

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:

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.

<u>464-37-7325</u>	<u>ID# 92-239-5763</u>	<u>Co</u>
Social Security Number	Driver's License No:	State
<u>Vargas Jr.</u>	<u>Juan</u>	
Last Name	First Name	M.I
<hr/>		
<u>Maiden and/or Other Last Names Used</u>	<u>Brighton</u>	<u>Adams Co 80601</u>
<u>49 1/2 S. 3rd</u>	City and County	State and Zip Code
<u>3-30-68</u>	Circle One:	
Date of Birth	Male / Female	

Signature: _____

Juan Vargas

Date: _____

5-12-13

New Hire Application

Personal Data-- **PLEASE PRINT LEGIBLY IN INK**

Last Name Vargas First Name Juan Middle Initial _____
 Street Address 49 1/2 S 3rd Apt. _____
 City/State/Zip Brighton, Co 80601
 Home Phone _____ Cell / Message Phone 720-364-6483
 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.

Juan Vargas Name (Print or type)
Juan Vargas Applicant's Signature
5-12-13 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 _____	Unemployment Letter (If applicable) _____	ESC Application _____



Notification of Colorado Law Requirement – Unemployment Acknowledgement

According to Colorado Statutes section 8-73-105.3. A temporary employee who is given a notice that the employee is required to contact or notify the employer upon completion of an assignment and to be available to work, as agreed upon at the time of hire, during a specified period of time, on specified dates, or upon call by the employer on an as-needed basis and who does not contact or notify the employer upon completion of an assignment in compliance with the notice and is not available to work at the agreed-upon times is deemed to have voluntarily terminated employment for the purpose of determining benefits pursuant to section 8-73-108 (5) (e). Also, a temporary employee who agrees to work on an as-needed basis and refuses all work within three separate pay periods when contacted by the employer is deemed to have voluntarily terminated employment for reasons that may or may not allow an award of benefits pursuant to section 8-73-108.

It is your responsibility to contact or notify ESSG once your assignment ends. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact or notify ESSG once an assignment ends. I also acknowledge that I have received a separate copy of this form. _____ (Initial)

Juan Vargas
Employee Signature: _____
Juan Vargas
Employee (please print your name here)

5-12-13
Date: _____

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

Employee Name: Joan Vargas
Address: 49 1/2 S. 3rd Brighton, Co 80601
Home Phone: Cell # 720-364-6483

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

1. Name: Virginia Ontiveros
Phone (work): _____
Phone (home): 509-840-0981

2. Name: _____
Phone (work): _____
Phone (home): _____

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



Revision Date: 01/11/12

Affirmation of Legal Work Status
Pursuant to § 8-2-122, Colorado Revised Statutes

Employee Name: Vargas Juan 3-30-68
Last First Middle Date of Birth

Social Security Number: 464-37-7325 Date of Hire: 5-11-13 (MM/DD/YYYY)

In accordance with § 8-2-122, C.R.S., within 20 days after hiring the new employee listed above,

I affirm all four of the following by signing this form:

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

Juan Vargas Angelica M Gonzalez (Asst) Manager
Print Name of Employer (or Designated Representative) Official Title

Juan Vargas ESG 5/11/13 (MM/DD/YYYY)
Signature of Employer (or Designated Representative) Date Signed by Employer

ESG ESG
Business or Organization Name Employer Phone Number

The provision of false or fraudulent information on this form may subject the employer to a significant fine and/or additional penalties.

This form and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.

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 Juan Vargas Social security number ▶ 404-37-7325
Street address where you live 49 1/2 S. 3rd
City or town, state, and ZIP code Brighton, Co 80601
County Adams Telephone number 720-364-6483
If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 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 unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 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 ▶ Juan Vargas Date 5-12-13
For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 22851L Form **8850** (Rev. 1-2012)

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

Name Juan Vargas
Address 4212 S. 3rd
City Brighton State CO Zip 80601 Social Security # 464-37-7325
Date of Birth 3-30-68 Age 45

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
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 [X] No []
If yes, dates of unemployment: From: April To: May
Did you receive unemployment compensation at any point during your unemployment?
If yes, dates received compensation: From: To: Yes [] No [X]

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: 8/7 Yes [X] 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? \$ 3,500

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 Juan Vargas DATE 5-12-13

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

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 pay date for the deposit to show.

Check one of the following	Effective Date
<input type="checkbox"/> Start	<input type="checkbox"/> As Soon As Possible
<input type="checkbox"/> Stop	<input type="checkbox"/> Future Paydate
<input type="checkbox"/> Change	____ / ____ / ____

Please initial one of the following:

_____ I would like to receive a printed pay stub

_____ I would like to receive my pay stub by email until further notice (provide email and sign below)

Social Security Number			
Name (Last, First, Middle Initial)			
Home Address	Street	City	State Zip Code
Date	Employee Signature	Daytime Phone Number	

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.

Email address where you would like electronic wage statements sent:

I authorize Employer Solutions Staffing Group to provide me with an electronic version of a wage statement for direct deposit of funds to my account in the financial institution I have designated. I understand that I may revoke this authorization at any time in writing. Please remember that emails of wage statements are not encrypted and cannot be guaranteed to be secured or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. The sender therefore does not accept liability for any errors or omissions in the contents of this message that arise as a result of email transmission.

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

employer solutions staffing group™
Leveraging Resources in a Changing Market

To: All Employees

Quien: Todos Empleados

From: Corporate Management Group & Employer Solutions Group

De: Corporate Management Group y Employer Solutions Group

Re: Stop Payment Check Fee

Re: Tarifa de cheque parado

Effective immediately, to replace a lost or stolen check, \$50.00 will be deducted from the replacement check for a stop payment fee and for a reprocessing fee. *Efectivo inmediatamente, para reemplazar un cheque de sueldo perdido o robado, \$50.00 de tarifa sera deducido de el cheque reemplazado para parar el cheque original y para procesarlo demuevo.*

If you lose your check, we will first have to verify that it has not been processed through the bank. If it has not, a new check will be issued, minus the \$50.00 fee. *Si usted pierde su cheque, tendremos que verificar que no ha sido procesado en el banco. Si no, un cheque nuevo sera processado, menos las tarifa de \$50.00.*

If your check is stolen, we will first need a copy of the police report before a new check can be reissued. After we receive a copy of the police report, a new check will be issued following the same procedures as listed above. *Si su cheque es robado, necesitaremos una copia de el reporte de policia antes de que un cheque nuevo sera procesado. Despues de obtener una copia del reporte de policia, un cheque nuevo sera procesado usando los mismos procedimientos mencionados arriba.*

If you have any questions regarding this new policy, please contact your On-Site Representative or the Corporate Office (303-920-1425). *Si usted tiene preguntas sobre esta poliza, por favor contacte a su representante de CMG o la oficina corporal al (303-920-1425)*

Thank you for your continued dedication and hard work!

Gracias por su dedicacion continua!

By signing below you are confirming that you understand the above policy.
Con su firma abajo usted esta confirmando que entiende la poliza descrita.

Signature/Firma: _____

Jan Vargas

Date/Fecha: _____

5-12-13

Address
01 Ohms Lane, Suite 405
na, Minnesota 55439

Telephone 952.835.1288
Facsimile 952.835.1255

Web www.ESGStaffingSolutions.com
Email info@ESGStaffingSolutions.com

EMPLOYEE INFORMATION
(Must Be Filled Out)

ENROLLMENT FORM - 10k PLAN

USE BLACK or BLUE INK ONLY

Social Security Number

Date of Birth Sex

Name Juan Vargas

Street Address 4912 S. 31d

City Brighton 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 Weekly Rates

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

\$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 / / Sex

Relationship: Spouse Domestic Partner Child

Name _____

Social Security Number --

Date of Birth / / Sex

Relationship: Spouse Domestic Partner Child

Name _____

Social Security Number --

Date of Birth / / Sex

Relationship: Spouse Domestic Partner Child

BENEFICIARY INFORMATION

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

NAME OF BENEFICIARY

RELATIONSHIP

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 Juan Vargas **Date**

Form: ESC CU(ESG) 10K v10.3

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5 We receive form	6 Form is sent to insurance company	7
8	9 FORM	10 PROCESSING	11 AT	12 INSURANCE	13 COMPANY	14
15	16 Insurance company tells us to take first deduction	17	18	19	20 First deduction is taken from paycheck	21
22	23 Coverage Begins	24	25	26	27	28
29	30	31				

Form Processing Timeline

If the form is received by the Friday of the first paycheck, it will be submitted. The insurance company processes the form during the week after. It takes a few days to process there. The Insurance company then lets us know to start deductions, and the first premium is paid out of that week's paycheck. The coverage is 'in place' the Monday after the first deduction.

Coverage is on a week by week basis. An employee has a deduction from their paycheck on Friday, and they are covered for the following Monday thru Sunday. If they miss a paycheck (and therefore miss paying a premium), they would miss the following week of coverage. If they need the coverage for that following week, they have the option of paying the premium in to the insurance company. The form for this is located in the summary plan description booklet that they receive attached to their insurance cards.

An employee can miss up to 6 consecutive weeks of deductions before they are terminated by the insurance company. If they miss two weeks and then return to work, they can restart without penalty.

Cancelling/Changing Coverage:

An employee can only change/cancel coverage during their first 30 days of enrollment or during the annual open enrollment which is July 28th – August 26th.

Once an employee has missed 6 consecutive paychecks, the insurance company cancels their policy with us and sends them a COBRA packet directly.

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 for information about Form W-4, at 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	<u>1</u>
B	Enter "1" if: <ul style="list-style-type: none"> • 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>1</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> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u>1</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>1</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> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • 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	<u> </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.) ▶	H	<u>4</u>

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.

Form W-4 Department of the Treasury 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 <h2 style="font-size: 2em;">2012</h2>
1 Your first name and middle initial <u>Juan</u>		Last name <u>Vargas Jr.</u>
Home address (number and street or rural route) <u>4912 S. 3rd</u>		2 Your social security number <u>464-37-7325</u>
City or town, state, and ZIP code <u>Brighton Co 80601</u>		3 <input type="checkbox"/> Single <input checked="" 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.
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>4</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u>44</u>
7 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"> • 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 ▶		7 <u> </u>
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.) ▶ <u>Juan Vargas</u>		Date ▶ <u>5-12-13</u>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

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>Vargas</u>	First <u>Juan</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>4912 S. 3rd</u>		Apt. #	Date of Birth (month/day/year) <u>3-30-68</u>
City <u>Brighton</u>	State <u>CO</u>	Zip Code <u>80601</u>	Social Security # <u>464-37-7325</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 Juan Vargas Date (month/day/year) 5-12-13

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>Identification Card</u>		<u>Soc Sec Card</u>
Issuing authority: _____		<u>Colorado</u>		<u>Soc Sec Admin</u>
Document #: _____		<u>92-239-5763</u>		<u>464-37-7325</u>
Expiration Date (if any): _____		<u>3-30-2015</u>		<u>-</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) 5/11/13 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 <u>Anaelica M. Gonzales</u>	Title <u>Fact Manager</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>EMPLOYER SOLUTIONS STAFFING GROUP 7301 OHMS LANE, STE 405 EDINA, MN 55439</u>		Date (month/day/year) <u>5/11/13</u>

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)
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SOCIAL SECURITY

464-37-7325

THIS NUMBER HAS BEEN ESTABLISHED FOR

JUAN VARGAS JR

Juan Vargas Jr.
SIGNATURE

Colorado
Identification Card



92-239-5763 Expires: 03-30-2015
Ht: 5'07" Issued: 03-31-2010
Wt: 176 DOB: 03-30-1968
Eyes: BRO Previous Type: N
Sex: M
Voter:

Juan Vargas Jr.

JUAN VARGAS JR
100 S 20TH AVE #6
BRIGHTON, CO 80601

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 05/13/2013
Page: 1 of 1

Case Verification Number: 2013133095742QQ

Case Information:

Employee Information:

Last Name:	Vargas Jr	First Name:	Juan
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 7325	Date of Birth:	03/30/1968
Citizenship Status:	A citizen of the United States		

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Social Security Card
Document Name:	ID card	Document State:	Colorado
Driver's License or ID Card Number:		Document Expiration Date:	03/30/2015
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	05/10/2013	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	AGON1201	Submitted On:	05/13/2013

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:	First Name:
Middle Initial:	Maiden Name:
Social Security Number:	Date of Birth:
Resubmitted By:	Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:

Submitted By:

Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result:

Response Date:

Employee Referred to DHS:

Referred By:

Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

The employee continues to work for the employer after receiving an Employment Authorized result.

Closed By:

AGON1201

Closed On:

05/13/2013

SENSITIVE BUT UNCLASSIFIED



employer solutions staffing group LLC

STATEMENT OF CONFIDENTIALITY

This agreement made this 12 day of MAY, 2013, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Juan Vargas 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.

Juan Vargas
Employee Signature

[Signature]
Employer Solutions Staffing Group LLC, Representative



employer solutions staffing groupsm
Leveraging Resources in a Changing Market

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: Juan Vargas

Printed Name: Juan Vargas

NOTICE OF WAIVER FROM ANNUAL LIMIT REQUIREMENT

The Affordable Care Act prohibits health plans from applying arbitrary dollar limits for coverage for key benefits. This year, if a plan applies a dollar limit on the coverage it provides for key benefits in a year, that limit must be at least \$750,000.

Your health insurance coverage, offered by BCS Insurance Company does not meet the minimum standards required by the Affordable Care Act describe above. Instead, it puts an annual limit on the following plans offered:

Annual Limit	Plan
Both inpatient & outpatient benefits	\$10,000
Outpatient benefits only	\$1,500
Prescription drugs	Subject to outpatient maximum of \$1,500

In order to apply the lower limits described above, your health plan requested a waiver of the requirement that coverage for key benefits be at least \$750,000 in 2011. That waiver was granted by the U.S. Department of Health and Human Services based on your health plan's representation that providing \$750,000 in coverage for key benefits in 2011 would result in a significant increase in premiums or a significant decrease in access to benefits. This waiver is valid for one year.

If the lower limits are a concern, there may be other options for health care coverage available to you and your family members. For more information, go to www.HealthCare.gov

If you have any questions or concerns about this notice, contact the Essential StaffCARE Customer Service at [866-798-0803](tel:866-798-0803).

In addition, you can contact:

Minnesota Department of Commerce

Consumer Concerns

Toll-free- (800) 657-3602 / Main – (651) 296-2488

To: All Employees
Quien: Todos Empleados

From: Corporate Management Group & Employer Solutions Group
De: Corporate Management Group y Employer Solutions Group

Re: Stop Payment Check Fee
Re: Tarifa de cheque parado

Effective immediately, to replace a lost or stolen check, \$50.00 will be deducted from the replacement check for a stop payment fee and for a reprocessing fee. *Efectivo inmediatamente, para reemplazar un cheque de sueldo perdido o robado, \$50.00 de tarifa sera deducido de el cheque reemplazado para parar el cheque original y para procesarlo demuevo.*

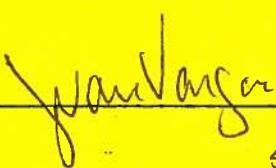
If you lose your check, we will first have to verify that it has not been processed through the bank. If it has not, a new check will be issued, minus the \$50.00 fee. *Si usted pierde su cheque, tendremos que verificar que no ha sido procesado en el banco. Si no, un cheque nuevo sera processado, menos las tarifa de \$50.00.*

If your check is stolen, we will first need a copy of the police report before a new check can be reissued. After we receive a copy of the police report, a new check will be issued following the same procedures as listed above. *Si su cheque es robado, necesitaremos una copia de el reporte de policia antes de que un cheque nuevo sera procesado. Despues de obtener una copia del reporte de policia, un cheque nuevo sera procesado usando los mismos procedimientos mencionados arriba.*

If you have any questions regarding this new policy, please contact your On-Site Representative or the Corporate Office (303-920-1425). *Si usted tiene preguntas sobre esta poliza, por favor contacte a su representante de CMG o la oficina corporal al (303-920-1425)*

Thank you for your continued dedication and hard work!
Gracias por su dedicacion continua!

By signing below you are confirming that you understand the above policy.
Con su firma abajo usted esta confirmando que entiende la poliza descrita.

Signature/Firma: 
Date/Fecha: 5-12-13

