



**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 Perry First Name Thomas Middle Initial M  
 Street Address 1106 Holabird Circle Apt#4  
 City/State/Zip Marshall, MN 56258  
 Home Phone 507-929-9989 Cell / Message Phone 507-828-8994  
 Company/Employer Corporate Management Group

**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.

Thomas Perry  5/31/2012  
 Name (Print or type) Applicant's Signature Date

A copy or facsimile will be considered the same as an original signature.

**For ESSG Office Use Only**

DOH _____	NHW _____	I-9 _____	8850 _____	W4 _____
Emergency Contact info _____	Background Release Form _____	Background Results _____	5 Day Letter (if applicable) _____	ESC Application _____



## Addendum to ESG Application

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED**

<b>PLEASE COMPLETE PAGES 1-4</b>	DATE <u>5/31/2012</u>
Name <u>Perry</u> <u>Thomas</u>	
<small>Last</small>	<small>First</small>
<small>Middle Maiden</small>	
Social Security No. <u>471</u> - <u>84</u> - <u>6738</u>	
E-Mail <u>tperrymn@gmail.com</u>	
If under 18, please list age _____	Referred by _____
Position applied for (1) <u>Operations Technician</u>	Shift available to work
and salary desired (2) <u>\$12/Hour</u>	1 <sup>st</sup> <u>Yes</u>
(Be specific)	2 <sup>nd</sup> <u>Yes</u>
	3 <sup>rd</sup> <u>Yes</u>
How many hours can you work weekly? <u>40+</u>	Can you work nights? <u>Yes</u>
Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME	
When available for work? <u>6/11/2012</u>	
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?	
<input checked="" type="checkbox"/> No ___ Yes If so, please explain _____	
Do you anticipate any absences from work on a regular basis?	
<input checked="" type="checkbox"/> No ___ Yes If so, please explain _____	

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Tri-County High School	303 Pembina Trl S Karlstad, MN 56732	4 Years	General
College				
Bus. or Trade School	Minnesota West Community & Technical College	1011 1st Street West Canby, MN 56220	2 Years	A.A.S. - Wind Technology
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? Car

Driver's license number N824185891314 State of issue MN

Operator  Commercial (CDL)  Chauffeur

Expiration date 06/08/2014

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

Please list two references other than relatives or previous employers.

Name Alex Hingstrum Name Richard Hudson

Position Network Admin Position Programmer

Company Southwest International Trust Company Minute Menu Systems, LLC

Address 12008 Tall Grass Trail Address 17717 Preston Road, Apt 1602  
Haslet, Tx 76052 Dallas, TX 75252

Telephone (682 ) 556-9412 Telephone (972 ) 809-8793

**APPLICATION FOR EMPLOYMENT**

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES? \_\_ Yes  No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? \_\_ Yes  No

Branch \_\_\_\_\_ 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>Wildrose Home Care, LLC</u> Position <u>Personal Care Assistant</u> Company <u>1210 E. College Dr. Ste. 800</u> Address <u>Marshall, MN 56258</u> Telephone <u>(507 )337-1101</u>	Supervisor name <u>Wes Blomme</u>	
	Employment dates	Pay or salary
	From <u>10/2010</u>	Start <u>\$10.86</u>
	To <u>Present</u>	Final <u>\$9.25</u>
Your last job title <u>PCA</u>		
Reason for leaving (be specific) <u>Still Employed</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Caring for and running errands for my mother. She is disabled and confined to a wheelchair.</u>		

Name <u>MetLife Home Loans</u> Position <u>ID Administrator</u> Company <u>4000 Horizon Way</u> Address <u>Suite 100</u> <u>Irving, TX 75063</u> Telephone <u>(972 )915-2777</u>	Supervisor name <u>Lisa Williams</u>	
	Employment dates	Pay or salary
	From <u>01/09</u>	Start <u>\$19/Hr</u>
	To <u>07/09</u>	Final <u>\$19/Hr</u>
Your last job title <u>ID Administrator</u>		
Reason for leaving (be specific) <u>Contract job only. Contract ended.</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Granting, removing, changing users access to various company systems. Changing of security level as necessary.</u>		

**APPLICATION FOR EMPLOYMENT**

**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.

<b>Name</b> <u>Affiliated Computer Services</u>	<b>Supervisor name</b> <u>Tom</u>	
<b>Position</b> <u>Help Desk Technician</u>	<b>Employment dates</b>	<b>Pay or salary</b>
<b>Company</b> <u>2828 North Haskell Avenue</u>	<b>From</b> <u>7/08</u>	<b>Start</b> <u>\$16/hr</u>
<b>Address</b> <u>Dallas, TX 75204</u>	<b>To</b> <u>12/08</u>	<b>Final</b> <u>\$16/hr</u>
<b>Telephone</b> <u>(214 ) 841-6111</u>	<b>Your last job title</b> <u>Help Desk Technician</u>	

**Reason for leaving (be specific)** Contract was not renewed

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

Troubleshooting of corporate users with their computer problems. From connection issues to access of program on the network. Also dealt with remote access for users as needed.

May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_



# Background Investigation Information Release Form

Please read this form carefully and be aware that by allowing Employer Solutions Staffing Group LLC to investigate your background with state and federal agencies, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal and driving record background check and review.

I understand that a successful criminal and driving record background investigation is a condition of my employment by Employer Solutions Staffing Group LLC to work at facilities of: Enexco

and, further, that Employer Solutions Staffing Group may, at its discretion, conduct periodic criminal and driving record background investigations on me during the course of my employment with Employer Solutions Staffing Group.

I agree to waive and relinquish all claims I may have against Employer Solutions Staffing Group LLC and its officers, agents, servants and employees as a result of my participation in any criminal and driving record background investigation.

I do hereby fully release and discharge Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims from damages that I may have or that may accrue to me on account of the results of any aspect of any criminal and driving record background investigation.

I further agree to indemnify and hold harmless and defend Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims resulting from damages sustained by me or arising out of, connected with, or in any way associated with, any of the activities of any criminal and driving record background investigation and review.

**I have read and fully understand this Waiver and Release of All Claims.**

471-84-6738

Social Security Number

Perry

Last Name

N824185891314

Driver's License No:

Thomas

First Name

MN

State

M

M.I

Maiden and/or Other Last Names Used

1106 Holabird Circle Apt 4

Current Address

06/08/1965

Date of Birth

Marshall

City and County

Circle One:

Male /  Female

MN 56258

State and Zip Code

Signature: \_\_\_\_\_



Date: 5/31/2012

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

Name: Ingrid D. Perry

Address: 1106 Holabird Circle #4, Marshall MN 56258

Home Phone: 507-929-9989

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

1. Name: Ingrid D. Perry

Phone (work): 507-929-9989

Phone (home): \_\_\_\_\_

2. Name: Lisa Perry

Phone (work): Cell: 712-371-9479

Phone (home): 712-364-3857

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

Diebetic - Non Insulin Dependant

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 <b>Perry</b>	First <b>Thomas</b>	Middle Initial <b>M</b>	Maiden Name
Address (Street Name and Number) <b>1106 Holabird Circle</b>		Apt. # <b>4</b>	Date of Birth (month/day/year) <b>06/08/1965</b>
City <b>Marshall</b>	State <b>MN</b>	Zip Code <b>56258</b>	Social Security # <b>471-84-6738</b>

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  Date (month/day/year) **06/08/1965**

**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: _____	OR	_____	_____	_____
Issuing authority: _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____		_____	_____	_____
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)
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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)

# Form W-4 (2012)

**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 2012 expires February 18, 2013. 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 can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on [irs.gov](http://irs.gov) for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## Personal Allowances Worksheet (Keep for your records.)

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

**B** Enter "1" if: { } . . . . . **B** \_\_\_\_\_

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

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

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

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

**F** Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**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 to seven eligible children or less "2" if you have eight 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 . . . . . **G** \_\_\_\_\_

**H** Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► **H** \_\_\_\_\_

For accuracy, complete all worksheets that apply. { }

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2012</span>
<b>1</b> Your first name and middle initial Thomas M.		<b>2</b> Your social security number 471-84-6738
Last name Perry		<b>3</b> <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
Home address (number and street or rural route) 1106 Holabird Circle Apt #4		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
City or town, state, and ZIP code Marshall, MN 56258		
<b>5</b> Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		<b>5</b> 0
<b>6</b> Additional amount, if any, you want withheld from each paycheck		<b>6</b> \$ 0
<b>7</b> I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ► <b>7</b>		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ► <i>Thomas Perry</i>		Date ► 5/31/12
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)
		<b>10</b> Employer identification number (EIN)

EMPLOYEE INFORMATION ENROLLMENT FORM - 10K PLAN  
(Must Be Filled Out)

Social Security Number --  
Date of Birth // Sex  M  F  
Name Thomas Perry  
Street Address 1106 Holabird Circle  
Apt. 4  
City Marshall State  Zip   
Home Phone --

Do you or any dependents have Medicare?

Yes  No If Yes:

Medicare Health Insurance Claim Number (HICN)

Medicare Effective Date //

Names of Covered Person(s)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

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

BENEFIT SELECTION

MEDICAL

- \$20.91 Employee Only
- \$42.44 Employee +1
- \$56.67 Employee + Family
- NO to MEDICAL, TERM LIFE, and STD benefits.

DENTAL

- \$5.99 Employee Only
- \$11.98 Employee +1
- \$19.77 Employee + Family
- NO

TERM LIFE

- YES \$0.60 Employee Only
- NO \$0.90 Employee +1
- NO \$1.80 Employee + Family

SHORT-TERM DISABILITY

- YES \$4.20 Employee Only
- NO

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

REQUIRED DEPENDENT INFORMATION

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

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

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

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

BENEFICIARY INFORMATION

For Term Life and Accidental Death & Dismemberment please write in your Beneficiary information.

NAME OF BENEFICIARY

Ingrid D. Perry

RELATIONSHIP

Mother

Accidental Death & Dismemberment is part of the Medical Benefit.

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

Signature Thomas Perry

Date //

# BENEFITS AT A GLANCE

219301-EMP

## Medical Benefits - Plan 10k

Annual Plan Maximum (per person, all expenses)	\$10,000	<b>Outpatient Benefits<sup>2</sup></b>	
Annual Deductible - Individual	\$200	Annual Outpatient Maximum (per person)	\$1,500
Annual Deductible - Family	\$500	Outpatient Co-insurance <sup>1</sup>	80%
<b>Inpatient Benefits<sup>1</sup></b>		Physician Office Visit Co-pay <sup>3</sup>	\$15
Plan Co-insurance	80%	Physician Office Visit Co-insurance <sup>3</sup>	100%
Daily Room & Board	\$400	Prescription Drug Co-insurance <sup>1</sup>	80%
Daily ICU Room & Board	\$800	<b>Wellness Benefit<sup>3</sup></b>	
Other Hospital Services Maximum	\$1,500	Annual Wellness Benefit Maximum	\$100
		Wellness Benefit Co-pay	\$15

## Accidental Death and Dismemberment

Employee Amount	\$10,000 <sup>4</sup>	Child Amount (6 months to 26 years old)	\$5,000
Spouse Amount	\$5,000	Infant Amount (15 days to 6 months)	\$1,000
<b>Employee Only \$20.91</b>	<b>Employee + One \$42.44</b>	<b>Employee + Family \$56.67</b>	

Subject to annual deductible<sup>2</sup> subject to annual outpatient maximum<sup>3</sup> annual deductible does not apply  
 Reduces to \$7,500 at 65; \$5,000 at 70

## Dental Benefits

	Waiting Period	Co-insurance	Annual Maximum Benefit \$750	Deductible \$50
Coverage A	None	100%	Exams, Cleanings, Intraoral Films and Bitewings	
Coverage B	3 months	60%	Fillings, Oral Surgery, and Repairs for Crowns, Bridges and Dentures	
Coverage C	12 months	50%	Periodontics, Crowns, Bridges, Endodontics and Dentures	
<b>Employee Only \$5.99</b>	<b>Employee + One \$11.98</b>	<b>Employee + Family \$19.77</b>		

## Short-Term Disability

<b>Benefit</b>	60% of Salary up to \$150 per week	<b>Waiting Period / Maximum Benefit Period</b>	7 days / 26 weeks
<b>Employee Only \$4.20</b>			

## Term Life Benefits

Employee Amount	\$10,000 (reduces to \$7,500 at 65; \$5,000 at age 70)	Child Amount (6 months to 26 years old)	\$5,000
Spouse Amount	\$5,000 (terminates at age 70)	Infant Amount (15 days to 6 months)	\$1,000
<b>Employee Only \$0.60</b>	<b>Employee + One \$0.90</b>	<b>Employee + Family \$1.80</b>	



## **Notification of Minnesota Law Requirement – Unemployment Acknowledgement**

*According to Minnesota Statute section 268.095, subdivision 2, paragraph (d), an applicant who, within five calendar days after completion of a suitable job assignment from a staffing service, (1) fails without good cause to affirmatively request an additional suitable job assignment, (2) refuses without good cause an additional suitable job assignment offered, or (3) accepts employment with the client of the staffing service, is considered to have quit employment.*

It is your responsibility to contact ESSG (for instance, by calling (507) 398.4567 or using any other form of contact) for additional assignments. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact ESSG within 5 calendar days once an assignment ends. I also acknowledge that I have received a separate copy of this form. \_\_\_\_\_ (Initial)

  
\_\_\_\_\_  
Employee Signature:

Thomas Perry

\_\_\_\_\_  
Employee (please print your name here)

05/31/12

\_\_\_\_\_  
Date:

# Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1600

► See separate instructions.

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name Thomas Perry Social security number ► 471-84-6738

Street address where you live 1106 Holabird Circle Apt 4

City or town, state, and ZIP code Marshall, MN 56258

County Lyon Telephone number (507) 929 - 9989

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

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 18 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 ► Thomas Perry

Date 05/31/12



WORK OPPORTUNITY TAX CREDIT

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

Name Thomas Perry
Address 1106 Holabird Circle Apt 4
City Marshall State MN Zip 56258 Social Security # 471-84-6738
Date of Birth 06-08-1965 Age 46

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?
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?
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days?
4. Are you part of the Ticket to Work program?

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

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

7. Have you been unemployed at any time during the last 12 months? Yes No
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
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
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

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

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

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 05/31/12

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:** Thomas Perry

**Social Security Number:** 471-84-6738 **Date of Birth:** 06-08-1965

**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:** *Thomas Perry* **Date** 05/31/12

**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-4208, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.

