

## New Hire Application

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

Last Name Brown First Name Steve Middle Initial A  
 Street Address 12608 E. 13<sup>th</sup> Pl. Apt. \_\_\_\_\_  
 City/State/Zip Aurora CO, 80011  
 Home Phone 720-327-6093 Cell / Message Phone 720-234-1055  
 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.

Steve Brown Name (Print or type)      [Signature] Applicant's Signature      06/05/2013 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 _____

# 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](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.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	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.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 . . . . .</li> </ul>	<b>G</b> _____
<b>H</b>	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.) ►	<b>H</b> _____

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  <h1 style="font-size: 2em;">2012</h1>
1 Your first name and middle initial <span style="margin-left: 100px;">Last name</span>		2 Your social security number
Home address (number and street or rural route) City or town, state, and ZIP code		3 <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.
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		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"/>
6 Additional amount, if any, you want withheld from each paycheck		5 _____ 6 \$ _____
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"> <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 _____
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.) ►		Date ►
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)



Revision Date: 01/11/12

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

Employee Name: Brown Steve Anthony 08/20/1991  
Last First Middle Date of Birth

Social Security Number: 501 - 83 - 4944 Date of Hire: 06/05/13 (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.

Angie M. Gonzales Acct Manager  
Print Name of Employer (or Designated Representative) Official Title

[Signature] 6/5/13  
Signature of Employer (or Designated Representative) Date Signed by Employer

Edg \_\_\_\_\_  
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.

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

Employee Name: Steve Brown

Address: 12608 E. 13<sup>th</sup> PL

Home Phone: 720-234-1055

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

1. Name: Ethel Ayco

Phone (work): \_\_\_\_\_

Phone (home): 720-327-6093

2. Name: Ervin

Phone (work): 720-435-9898

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

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

Michael

303-519-9255

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



employer solutions staffing group<sup>llc</sup>

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**STATEMENT OF CONFIDENTIALITY**

This agreement made this 5<sup>th</sup> day of June, 2013, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Steve Brown 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.



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



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

## 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>521-83-4944</u> Social Security Number	<u>09-110-0016</u> Driver's License No:	<u>CO</u> State
<u>Brown</u> Last Name	<u>Steve</u> First Name	<u>A</u> M.I.
<u>Maiden and/or Other Last Names Used</u> <u>12608 E. 13<sup>th</sup> PL</u>	<u>Aurora, Arapahoe</u> City and County	<u>CO, 80011</u> State and Zip Code
<u>08/26/1991</u> Date of Birth	Circle One: Male / Female	

Signature: Steve Brown

Date: 08/05/2013



employer solutions staffing group<sup>inc.</sup>  
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: 

Printed Name: Steve Brown

# 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 Steve Brown Social security number ► 521-83-4944

Street address where you live 12608 E. 13<sup>th</sup> Pl.

City or town, state, and ZIP code Aurora CO, 80011

County Arapahoe Telephone number 720-234-1055

If you are under age 40, enter your date of birth (month, day, year) 08/26/1991

- 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 ► Steve Brown

Date 06/05/2013

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

Name Steve Brown  
 Address 12008 S. 13th PL  
 City Aurora State CO Zip 80011 Social Security # 521-83-4944  
 Date of Birth 08/26/91 Age 21

**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: 03/2012 To: 06/2013  
 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: 05/2007 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? \$ 0

*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 Steve Brown DATE 06/05/2013

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

## 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](http://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



## 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. SB (Initial)

Steve Brown  
Employee Signature:

06/05/2013  
Date:

Steve Brown  
Employee (please print your name here)



**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.

<b>Check one of the following</b>	<b>Effective Date</b>
<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:**

SB I would like to receive a printed pay stub

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

Social Security Number
521-83-4944

Name (Last, First, Middle Initial)			
Steve Brown, A		Aurora	CO
Home Address	Street	City	State Zip Code
12008 E. 13th Pl.			80011
Date	Employee Signature	Daytime Phone Number	
06/05/2013	<i>SKP</i>	720-234-1055	

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

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)
Wells Fargo
Type of Account
<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Checking <input type="checkbox"/> 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.

<b>Email address</b> where you would like electronic wage statements sent:	
Mr. Sbrunn 200@yahoo.com	
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
<i>SKP</i>	06/05/2013

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



# 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) <i>Brown</i>		First Name (Given Name) <i>Steve</i>		Middle Initial <i>A</i>	Other Names Used (if any)	
Address (Street Number and Name) <i>12608 E. 13th Pl</i>			Apt. Number	City or Town <i>Aurora</i>	State <i>CO</i>	Zip Code <i>80011</i>
Date of Birth (mm/dd/yyyy) <i>08/26/1991</i>	U.S. Social Security Number <i>521-83-4944</i>	E-mail Address <i>Mr. Stbrown26@yahoo.com</i>			Telephone Number <i>720-234-1055</i>	

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 "N/A" in this field. (See instructions)

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

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

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

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

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

Signature of Employee: <i>St Brown</i>	Date (mm/dd/yyyy): <i>06/05/2013</i>
--	--------------------------------------

**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**



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

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

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

List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Birth Cert</u>		Document Title: <u>Soc Sec Card</u>
Issuing Authority:		Issuing Authority: <u>Colorado</u>		Issuing Authority: <u>Soc Sec Admin</u>
Document Number:		Document Number: <u>1051991033376</u>		Document Number: <u>6/5/13</u>
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): 6/5/13 (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
<u>[Signature]</u>		<u>6/5/13</u>	<u>Chief Manager</u>		
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name			
<u>Gonzales</u>	<u>Aracelia</u>	<u>CNIG</u>			
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code	
<u>12000 N. Washington St #290</u>		<u>Thornton</u>	<u>CO</u>	<u>80241</u>	

**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:

**EMPLOYEE INFORMATION**  
(Must Be Filled Out)

**ENROLLMENT FORM - 10k PLAN**

USE BLACK or BLUE INK ONLY

Social Security Number

Date of Birth  Sex  M  F

Name Steve Brown

Street Address 12608 E. 13th PL

City Aurora 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
- YES \$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

Name \_\_\_\_\_

Social Security Number --

Date of Birth /

Relationship:  Spouse  Domestic Partner  Child

Name \_\_\_\_\_

Social Security Number --

Date of Birth /

Relationship:  Spouse  Domestic Partner  Child

Name \_\_\_\_\_

Social Security Number --

Date of Birth /

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 Steve Brown

Date

**STATE OF COLORADO**  
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
HOLD TO LIGHT TO VIEW WATERMARK

**CERTIFICATE OF LIVE BIRTH**

STATE FILE NUMBER  
**1051991033376**



NAME OF REGISTRANT  
**STEVE ANTHONY BROWN**

DATE AND TIME OF BIRTH  
**AUGUST 26, 1991 07:10 PM**

GENDER OF REGISTRANT  
**MALE**

CITY OF BIRTH  
**DENVER**

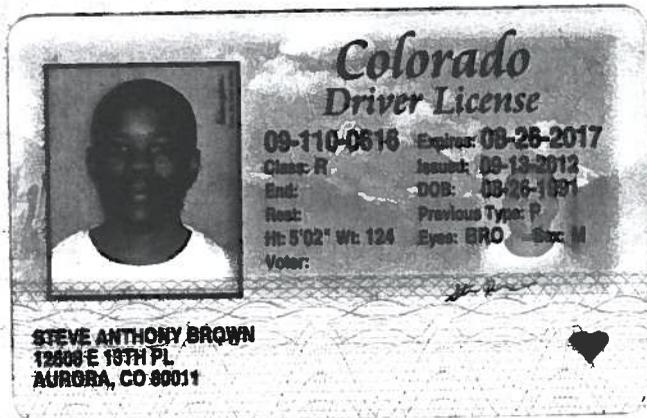
COUNTY OF BIRTH  
**DENVER**

MOTHER'S NAME PRIOR TO FIRST MARRIAGE  
**ETHEL MAE CAMACK**

MOTHER'S PLACE OF BIRTH  
**COLORADO**

MOTHER'S AGE AT TIME OF BIRTH  
**35**

DATE RECORD FILED  
**AUGUST 28, 1991**



DATE ISSUED **APRIL 13, 2009**

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

*Ronald S. Hyman*  
RONALD S. HYMAN  
STATE REGISTRAR



004163797

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 06/05/2013  
Page: 1 of 1

Case Verification Number: 2013156155738HE

**Case Information:**

**Employee Information:**

Last Name:	Brown	First Name:	Steve
Middle Initial:	A	Maiden Name:	
Social Security Number:	*** ** 4944	Date of Birth:	08/26/1991
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:	Driver's license	Document State:	Colorado
Driver's License or ID Card Number:		Document Expiration Date:	This document has no expiration date
Alien Number:		I-94 Number:	

**Additional Information:**

Hire Date:	06/05/2013	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	AGON1201	Submitted On:	06/05/2013

**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:

06/05/2013

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**SENSITIVE BUT UNCLASSIFIED**

## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**