



# Employment Eligibility Verification

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

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

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

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

|  |   |  |             |  |   |                          |
|--|---|--|-------------|--|---|--------------------------|
| Last Name (Family Name)<br><u>Miller</u>                   |   | First Name (Given Name)<br><u>Tanya</u>            |             | Middle Initial<br><u>L</u>               | Other Names Used (if any)                 |                          |
| Address (Street Number and Name)<br><u>374 Ashcroft Rd</u> |   |  | Apt. Number | City or Town<br><u>South Plymouth NY</u> | State<br><u>NY</u>                        | Zip Code<br><u>13844</u> |
| Date of Birth (mm/dd/yyyy)<br><u>05/13/1977</u>            | U.S. Social Security Number<br><u>074-73-9060</u> | E-mail Address<br><u>tanyamiller1977@gmail.com</u> |             |  | Telephone Number<br><u>(607) 316-1410</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 Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "NA" in this field. (See instructions)

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

- 1. Alien Registration Number/USCIS Number: \_\_\_\_\_
- OR**
- 2. Form I-94 Admission Number: \_\_\_\_\_

3-D Barcode  
Do Not Write In This Space

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

Foreign Passport Number: \_\_\_\_\_  
Country of Issuance: \_\_\_\_\_

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

|  |                                      |
|--|--------------------------------------|
| Signature of Employee: <u>Tanya Miller</u> | Date (mm/dd/yyyy): <u>05/13/1977</u> |
|--|--------------------------------------|

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

|                                      |  |                         |                |
|--------------------------------------|--|-------------------------|----------------|
| Signature of Preparer or Translator: |  | Date (mm/dd/yyyy):      |                |
| Last Name (Family Name)              |  | First Name (Given Name) |                |
| Address (Street Number and Name)     |  | City or Town            | State Zip Code |

Employer Completes Next Page



Employer Completes This Page



### Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

| List A<br>Identify and Employment Authorization | OR | List B<br>Identify                       | AND | List C<br>Employment Authorization    |
|---|----|--|-----|---------------------------------------|
| Document Title:                                 |    | Document Title:<br><i>Driver License</i> |     | Document Title:                       |
| Issuing Authority:                              |    | Issuing Authority:<br><i>ND</i>          |     | Issuing Authority:                    |
| Document Number:                                |    | Document Number:<br><i>130-632-064</i>   |     | Document Number:                      |
| Expiration Date (if any)(mm/dd/yyyy):           |    | Expiration Date (if any)(mm/dd/yyyy):    |     | Expiration Date (if any)(mm/dd/yyyy): |
| Document Title:                                 |    |  |     |                                       |
| Issuing Authority:                              |    |  |     |                                       |
| Document Number:                                |    |  |     |                                       |
| Expiration Date (if any)(mm/dd/yyyy):           |    |  |     |                                       |
| Document Title:                                 |    |  |     |                                       |
| Issuing Authority:                              |    |  |     |                                       |
| Document Number:                                |    |  |     |                                       |
| Expiration Date (if any)(mm/dd/yyyy):           |    |  |     |                                       |

3-D Barcode  
Do Not Write In This Space

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

|   |  |                         |  |  |                          |
|---|--|-------------------------|--|--|--------------------------|
| Signature of Employer or Authorized Representative  |  | Date (mm/dd/yyyy)       | Title of Employer or Authorized Representative |  |                          |
| Last Name (Family Name)   |  | First Name (Given Name) |  | Employer's Business or Organization Name<br><b>EMPLOYER SOLUTIONS STAFFING GROUP LLC</b> |                          |
| Employer's Business or Organization Address (Street Number and Name)<br><b>7301 OHMS LANE SUITE 405</b> |  |                         | City or Town<br><b>EDINA</b>                   | State<br><b>MN</b>   | Zip Code<br><b>55439</b> |

### Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

|   |  |                |   |
|---|--|----------------|---|
| A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) |  | Middle Initial | B. Date of Rehire (if applicable) (mm/dd/yyyy): |
|---|--|----------------|---|

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

|                 |                  |                                       |
|-----------------|------------------|---------------------------------------|
| Document Title: | Document Number: | Expiration Date (if any)(mm/dd/yyyy): |
|-----------------|------------------|---------------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

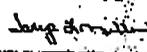
|   |                    |  |
|---|--------------------|--|
| Signature of Employer or Authorized Representative: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |
|---|--------------------|--|

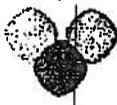
**NEW YORK STATE**

**DRIVER LICENSE**

ID: 130 632 064 CLASS D

MILLER  
TANYA L  
874 ASHCROFT RD  
50 PEYMOUNT RD 13644  
DOB: 05-13-1971  
SEX: F EYES: BRN  
E: NONE  
R: NONE  
ISSUED: 02-08-12 EXPIRES: 05-13-19 JVEY2RE07





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## Direct Deposit/Payroll Debit Card Authorization

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

|               |                      |                |
|---------------|----------------------|----------------|
| Employee Name | SSN# (last 4 digits) | Effective Date |
|---------------|----------------------|----------------|

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

Update Bank Account

Bank Name: \_\_\_\_\_

Routing#: \_\_\_\_\_

Account#: \_\_\_\_\_

Account Type:  Checking  Savings  Other \_\_\_\_\_

I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.

Initial \_\_\_\_\_ Date \_\_\_\_\_

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

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.

Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

**CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)**

|   |                    |                            |  |
|---|--------------------|----------------------------|--|
| First Name<br><u>Tanya</u>  | M.I.<br><u>L</u>   | Last Name<br><u>Miller</u> | Date of Birth<br><u>5/13/77</u>              |
| Street Address (PO BOX NOT ACCEPTABLE)<br><u>374 Honcraft Rd.</u> |                    |                            | Social Security#                             |
| City<br><u>So. Plymouth</u>                                       | State<br><u>NY</u> | Zip<br><u>13844</u>        | Cell Phone (mobile)<br><u>(607) 311-6406</u> |

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

**RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)**

|   |                              |
|---|------------------------------|
| Payroll Debit Card Routing #<br><u>12242597</u> | Payroll Debit Card Account # |
|---|------------------------------|

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

Employee's Signature: Tanya L Miller Date: 2/21/14

I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s).  
\* E-mail is required for pay stub information.

\*E-mail: tanyamiller1977 @ a.mail.com  
this information will only be used to send your paystubs electronically

Employee's Signature: Tanya Miller Date: 2/21/14

# Form W-4 (2013)

**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 2013 expires February 17, 2014. 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 \$1,000 and includes more than \$350 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 2013. See Pub. 505, especially if your earnings exceed \$190,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## 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:
    - 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** \_\_\_\_\_
  - 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 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . . **F** \_\_\_\_\_
  - 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 \$85,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.
    - If your total income will be between \$85,000 and \$84,000 (\$95,000 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 amount 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.

|   |  |   |
|---|--|---|
| Form <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service   | <h3>Employee's Withholding Allowance Certificate</h3> <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<br><b>2013</b>  |
| 1 Your first name and middle initial<br><u>Anna L</u>   |  | Last name<br><u>Miller</u>  |
| Home address (number and street or rural route)<br><u>374 Ashcraft Rd</u>   |  | 2 Your social security number<br><u>024-72-0210</u>   |
| City or town, state, and ZIP code<br><u>So. Plymouth NY 13844</u>   |  | 3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate.<br>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |
| 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>   |  | 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)  |
| 6 Additional amount, if any, you want withheld from each paycheck   |  | 6 \$ <u>15</u>  |
| 7 I claim exemption from withholding for 2013, 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 . . . . . |  | 7 <input type="checkbox"/>  |
| 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<br>(This form is not valid unless you sign it.) ► <u>Anna L Miller</u>   |  | Date ► <u>02/14</u>   |
| 8 Employer's name and address (Employer. Complete lines 9 and 10 only if sending to the IRS.)   |  | 9 Office code (optional)  |
|   |  | 10 Employer identification number (EIN)   |

# EMERGENCY CONTACT INFORMATION

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

Employee Name: Tanya L Miller  
 Address: 374 Airport Rd South Plymouth NY  
 Home Phone: (607) 336-4748

### EMERGENCY CONTACTS

Please list two people (in priority order) who could be contacted in case of an emergency

|   |   |
|---|---|
| <p><b>Contact #1</b><br/>         Name: <u>Lori Porter</u><br/>         Relationship: <u>mother</u></p>       | <p>Home Phone: <u>(607) 336-4748</u><br/>         Cell Phone: <u>(607) 316-6524</u><br/>         Work Phone: <u>(607) 335-3443 (office)</u><br/> <u>(607) 335-3000 (park)</u></p> |
| <p><b>Contact #2</b><br/>         Name: <u>Ashley Elderkin</u><br/>         Relationship: <u>daughter</u></p> | <p>Home Phone: <u>(607) 336-4748</u><br/>         Cell Phone: <u>(607) 244-2958</u><br/>         Work Phone:</p>  |

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

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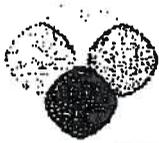
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# employer solutions staffing group LLC

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### STATEMENT OF CONFIDENTIALITY

This agreement made this 21 day of Feb., 2014, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Wanda Miller hereafter referred to as "employee".

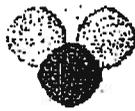
#### **WITNESSETH:**

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

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

Wanda Miller  
Employee Signature

\_\_\_\_\_  
Employer Solutions Staffing Group LLC, Representative



**employer solutions staffing group<sup>ac</sup>**  
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## **INJURY MANAGEMENT PROGRAM**

### **Injured Worker's Responsibilities**

As your employer, we are concerned about your full recovery. Reasonable and necessary medical care will be paid for any compensable work injury. Medically authorized time away from work will be reimbursed in accordance with the **State of Minnesota workers' compensation laws**. Wherever possible light duty restrictions imposed as a result of your injury will be accommodated.

#### **RESPONSIBILITIES OF THE INJURED WORKER:**

Minnesota Rule Sec. 5221.0430, Subp. 1 requires that you choose one primary health care provider. Subpart 2 places limitations on your right to change primary health care providers. Discuss with your employer any change in health care provider.

Attend all scheduled appointments. While on physical limitations, visits should be a minimum of once every two weeks. Failure to have current medical support for disability may result in termination of benefits. Schedule your next appointment immediately after your doctor visit, before you leave the clinic if possible.

Obtain a Report of Workability from your physician at every appointment, a minimum of once every two weeks. M.R. 5221.0420 requires that your physician cooperate with return to work planning and that you be released to return to work at the earliest appropriate time.

Immediately following your appointment, provide a copy of the report to the designated employer representative. You should deliver this in person so that changes in work restrictions may be addressed and any questions answered.

Follow all physical restrictions at home and at work.

Report to work and perform physically suitable tasks as assigned. These may or may not be in your regular department. The work may or may not be on your usual shift.

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

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

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

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

**Signed:** Tanya Miller

**Printed Name:** Tanya Miller



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# Important/Importante

## LOST OR STOLEN PAYCHECKS

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

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

## CHEQUES DE PAGO PERDIDOS O ROBADOS

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

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

AGREED/SE ACUERDA—

Name/Nombre (con letra de molde): Jose Torres Miller

Signature/Firma: [Handwritten Signature]

Form **8850**  
(Rev. August 2009)  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-1500

▶ See separate instructions.

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

Your name Lanya L Miller Social security number ▶ 014-72-9060

Street address where you live 374 Ashcroft Rd

City or town, state, and ZIP code So. Plymouth NY 13844

County Chenango Telephone number (607) 316-1646

If you are under age 40, enter your date of birth (month, day, year) 5/13/77

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 ▶ Lanya L Miller

Date 2/21/14  
Form 8850 (Rev. 8-2008)



# Form A (revised 07/09) WORK OPPORTUNITY TAX CREDIT

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

Name Janua Miller  
 Address 374 Ashcroft Rd.  
 City Do. Plymouth State NY Zip 13844 Social Security # 074-72-90160  
 Date of Birth 5/13/77 Age 36

### 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
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
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days? Yes  No
4. Are you part of the Ticket to Work program? Yes  No

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: 1995 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? \$ \_\_\_\_\_

*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 Janua Miller DATE 2/21/14

### Questions below to be completed by manager

Starting Wage \_\_\_\_\_ Position \_\_\_\_\_  
 Has employee worked for this company before? \_\_\_\_\_ If yes, date and location \_\_\_\_\_



U.S. Department of Labor  
Employment and Training Administration

OMB Control No. 1205-0371  
Expiration Date: November 30, 2011

### 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: Tanya Miller

Social Security Number: 074-B-9060 Date of Birth: 5/13/77

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: Tanya Miller Date 2/21/14

**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.



Global Cash Card



employer solutions staffing group

Leveraging Resources in a Changing Market

# PAYCARD ENROLLMENT FORM

You will be issued a temporary ATM Debit Card and a Debit MasterCard will be mailed to your home address within 7-10 days. Once you activate your Debit MasterCard, the funds from your temporary ATM Debit Card (please keep it as a back-up card) will automatically transfer to your Debit MasterCard.

Please attach a copy of your Social Security Card as a **REQUIRED** government-issued form of identification.

Please indicated if this is a **NEW**  or **REPLACEMENT** card

Card Number:

5110 -- 2104 -- 2228 - 4381

## Global Cash Card – Account Owner Information (Please Print Legibly)

|   |  |   |                             |  |
|---|--|---|-----------------------------|--|
| First Name:<br><u>Tanya</u>                           |  | M.I.:   | Last Name:<br><u>Miller</u> |  |
| Street Address (No PO Box):<br><u>374 Ashcraft Rd</u> |  |   | Apartment #:                |  |
| City:<br><u>So. Plymouth</u>                          |  | State:<br><u>NY</u>                           | Zip Code:<br><u>13844</u>   |  |
| Home Telephone: <u>(607) 336-4748</u>                 |  | Cell Number (Text Notification): ( )          |                             |  |
| Date of Birth (MM/DD/YYYY): <u>5 / 13 / 1977</u>      |  | Social Security Number:<br><u>074-72-9060</u> |                             |  |

Email Address:

Please initial one of the following:

I would like to receive my paystub voucher printed: \_\_\_\_\_

I would like to receive my paystub voucher by email each week, until further notice: \_\_\_\_\_

Employee Signature

Date

## LOCATION INFORMATION (All fields must be completed by a company representative)

ESSG Location: CMG – Accellent

Employee given Temporary Card & Date:

GCC: \_\_\_\_\_ / Dt: \_\_\_\_\_    ABD: \_\_\_\_\_ / Dt: \_\_\_\_\_    QB: \_\_\_\_\_ / Dt: \_\_\_\_\_