met the requirements for
graduation is awarded this

Diploma

In Witness Whereof we have affixed our signatures

November 16, 1994

David R. DiGianni
President, Board of Education

Nancy J. McNeely



[Signature]
Superintendent

[Signature]
Principal

Metropolitan State College of Denver

*The Trustees of Metropolitan State College of Denver
upon the recommendation of the Faculty*

hereby confer upon

Ethan S. Johnston

the Degree of

Bachelor of Science

Aristion Verhulsting

*with all the Rights, Responsibilities, Privileges and Honors thereunto appertaining
conferred at Denver, Colorado, this fourth day of August,
two thousand and seven.*



R. A.

PRESIDENT OF THE COLLEGE

Carl E. Olsen

CHAIR, BOARD OF TRUSTEES

Combined Court, Adams County, CO
CERTIFIED to be a full, true & correct
copy of the original in my custody

DATED APR 19 2010

BY [Signature]
Deputy



| | |
|--|-----------|
| <input checked="" type="checkbox"/> County Court <input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court County, Colorado | |
| Court Address: <u>1100 Combined Ct., 1100 Judicial Ctr. Dr., Brighton, CO</u> | |
| IN THE MATTER OF THE PETITION OF: <input checked="" type="checkbox"/> Adult: or <input type="checkbox"/> Parent/Petitioner: for Minor Child: FOR A CHANGE OF NAME TO: | |
| <u>ETHAN SEBASTON JOHNSTON</u> | |
| Division | Courtroom |
| FINAL DECREE FOR CHANGE OF NAME | |

▲ COURT USE ONLY ▲

Case Number:
100 0415

The Court having read and considered the Petition for Change of Name finds:

- That the statutory requirements for a change of name under §13-15-101, C.R.S. have been met;
- That the desired change of name is proper and not detrimental to the interests of any other person;
- That the change of name is in the best interest of the minor child; and
- That the Petitioner, being an adult or child 14 years of age or older, has not been convicted of a felony or adjudicated a juvenile delinquent for an offense that would constitute a felony if committed by an adult in this state or any other state or under federal law.

The Court further finds that:

- Publication is not required, as the Petitioner has shown good cause why publication pursuant to §13-15-102, C.R.S. should not apply.

The Court Orders the following change of name:

- The name of SONEXAY AIR PHASAY born on APRIL 10, 1980 (date of birth)
 is changed to ETHAN SEBASTON JOHNSTON

Date: _____

[Signature]
 Judge Magistrate

I certify that the Petitioner provided proper proof of publication. On 4-19-10 (date), the Final Decree for Change of Name is issued.

Date: 4-19-10

[Signature]
 Clerk



Direct Deposit / Automatic Payment Information Form



The fastest, most convenient way to manage your everyday financial transactions - and it's free!

Benefits To You

Convenient - Your money is deposited automatically for you, even when you are ill, on vacation or too busy to get to the bank. Your check is deposited electronically into your Wells Fargo account.

Fast - You have immediate access to your money on the day of deposit.

Safe - Never worry about checks getting lost, delayed or stolen.

Automatic saving - Watch your account grow when you have at least part of your pay directed to your account.

Automatic Payment - You can also use your routing number (RTN) and account number to setup automatic payment of your recurring bills from your account.

Three Easy Steps to Set up Your Direct Deposits or Automatic Payments

Step 1. Use Account Information Provided Below

You must provide your information about the account where the money will be deposited or withdrawn.

| Routing Number (RTN): | Account Number: | Account Type: | Routing Number (RTN): | Account Number: | Account Type: |
|-----------------------|-----------------|---------------|-----------------------|-----------------|---------------|
| 102000076 | 5842121583 | CHECKING | | | |
| | | | | | |

Step 2. Contact Your Employer or Payor

Contact your employer or payor directly to see if they offer direct deposit service. Where direct deposit is available, provide your account information. Your payor may need you to complete a form and provide a voided check or Command check to process your request.

Step 3. Monitor Your Account

For Direct Deposit, it can take one to two months for a payor to process your request and to begin receiving electronic deposits.

Questions? Wells Fargo Phone BankSM is available 24/7 at 1-800-TO-WELLS (1-800-869-3557)

Ethan S. Johnston