



**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 Fischer First Name Paul Middle Initial V  
 Street Address 63 Stella Place  
 City/State/Zip Cairo N.Y. 12413  
 Home Phone 518-622-2212 Cell / Message Phone 518-755-5406  
 Company/Employer Store Room Solutions

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.

Paul Fischer  
Name (Print or type)

Paul Fischer  
Applicant's Signature

4-14-14  
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 _____

# 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  
079-50-4234

Name (Last, First Middle Initial) Fischer Paul V				
Home Address	Street	City	State	Zipcode
63	Stella Place	Cairo	N.Y.	12413
Date (Mo/Day/Yr)	Employee Signature	Daytime Phone Number		
4-13-14	Paul Fischer	518-622-2212		

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

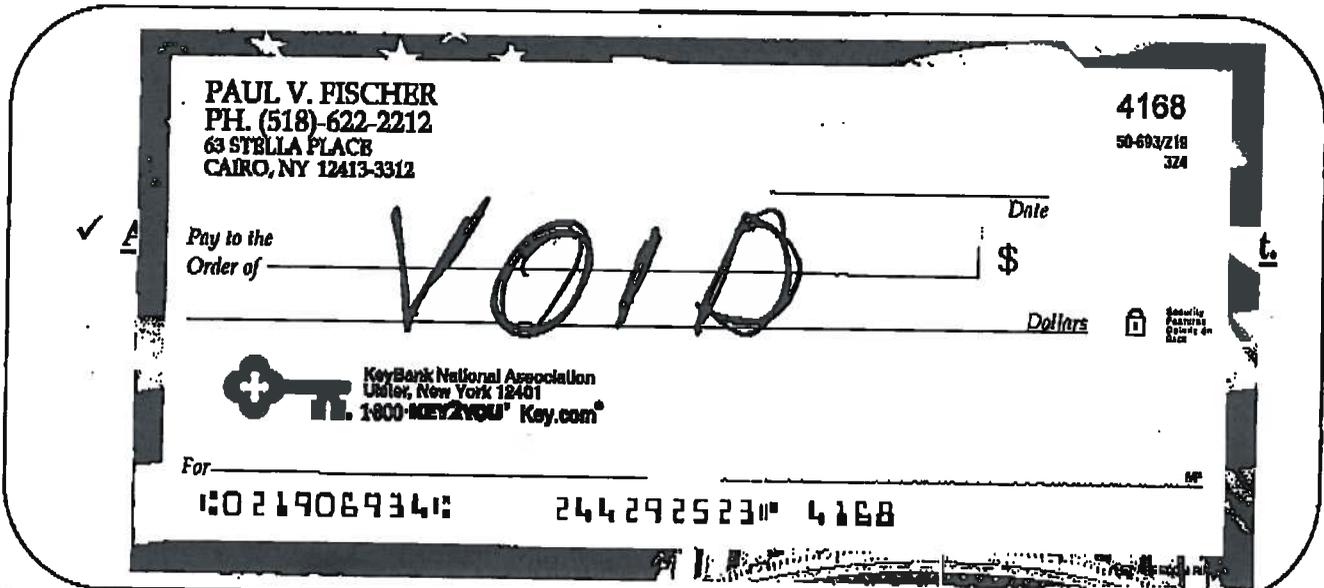
Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)

Key Bank

Type of Account

Checking     Savings     Money Market Checking     Money Market Investment Requires Submission of ACH form from your broker

I authorize Employer Solutions Staffing Group to direct deposit funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize Employer Solutions Staffing Group to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by Employer Solutions Staffing Group at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to Employer Solutions Staffing Group for distribution. This will delay payment of funds to you.



that apply.

avoid having too little tax withheld.

If neither of the above situations applies, stop here and enter the number from line H on line S 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

# Employee's Withholding Allowance Certificate

OMB No. 1545-0074

**2014**

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.

1 Your first name and middle initial <b>Paul V</b>		Last name <b>Fischer</b>		2 Your social security number <b>079-50-4234</b>	
Home address (number and street or rural route) <b>63 Stella Place</b>				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 <b>Cairo, N.Y. 12413</b>				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 <b>0</b>	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2014, 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.				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.) <b>Paul Fischer</b>				Date <b>4-13-14</b>	
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)	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 102200

Form **W-4** (2014)

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

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

Name PAUL Fischer
Address 63 Stella Place
City Cairo State NY Zip 12413 Social Security # 079-55-4234
Date of Birth 5-19-68 Age 45

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

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

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

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

7. Have you been unemployed at any time during the last 12 months? Yes [X] No [ ]
If yes, dates of unemployment: From: Sept 2012 To: April 2014
Did you receive unemployment compensation at any point during your unemployment?
If yes, dates received compensation: From: March 2013 To: Dec 2013 Yes [X] 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 [X]
Parole Officer's Name: Parole Officer's Phone #

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

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

11. Did you receive a high school diploma or GED? If yes, date received: 1987 Yes [X] No [ ]
Have you been employed or been admitted to technical school or college since then? Yes [X] No [ ]

12. How much in gross wages have you earned TOTAL in the past six months? \$ 3700.00 unemployed

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 Paul Fischer DATE 4-14-14

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

EMPLOYEE INFORMATION (Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

USE BLACK or BLUE INK ONLY  
ESC CUNAV (SAD) P2 v.13.0

Social Security Number 079-50-4234  
Date of Birth 05/19/1968 Sex  M  F  
Name Paul Fischer  
Street Address 63 Stella Place  
City Cairo State NY Zip 12413  
Home Phone 518-622-2212

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. \_\_\_\_\_

BENEFIT SELECTION

Weekly Rates

MEDICAL



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

DENTAL



- \$ 5.99 Employee Only #
- \$11.98 Employee + One
- \$19.77 Employee + Family
- NO

TERM LIFE



- YES \$0.60 Employee Only\* ←
- NO \$0.90 Employee + One
- NO \$1.80 Employee + Family

SHORT-TERM DISABILITY



- YES
- NO \$4.20 Employee Only

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

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

REQUIRED DEPENDENT INFORMATION

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

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

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

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.

NAME OF BENEFICIARY  
Lisa Gardner  
RELATIONSHIP  
Girl friend

Accidental Death & Dismemberment is part of the Term Life 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 declaration of coverage.

Signature Paul Fischer

Date 04/14/2014

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

Name: Paul Fischer  
Address: 63 Stella Place Cairo, N.Y. 12413  
Home Phone: 518-622-2212

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

1. Name: LISA Gardner  
Phone (work): 845-246-6090 ext 101  
Phone (home): 518-622-2212
2. Name: Josephine Fischer  
Phone (work): \_\_\_\_\_  
Phone (home): 845-338-2080

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# 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) <b>Fischer</b>		First Name (Given Name) <b>Paul</b>		Middle Initial <b>V</b>	Other Names Used (if any)	
Address (Street Number and Name) <b>63 Stella Place</b>			Apt. Number	City or Town <b>Cairo</b>	State <b>NY</b>	Zip Code <b>12413</b>
Date of Birth (mm/dd/yyyy) <b>05/19/68</b>	U.S. Social Security Number <b>01719-50-4234</b>	E-mail Address <b>P.Fischer19@Yahoo.com</b>			Telephone Number <b>518 622-2212</b>	

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: <b>Paul Fischer</b>	Date (mm/dd/yyyy): <b>04/14/14</b>
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**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



## 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 Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Passport</u>		Document Title:		Document Title:
Issuing Authority: <u>USA</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>469823154</u>		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>5-24-2020</u>		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): 4-17-14 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>[Signature]</u>		Date (mm/dd/yyyy) <u>4-15-14</u>	Title of Employer or Authorized Representative <u>Acct Mgr</u>	
Last Name (Family Name) <u>hsol</u>		First Name (Given Name) <u>Tina</u>		Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)			City or Town	State   Zip Code

### 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):
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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):
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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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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NEW YORK STATE DEPARTMENT OF HEALTH  
OFFICE OF VITAL RECORDS  
ALBANY

**CERTIFICATE OF BIRTH REGISTRATION**

This is to certify that a birth certificate has been filed for  
**PAUL VINCENT FISCHER**

Born on May 19, 1968, at Kingston, N. Y.  
(City, Village, Town)

Son  
Daughter of Francis S. Fischer and  
(Name of father)

Josephine Adeline Christofora

(maiden name of mother)

*Jeannette H. Kelly*  
LOCAL REGISTRAR

Date Filed May 27, 1968

Kingston, New York  
ADDRESS

THIS CERTIFICATE IS EVIDENCE OF AGE, PARENTAGE AND PLACE OF BIRTH AND SHOULD BE CAREFULLY PRESERVED  
Ask the physician or clinic to fill in the spaces below when the child is immunized.

	Date	Physician or clinic
Immunized against smallpox	<u>5/8/69</u>	
Immunized against diphtheria	<u>9/5/68 9/30/68 11/7/68</u>	<u>Polio 2/25/69 4/22/69 1/12 70</u>
Immunized against tetanus	<u>9/5/68 9/30/68 11/7/68</u>	<u>Peritussis 9/5/68 9/30/68 11/7/68</u>
Immunized against whooping cough	<u>Reibach 8/25/70</u>	
Immunized against poliomyelitis		
Immunized against measles	<u>6/30/69</u>	



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: Paul Fischer

Social Security Number: 079-50-4234 Date of Birth: 5-19-68

Employer Name: Employer Solutions Staffing Group

Employer Federal ID (EIN) Number: 76-0737326

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: Paul Fischer Date 4-14-14

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

**Public Burden Statement:**  
Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.

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

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

Name Paul Fischer  
Address 63 Stella Place  
City Cairo State NY Zip 12413 Social Security # 079-50-4234  
Date of Birth 5-19-68 Age 45

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

1. Have you or any family member living with you received Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) during the past 24 months? Yes  No
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: Sept 2012 To: April 2014  
Did you receive unemployment compensation at any point during your unemployment?  
If yes, dates received compensation: From: March 2013 To: Dec 2013 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: 1987 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? \$ 3700.00 *unemployed*

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 Paul Fischer DATE 4-14-14

Questions below to be completed by manager

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