



Addendum to Application

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4 DATE 8-6-13

Name Dierz Casey
Last First Middle Maiden

Social Security No. 507 - 73 - 6226

Telephone (490) 907-4140

If under 18, please list age _____ Referred by _____

Position applied for (1) Retrofr
 and salary desired (2) 14hr
(Be specific)

Days/hours available to work
 No Pref _____ Thur all
 Mon all Fri all
 Tue all Sat all
 Wed all Sun all

How many hours can you work weekly? 40+ Can you work nights? yes

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

When available for work? now

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>Southern Valley High</u>	<u>Oxford NE</u>	<u>4</u>	
College				
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) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. DUI, 2007, Grand, 3011 CO

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? Pick up truck

Driver's license number 01-016-0523 State of issue CO

Operator Commercial (CDL) Chauffeur

Expiration date 01-16-2016

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? 1 rolled a stop sign

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 Ben Colburn

Name Greg Mariani

Position Project Manager

Position Owner

Company ESG

Company Eco Power

Address _____

Address _____

Telephone (430) 433-3193

Telephone (602) 697-7974

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.

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>American Antique Lumber</u> Position <u>Yard Tech</u> Company _____ Address <u>Montrose, CO</u> Telephone <u>(970) 249-4848</u>	Supervisor name <u>Stacy East</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>2-13</u></td> <td>Start <u>12 hr</u></td> </tr> <tr> <td>To <u>5-13</u></td> <td>Final <u>13 hr</u></td> </tr> <tr> <td colspan="2">Your last job title _____</td> </tr> </table>	Employment dates	Pay or salary	From <u>2-13</u>	Start <u>12 hr</u>	To <u>5-13</u>	Final <u>13 hr</u>	Your last job title _____	
Employment dates	Pay or salary								
From <u>2-13</u>	Start <u>12 hr</u>								
To <u>5-13</u>	Final <u>13 hr</u>								
Your last job title _____									
Reason for leaving (be specific) <u>Moved to Aurora</u>									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Load/Unload trucks of lumber, used skidsteer and fork lift, cut lumber to customer specs.</u>									

Name _____ Position <u>Fence installer</u> Company <u>Gibson Rob Fenling</u> Address <u>Montrose, CO</u> Telephone () _____	Supervisor name <u>Justin Collins</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>12-11</u></td> <td>Start <u>12 hr</u></td> </tr> <tr> <td>To <u>11-2012</u></td> <td>Final <u>15 hr</u></td> </tr> <tr> <td colspan="2">Your last job title _____</td> </tr> </table>	Employment dates	Pay or salary	From <u>12-11</u>	Start <u>12 hr</u>	To <u>11-2012</u>	Final <u>15 hr</u>	Your last job title _____	
Employment dates	Pay or salary								
From <u>12-11</u>	Start <u>12 hr</u>								
To <u>11-2012</u>	Final <u>15 hr</u>								
Your last job title _____									
Reason for leaving (be specific) <u>Did not like the way Justin ran things. (Slow, unorganized, shady)</u>									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Installed res, fence and some barbed wire.</u>									

Name _____ Position _____ Company <u>Chris White Construction</u> Address <u>Garrison, CO</u> Telephone <u>(970) 209-1501</u>	Supervisor name <u>Chris White</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>6-2011</u></td> <td>Start <u>30 hr</u></td> </tr> <tr> <td>To <u>9-2011</u></td> <td>Final <u>30 hr</u></td> </tr> <tr> <td colspan="2">Your last job title _____</td> </tr> </table>	Employment dates	Pay or salary	From <u>6-2011</u>	Start <u>30 hr</u>	To <u>9-2011</u>	Final <u>30 hr</u>	Your last job title _____	
Employment dates	Pay or salary								
From <u>6-2011</u>	Start <u>30 hr</u>								
To <u>9-2011</u>	Final <u>30 hr</u>								
Your last job title _____									
Reason for leaving (be specific) <u>Moved to Montrose</u>									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. <u>Installed sheetrock</u>									

Who were you referred by? _____

May we contact your present employer? Yes ___ No

Did you complete this application yourself Yes ___ No

If not, who did? _____



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 Dietz First Name Casper Middle Initial _____
 Street Address 19191 E. Louisiana Av
 City/State/Zip Avonree, CO 80017
 Home Phone _____ Cell / Message Phone (480) 907-9940
 Company/Employer Colorado Lighting

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.

Casper Dietz Name (Print or type) Casper Dietz Applicant's Signature 8-6-13 Date

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

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

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

Name: Casey Dietz

Address: 19141 E. Louisiana AV

Home Phone: (480) 907-9940

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

1. Name: Leah Goetz

Phone (work): (470) 990-8171

Phone (home): (470) 990-8371

2. Name: Terry Dietz

Phone (work): _____

Phone (home): (970) 596-6797

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

**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 Casa Dier Date: 8-6-13



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <i>Dietz</i>		First Name (Given Name) <i>Casey</i>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <i>19191 E. Louisiana AV</i>			Apt. Number	City or Town <i>Aurora</i>	State <i>CO</i>	Zip Code <i>80017</i>
Date of Birth (mm/dd/yyyy) <i>1-16-81</i>	U.S. Social Security Number <i>507-33-61226</i>		E-mail Address <i>Casey.Dietz27@Yqhw.com</i>		Telephone Number <i>(480) 927-9940</i>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

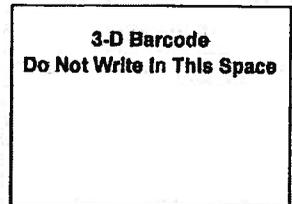
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

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

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



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

Foreign Passport Number: _____

Country of Issuance: _____

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

Signature of Employee: <i>Casey Dietz</i>	Date (mm/dd/yyyy): <i>8-6-13</i>
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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



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

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

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

List A Identify and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title:		Document Title: <u>Driver License</u>		Document Title: <u>SS Card</u>
Issuing Authority:		Issuing Authority: <u>CO</u>		Issuing Authority: <u>SS Admin</u>
Document Number:		Document Number: <u>04-016-0523</u>		Document Number: <u>507-33-6226</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>1.16.16</u>		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): 8.15.13 (See Instructions for exemptions.)

Signature of Employer or Authorized Representative <u>[Signature]</u>		Date (mm/dd/yyyy) <u>8.15.13</u>	Title of Employer or Authorized Representative <u>Acct Mgr.</u>	
Last Name (Family Name) <u>Wool</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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SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 08/15/2013
Page: 1 of 1

Case Verification Number: 2013227113844TU

Case Information:**Employee Information:**

Last Name:	Dietz	First Name:	Casey
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 6226	Date of Birth:	01/16/1981
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Social Security Card
Document Name:	Driver's license	Document State:	Colorado
Driver's License or ID Card Number:		Document Expiration Date:	01/16/2016
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	08/15/2013	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CKRO8357	Submitted On:	08/15/2013

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

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

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

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:
Submitted By: Submitted On:

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

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By: _____ Referred On: _____

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

Case Result: _____ Response Date: _____

Case Closure:

Closure Statement: _____

Closed By: _____ Closed On: _____

SENSITIVE BUT UNCLASSIFIED

