



4

Addendum to Application

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4 DATE 8/3/12

Name Alana B. Wood
Last First Middle Maiden

Social Security No. 002 - 54 - 5771

Telephone (703) 427-6428

If under 18, please list age _____ Referred by _____

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

How many hours can you work weekly? 40-48 Can you work nights? NO

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

When available for work? 8/6/12

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

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

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Portsmouth Senior High / Alumni Dr</u>	<u>Portsmouth NH</u>	<u>4</u>	<u>Diploma</u>
College	_____	_____	_____	_____
Bus. or Trade School	<u>_____</u>	_____	_____	_____
Professional School	_____	_____	_____	_____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

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

N



Employer Solutions Staffing Group LLC New Hire Application

7301 Ohms Lane / Suite 405
Edina, MN 55439
T:952.835.1288 / F:952.835.4881

Personal Data— PLEASE PRINT LEGIBLY IN INK

Last Name Alan Wood First Name Alan Middle Initial B
 Street Address 2271
 City/State/Zip Aurora Co 80013
 Home Phone _____ Cell / Message Phone 720-427-6428
 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 rehiring.

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.

Alan B. Wood Name (Print or type) Alan B. Wood Applicant's Signature 8/3/12 Date

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

For ESSG Office Use Only				
DOH _____	NHW _____	I-9 _____	8850 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	5 Day Letter (if applicable) _____	ESC Application _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? Public Transportation

Driver's license number 10-343-0437 State of issue Co

Operator Commercial (CDL) Chauffeur

Expiration date 12/09/15

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

If so, how many? _____

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

If so, how many? _____

OFFICE USE ONLY

Typing Yes No

Personal Computer Yes No

10-key Yes No

_____ WPM

_____ PC _____ Mac

Word Processing Yes No

Other _____

_____ WPM

Skills _____

Please list two references other than relatives or previous employers.

Name Rob Cameron

Name Angela Brinklow

Position Librarian

Position Office Worker

Company Kent Denver School

Company ~~7295 Leatsdale Dr~~ Pinnacle Architectural Lighti

Address 6495 Happy Canyon Rd #70
Denver Co 80237

Address 7295 Leatsdale Dr Unit E28
Denver Co

Telephone (303) 756-9009

Telephone (720) 633-6307

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

From 6/81 - 7/83 I worked in the Infection Mold department for Timberland Shoe Co as a utility worker for a year and a half
From 11/01 - 7/04 I worked as a foamer operator for Foss Manufacturing and later as an assistant machine operator for

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

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

Specialty _____ Date Entered _____ Discharge Date _____

WORK EXPERIENCE

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

Name <u>Pinnacle Architectpral Lighting</u> Position <u>Warehouse Specialist</u> Company <u>Manufacturing Warehouse</u> Address <u>12655 E. 42nd Ave Suite 50</u> <u>Denver Co 80239</u> Telephone <u>(303) 322-5570</u>	Supervisor name <u>Marco Quevedo</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From <u>5/06</u></td> <td>Start <u>10.00 Per Hr</u></td> </tr> <tr> <td>To <u>6/01</u></td> <td>Final <u>13.24 Per Hr</u></td> </tr> <tr> <td colspan="2">Your last job title <u>Shipper</u></td> </tr> </table>	Employment dates	Pay or salary	From <u>5/06</u>	Start <u>10.00 Per Hr</u>	To <u>6/01</u>	Final <u>13.24 Per Hr</u>	Your last job title <u>Shipper</u>	
Employment dates	Pay or salary								
From <u>5/06</u>	Start <u>10.00 Per Hr</u>								
To <u>6/01</u>	Final <u>13.24 Per Hr</u>								
Your last job title <u>Shipper</u>									
Reason for leaving (be specific) <u>Fired Due to mistakes</u>									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Packaging and palletizing finished product, processed and labeled pallets, loaded pallets onto trucks</u>									

Name <u>Cooper Lighting</u> Position <u>Assembler</u> Company <u>Manufacturing Warehouse</u> Address <u>4675 Holly St Bldg</u> <u>Denver Co 80216</u> Telephone <u>(303) 343-1522</u>	Supervisor name <u>Kevin Barker</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From <u>5/05</u></td> <td>Start <u>10.00 Per Hr</u></td> </tr> <tr> <td>To <u>5/06</u></td> <td>Final <u>10.00 Per Hr</u></td> </tr> <tr> <td colspan="2">Your last job title <u>Shipper</u></td> </tr> </table>	Employment dates	Pay or salary	From <u>5/05</u>	Start <u>10.00 Per Hr</u>	To <u>5/06</u>	Final <u>10.00 Per Hr</u>	Your last job title <u>Shipper</u>	
Employment dates	Pay or salary								
From <u>5/05</u>	Start <u>10.00 Per Hr</u>								
To <u>5/06</u>	Final <u>10.00 Per Hr</u>								
Your last job title <u>Shipper</u>									
Reason for leaving (be specific) <u>Better Job Opportunity</u>									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Assembled fluorescent accent fixtures, packaged and palletized finished product</u>									

Name <u>Foss Manufacturing</u> Position <u>Assistan Machine Operator</u> Company <u>Fabrics Manufacturer</u> Address <u>1 Foss Ln 08244</u> <u>Hampton N.H.</u> Telephone <u>(603) 929-6000</u>	Supervisor name <u>Jack Tremblay</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From <u>11/01</u></td> <td>Start <u>11.00 Per Hr</u></td> </tr> <tr> <td>To <u>7/04</u></td> <td>Final <u>13.00 Per Hr</u></td> </tr> <tr> <td colspan="2">Your last job title <u>Product Inspector</u></td> </tr> </table>	Employment dates	Pay or salary	From <u>11/01</u>	Start <u>11.00 Per Hr</u>	To <u>7/04</u>	Final <u>13.00 Per Hr</u>	Your last job title <u>Product Inspector</u>	
Employment dates	Pay or salary								
From <u>11/01</u>	Start <u>11.00 Per Hr</u>								
To <u>7/04</u>	Final <u>13.00 Per Hr</u>								
Your last job title <u>Product Inspector</u>									
Reason for leaving (be specific) <u>Lay off due to company downsizing</u>									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. <u>Supplied machines with materials, cleaned machines, packaged finish product</u>									

Who were you referred by? Internet Job sight

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

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

I agree that:

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

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

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

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

Signature of applicant Alan B. Wood Date: 8/3/12

Courtesy Card

85

Checking Accounts

Savings Accounts

103680502780

R# 102 0000 21

 **Mixed Sources**
CITY OF S.E. COC-001272
© 1998 PSC

1-800-365-7772

Employer Solutions Staffing Group Direct Deposit Authorization

If you are applying for direct deposit, please make sure that you are mark whether the account is a savings or checking. Failure to provide this information can result in the deposit being delayed for several days. Please also note that it is possible for your direct deposit to be delayed a day or two the first week that your direct deposit is processed. Every bank is different and, although this doesn't happen frequently, it does happen. If you cannot wait a day or two past pay day for your deposit, then we suggest staying with a paper paycheck.

The time that the money goes into your account on pay day varies by bank.
Please allow until at least 10 am on your payday for the deposit to show.

Please print

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

Social Security Number 002-54-5771

Name (Last, First Middle Initial) Wood, Alan B			
Home Address 2271 S. Buckley Rd Unit 201	Street Aurora	City CO	Zipcode 80013
Date (Mo/Day/Yr) 8/3/12	Employee Signature Alan B. Wood	Daytime Phone Number 720-427-6428	

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

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

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

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>Wood</u>	First <u>Alan</u>	Middle Initial <u>A</u>	Maiden Name
Address (Street Name and Number) <u>2271 S. Buckley Rd. Unit 201</u>		Apt. #	Date of Birth (month/day/year) <u>12/9/58</u>
City <u>Aurora</u>	State <u>CO</u>	Zip Code <u>80013</u>	Social Security # <u>002-54-5771</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 Alan B. Wood

Date (month/day/year) 8/3/12

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>Driver License</u>		<u>SS card</u>
Issuing authority: _____		<u>CO</u>		<u>Dept of Health</u>
Document #: _____		<u>10-845-0487</u>		<u>002-54-5771</u>
Expiration Date (if any): _____		<u>12.9.15</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) 8.8.12 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 <u>[Signature]</u>	Print Name <u>Tina Kral</u>	Title <u>Account Manager</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

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

Colorado
Identification Card



10-343-0437 Expires: 12-09-2015
Issued: 12-09-2010
DOB: 12-09-1958
Previous Type: N

Ht: 5'09"
Wt: 200
Eyes: BLU
Sex: M
Vote:

Alan B. Wood

ALAN BARRY WOOD
2271 S BUCKLEY ROAD UNIT 201
AURORA, CO 80013

SOCIAL SECURITY

002-54-5711

THIS NUMBER HAS BEEN ESTABLISHED FOR

ALAN B. WOOD

Alan B. Wood

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

Name: Laurie Wood

Address: 61 High St Hampton N.H. 08224

Home Phone: 608-918-8564

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

1. Name: Laurie Wood

Phone (work): 61 High St Hampton N.H. 08224

Phone (home): 608-918-8564

2. Name: Gale Wood

Phone (work): _____

Phone (home): 603-679-5448

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

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 \$850 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 dependant(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 1382, 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/w4 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>0</u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u>0</u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u>0</u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u>0</u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u>0</u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <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>0</u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u>0</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 <h1 style="font-size: 2em;">2012</h1>
1 Your first name and middle initial Alan		2 Your social security number 002-54-5771
Home address (number and street or rural route) 2271 S. Buckley Rd Unit 201		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.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>0</u>
6 Additional amount, if any, you want withheld from each paycheck		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"> • 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
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.) ▶ Alan B. Wood		Date ▶ 8/3/12
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)

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 Alan B. Wood Social security number ▶ 002-54-5771

Street address where you live 2271 S. Buckley Rd Unit 201

City or town, state, and ZIP code Aurora CO

County US Telephone number (720) 427-6421

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

1 Check here if you are completing this form before August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.

2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

3 Check here if any of the following statements apply to you.

● I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.

● I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.

● I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.

● I am at least age 18 but not age 40 or older and I am a member of a family that:

a Received SNAP benefits (food stamps) for the past 6 months, or

b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.

● During the past year, I was convicted of a felony or released from prison for a felony.

● I received supplemental security income (SSI) benefits for any month ending during the past 60 days.

● I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.

● I am at least age 16 but not age 25 or older, and:

a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and

b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, and

c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.

4 Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:

● Discharged or released from active duty in the U.S. Armed Forces, or

● Unemployed for a period or periods totaling at least 6 months.

5 Check here if you are a member of a family that:

● Received TANF payments for at least the past 18 months, or

● Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or

● Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____

Date / /

WORK OPPORTUNITY TAX CREDIT

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

Name Alan Wood
 Address 2271 S. Buckley Rd Unit 201
 City Aurora State CO Zip 80015 Social Security # 002-54-5271
 Date of Birth 12/9/58 Age 53

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

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

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

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

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

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

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

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

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

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

I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative, or the Department of Labor.
 → NEW HIRE SIGNATURE Alan B. Wood DATE 8/8/12

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



**YOUTH SELF-ATTESTATION FORM
Work Opportunity Tax Credit Program**

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

New Hire Name: Alan Wood

Social Security Number: 002-54-5771 Date of Birth: 12/9/58

Employer Name: Employer Solutions Staffing Group

Employer Federal ID (EIN) Number: _____

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

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

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

New Hire's Signature: Alan B Wood Date 8/3/12

Privacy Act Notice:

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

Public Burden Statement:

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4208, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.



Nationsearch.com 11160 Huron St. #201 Thornton, CO. 80234
 Phone 800.827.9550 Fax 800.827.6118

AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

I hereby authorize Nationsearch.com, and its designated agents and representatives to conduct a review of my background through a consumer report and /or an investigative consumer report to be generated for employment purposes, promotion, reassignment or retention as an employee of _____.

I understand and am aware that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: names and dates of previous/current employment, work experience, criminal history records, sexual offenders lists, motor vehicle records, educational records, professional license verification, credit history, civil cases, OFAC list, OIG/GSA lists and any other sanctions lists. Upon request, Nationsearch.com will supply a copy of the consumer report (completed) along with a copy of the rights under the FCRA.

I, _____, authorize the release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at (company name) _____.

I hereby release Nationsearch.com and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of any kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization for release of information. I hereby certify that all information provided below and on my resume, CV or questionnaire is correct to the best of my knowledge. Any false statements provided on this form and/or on my resume, CV or application questionnaire will be considered just cause for the termination of employment at any time. This authorization and consent shall be valid in original, fax, copy or scanned form.

Please provide the following information, which is required by government agencies and other entities for identification purposes when conducting the background screening process. This information is confidential and will not be used for any other purpose.

Alan B. Wood _____ 8/3/12 _____
 Applicant Signature Date

Other Names Used: _____

Social Security Number	002-54-5771
Date of Birth: To be used for screening purposes only	12/9/58
Drivers License number : 10-343-0437 State of Issue: CO	

Street Address	City	State	Zip Code
2271 S. Buckley Rd Unit 201	Aurora	CO	80013

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 08/08/2012
Page: 1 of 1

Case Verification Number: 2012220170628NF

Case Information:**Employee Information:**

Last Name:	Hubner	First Name:	Jalen
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 7261	Date of Birth:	05/05/1987
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:	U.S. birth certificate (original or certified copy)
Document Name:	Driver's license	Document State:	Minnesota
Driver's License or ID Card Number:		Document Expiration Date:	05/05/2016
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	08/06/2012	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CKRO8357	Submitted On:	08/07/2012

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 On:
Submitted By:

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:

CKRO8357

Closed On:

08/08/2012

SENSITIVE BUT UNCLASSIFIED