



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 Hubner First Name Jalen Middle Initial R.
Street Address 1572 20th Avenue
City/State/Zip Pipestone, MN 56164
Home Phone — Cell / Message Phone (507) 215-0976
Company/Employer ENXCO

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.

Jalen Hubner Name (Print or type) [Signature] Applicant's Signature 8/6/2012 Date

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

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



Addendum to ESG Application

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

PLEASE COMPLETE PAGES 1-4	DATE <u>8/6/2012</u>
Name <u>Hubner</u> <u>Jalen</u> <u>Ray</u> <small>Last First Middle Maiden</small>	
Social Security No. <u>473 - 11 - 7261</u>	
E-Mail <u>jalen.hubner@gmail.com</u>	
If under 18, please list age <u> </u>	Referred by <u> </u>
Position applied for (1) <u>Operations Technician</u> and salary desired (2) <u>\$12/hr</u> (Be specific)	Shift available to work 1 st <input checked="" type="checkbox"/> 2 nd <input checked="" type="checkbox"/> 3 rd <input checked="" type="checkbox"/>
How many hours can you work weekly? <u>40+</u>	Can you work nights? <u>Yes</u>
Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME	
When available for work? <u>Immediately</u>	
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain <u> </u>	
Do you anticipate any absences from work on a regular basis? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain <u> </u>	

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	PiDestone Area Schools	PiDestone Area Schools 1401 7th St SW PiDestone, MN 5664	Four	Diploma
College	MSU-Mankato	MN State University 228 Wiecking CTR Mankato, MN 56001	Four	Economics Philosophy (In Progress)
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation. Driving on a suspended license - forgot to pay seat belt ticket, 12/31/2009. There was a fine.

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? I drive

Driver's license number E295086812416 State of issue MN

Operator Commercial (CDL) Chauffeur

Expiration date 5/5/2016

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? ONE - seat belt ticket

Please list two references other than relatives or previous employers.

Name <u>Mark Leismo</u>	Name <u>Dan Walker</u>
Position <u>Contractor</u>	Position <u>Retail Sales Consultant</u>
Company <u>Landscape Solutions</u>	Company <u>AT&T</u>
Address <u>2163 Birch Street</u> <u>White Bear Lake, MN 55110</u>	Address <u>1179 North Shore Dr. Apt. 208</u> <u>Forest Lake, MN 55001</u>
Telephone <u>(651) 246-5113</u>	Telephone (651) 261-3753 <u>(651) 261-3753</u>

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

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

Branch _____ Specialty _____

Date Entered _____ Discharge Date _____

WORK EXPERIENCE

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

Name <u>Hubner Farms</u> Position <u>Farmhand</u> Company <u>Hubner Farms</u> Address <u>336 121st Street</u> <u>Pipestone, MN 56164</u> Telephone <u>(507) 825-2746</u>	Supervisor name <u>Leonard Hubner</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>2009</u></td> <td>Start</td> </tr> <tr> <td>To <u>2012</u></td> <td>Final</td> </tr> </table> Your last job title <u>Farmhand</u>	Employment dates	Pay or salary	From <u>2009</u>	Start	To <u>2012</u>	Final
Employment dates	Pay or salary						
From <u>2009</u>	Start						
To <u>2012</u>	Final						
Reason for leaving (be specific) <u>Currently employed part-time.</u>							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Assisted with daily farm-related activities.</u>							

Name <u>Independent Computer Technician</u> Position <u>Computer Technician</u> Company <u>Hubner Computer Repair</u> Address <u>1572 20th Ave.</u> <u>Pipestone, MN 56164</u> Telephone <u>(507) 215-0976</u>	Supervisor name <u>Self-employed</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>2009</u></td> <td>Start</td> </tr> <tr> <td>To <u>2012</u></td> <td>Final</td> </tr> </table> Your last job title <u>Computer Technician</u>	Employment dates	Pay or salary	From <u>2009</u>	Start	To <u>2012</u>	Final
Employment dates	Pay or salary						
From <u>2009</u>	Start						
To <u>2012</u>	Final						
Reason for leaving (be specific) <u>Currently employed part-time.</u>							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>I serviced the local area as a computer repairman.</u>							

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE

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

Name <u>MSU English Department</u> Position <u>Student Assistant</u> Company <u>Minnesota State University</u> Address <u>228 Wiecking Center</u> <u>Mankato, MN 56001</u> Telephone <u>(507) 389-2117</u>	Supervisor name <u>Kate Voigt</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>2005</u></td> <td>Start <u>\$7.15/hr</u></td> </tr> <tr> <td>To <u>2009</u></td> <td>Final <u>\$8.75/hr</u></td> </tr> <tr> <td colspan="2">Your last job title <u>Student Assistant</u></td> </tr> </table>	Employment dates	Pay or salary	From <u>2005</u>	Start <u>\$7.15/hr</u>	To <u>2009</u>	Final <u>\$8.75/hr</u>	Your last job title <u>Student Assistant</u>	
Employment dates	Pay or salary								
From <u>2005</u>	Start <u>\$7.15/hr</u>								
To <u>2009</u>	Final <u>\$8.75/hr</u>								
Your last job title <u>Student Assistant</u>									
Reason for leaving (be specific) <u>Left the Mankato area.</u>									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Student assistant - oversaw front-office operations.</u> - Assisted professors and secretaries with a variety of projects. - Helped maintain the computers in the largest department of the college.									

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

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

Name: Jalen Hubner

Address: 1572 20th Avenue Pipestone, MN 56164

Home Phone: (507) 215-0976

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

1. Name: Jackie Hubner

Phone (work): (507) 247-2276

Phone (home): (507) 215-0975

2. Name: Leonard Hubner

Phone (work): (507) 820-2355

Phone (home): same as work phone.

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

I'm allergic to latex.

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 checked="" type="checkbox"/> Start	<input checked="" type="checkbox"/> As Soon As Possible
<input type="checkbox"/> Stop	<input type="checkbox"/> Future Paydate
<input type="checkbox"/> Change	____/____/____

Social Security Number 473-11-7261

Name (Last, First Middle Initial) Hubner, Jalen R.			
Home Address 1572 20th Ave.	Street Pipestone, MN	City 56164	Zipcode
Date (Mo/Day/Yr) 8/6/2012	Employee Signature <i>Jalen Hubner</i>	Daytime Phone Number (507) 215-0976	

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

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.) First National 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.

JALEN R. HUBNER 1572 -20TH AVE. PH. 507-825-6923 PIPESTONE, MN 56164		75-181/912 565853	1068
PAY TO THE ORDER OF		DATE	\$
First National Bank P.O. Box 190 Pipestone, MN 56184 (507) 825-8344		Student first Checking	nt. DOLLARS
MEMO		MP	
@0912018181 565 8531 01068			

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>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. • 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>2</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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ 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="margin: 0;">2012</h1>
1 Your first name and middle initial <i>Salen R.</i>	Last name <i>Hubner</i>	2 Your social security number <i>473-11-7261</i>
Home address (number and street or rural route) <i>1572 20th Ave.</i> City or town, state, and ZIP code <i>Pipestone, MN 56164</i>		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. 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 6 Additional amount, if any, you want withheld from each paycheck 7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • 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 ▶ <input checked="" type="checkbox"/>		5 <u>2</u> 6 <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.) ▶ <i>[Signature]</i>		Date ▶ <i>8/6/2012</i>
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)

EMPLOYEE INFORMATION
(Must Be Filled Out)

ENROLLMENT FORM - 10K PLAN

Social Security Number
Date of Birth Sex M F
Name Jalen Hubner
Street Address 1572 20th Ave.
City Pipestone State Zip
Home Phone

Do you or any dependents have Medicare?
 Yes No If Yes:
Medicare Health Insurance Claim Number (HICN) _____
Medicare Effective Date / /
Names of Covered Person(s)
1. _____
2. _____
3. _____
4. _____

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

BENEFIT SELECTION

MEDICAL

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

DENTAL

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

TERM LIFE

- YES \$0.60 Employee Only
- 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 / / Sex M F
Relationship: Spouse Domestic Partner Child

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

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

Name _____
Social Security Number - -
Date of Birth / / Sex M F
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 Jalen Hubner

Date

CERTIFICATE OF BIRTH

FILE NUMBER: 140-1987-003779

NAME: JALEN RAY HUBNER

SEX: MALE

DATE OF BIRTH: 05/05/1987

FILE DATE: 05/13/1987

COUNTY OF BIRTH: MINNEHAHA

MOTHER'S NAME

PRIOR TO FIRST MARRIAGE: JACQUELINE ANN DETHMERS

FATHER: LEONARD RAYMOND HUBNER

*This is a true certification of the official Vital Record
filed in the Department of Health as provided in
Chapter 34-25 of the SOUTH DAKOTA CODIFIED LAWS.*

ISSUED BY MOODY COUNTY REGISTER OF DEEDS

Kathlene A. Mueller

**KATHLENE A. MUELLER
STATE REGISTRAR**

Gautrey

03/23/2005

DATE ISSUED

SD0198819



MINNESOTA
DRIVER'S LICENSE



JALEN RAY HUBNER
1572 20TH AVE
PIPESTONE, MN 56164

Date of Birth 05-05-1987

Sex Eyes Class

M GRN .D

Height Weight

6-4 190 DONOR 

ISSUED 05-2012

EXPIRES 05-05-2016

Jalen Hubner

E295086812416



Notification of Minnesota Law Requirement – Unemployment Acknowledgement

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

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

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

Jalen Hubner
Employee Signature:

8/6/2012
Date:

Jalen Hubner
Employee (please print your name here)

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 Jalen Hubner Social security number ▶ 473-11-7261
Street address where you live 1572 20th Ave.
City or town, state, and ZIP code Pipestone, MN 56164
County Pipestone County Telephone number (507) 215-0976
If you are under age 40, enter your date of birth (month, day, year) 5/5/1987

- 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 18 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 90 days.
 - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 18 but not age 25 or older, and:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, and
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:
- Discharged or released from active duty in the U.S. Armed Forces, or
 - Unemployed for a period or periods totaling at least 6 months.
- 5 Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months, or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

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

Job applicant's signature ▶ Jalen Hubner

Date 8/16/2012

WORK OPPORTUNITY TAX CREDIT

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

Name Jalen Hubner
 Address 1572 20th Ave.
 City Deer Stone State MN Zip 56164 Social Security # 473-11-7261
 Date of Birth 05/05/1987 Age 25

Please CHECK ONE ANSWER for each of the following questions, and complete question #9:

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? Yes No
 Date of Conviction: _____ Date of Release: _____
 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: 2005 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? \$ 1,800

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 [Signature] DATE 8/6/2012

Questions below to be completed by manager

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



U.S. Department Labor
Employment and Training Administration

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

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

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

New Hire Name: Jalen Hubner

Social Security Number: 473-11-7261 Date of Birth: 05/05/1987

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: [Signature] Date 8/6/2012

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.

MEDTOX LABORATORIES
 402 WEST COUNTY ROAD D
 ST PAUL, MN 55112
 651-636-7466

Jennifer A. Collins, Ph.D.

LABORATORY REPORT

Account #: 42869
 CORPORATE MANAGEMENT GROUP
 *

Accession #: J0836789
 Specimen I.D.: Z22483546
 Donor Name/ID: HUBNER, JALEN
 SSN: 473-11-7261
 Age: Sex:
 Reason for test: Pre-Employment

General Information

	Date	Date	Date
	Collected	Received	Reported
	08/06/2012	08/07/2012	08/07/2012
	11:35		2:54PM

TEST(S) REQUESTED	RESULTS	UNITS	THERAPEUTIC RANGE
-----	-----	-----	-----
DRUGS OF ABUSE SCREEN 88178			
AMPHETAMINES	NEGATIVE	ng/ml	
BARBITURATES	NEGATIVE	ng/ml	
BENZODIAZEPINES	NEGATIVE	ng/ml	
COCAINE METABOLITE	NEGATIVE	ng/ml	
OPIATES	NEGATIVE	ng/ml	
PHENCYCLIDINE (PCP)	NEGATIVE	ng/ml	
MARIJUANA (THC) METABOLITE	NEGATIVE	ng/ml	
METHADONE	NEGATIVE	ng/ml	
PROPOXYPHENE	NEGATIVE	ng/ml	
CREATININE, URINARY	14.3 (L)	mg/dl	> = 20

THE DRUGS IN THIS PROFILE ARE SCREENED BY IMMUNOASSAY. ANY POSITIVE RESULT IS CONFIRMED BY GAS CHROMATOGRAPHY WITH MASS SPECTROMETRY (GC/MS). THE FOLLOWING THRESHOLD CONCENTRATIONS ARE USED FOR THIS ANALYSIS:

DRUG	SCREENING THRESHOLD	CONFIRMATION THRESHOLD
AMPHETAMINES	1000 NG/ML	500 NG/ML
BARBITURATES	300 NG/ML	300 NG/ML
BENZODIAZEPINES	300 NG/ML	300 NG/ML
COCAINE METABOLITE	300 NG/ML	150 NG/ML
OPIATES	2000 NG/ML	2000 NG/ML
PHENCYCLIDINE	25 NG/ML	25 NG/ML
MARIJUANA METABOLITE	50 NG/ML	15 NG/ML
METHADONE	300 NG/ML	300 NG/ML
PROPOXYPHENE	300 NG/ML	300 NG/ML

ALTERNATE EXPLANATIONS SHOULD BE CONSIDERED FOR ANY POSITIVE RESULT.
 ADULTERATION SCREEN - OXIDANTS

NITRITES	NEGATIVE	mcg/ml	< 200
----------	----------	--------	-------

NITRITES ARE SCREENED BY COLORIMETRIC METHODS. NITRITE LEVELS IN EXCESS OF 500 NG/ML ARE CONSIDERED ABNORMAL.

SPECIFIC GRAVITY 1.002 (L)
 SPECIFIC GRAVITY < 1.003 AND CREATININE < 20 mg/dl
 SPECIMEN DILUTE, SUGGEST RECOLLECTION

Certified by: JOHN, SHANNON ** FINAL REPORT **

Collected at 5078256166 MEDTOX collection site #481
 PIPESTONE COUNTY MED CENTER

VERIFIED REPORT**FOR****EMPLOYER SOLUTIONS GROUP**

Applicant: **JALEN HUBNER**
Requested By: **LAURA ERNST**
Location: **EMPLOYER SOLUTIONS GROUP**

Address 7261 **SSN** XXX-XX-7261, XXX-XX-
DOB 05/05/1987

CRIMINAL

National Criminal Record Search
Names Searched: Jalen Hubner
Completed: 08/07/2012
NO FELONY OR MISDEMEANOR CONVICTION RECORD FOUND

Note: A full list of sources included in this search can be found at
<http://www.orangetreeclient.com/disclaimer/NCRSSourceList.pdf>.

National Sex Offender Record Search
Names Searched: Jalen Hubner
Completed: 08/07/2012
Jalen Hubner, 05/05/1987, is not currently listed in the National Sex Offender Database.

Note: Additional research at the jurisdictional level may have been required to complete this check. If additional research was required, and reportable information was located, it is included in the applicable jurisdiction service contained in this report. A full list of sources included in this search can be found at <http://www.orangetreeclient.com/disclaimer/SORSourceList.pdf>.

Report Status: SENT 08/07/2012

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>Hubner</u>	First <u>Jalen</u>	Middle Initial <u>R.</u>	Maiden Name <u>—</u>
Address (Street Name and Number) <u>1572 20th Ave.</u>		Apt. # <u>—</u>	Date of Birth (month/day/year) <u>05/05/1987</u>
City <u>Pipestone</u>	State <u>MN</u>	Zip Code <u>56164</u>	Social Security # <u>473-11-7261</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 #) _____

Employee's Signature [Signature]

Date (month/day/year) 8/6/2012

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	<u>Drivers License</u>	AND	<u>certificate of Birth</u>
Issuing authority: _____		<u>MN</u>		<u>140-1987-003779</u>
Document #: _____		<u>E295086812416</u>		<u>State of SD</u>
Expiration Date (if any): _____		<u>S.S. 2016</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) 8.6.12 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

Print Name

Title

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

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

A. New Name (if applicable)

B. Date of Rehire (month/day/year) (if applicable)

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)

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 08/07/2012
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 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: _____
Closed By: _____ Closed On: _____

SENSITIVE BUT UNCLASSIFIED