employer solutions staffing group
Leveraging Resources in a Changing Market

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

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Moncada Ramirez **First Name** Bianca **Middle Initial** J.

Street Address 1823 5th St LOT #67 **Apt.**

City/State/Zip Greeley, CO. 80631

Home Phone _____ **Cell / Message Phone** (970) 599-9904

Company/Employer _____

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Are you legally authorized to work in the United States of America? ☒ YES ☐ NO

Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

Bianca Moncada Ramirez — Name (Print or type)
B. M. Ramirez — Applicant's Signature
9/6/2013 — Date

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

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

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

_____, or any of its subsidiaries may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history (State and Federal records), social security verification, address trace, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised NationSearch LLC. 11160 Huron St. Suite 100 Northglenn, Co 80234, (800)-827-9550 will be conducting the ICR or another outside organization. The scope of this notice and authorization is all encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, credit reporting agency, employer, to provide any and all background information requested by NationSearch LLC. 11160 Huron St. Suite 100 Northglenn, CO 80234 (800)-827-9550, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Notice to California Applicants: **Notice to California Applicants:** Under section 1786.22 of California Civil Code, you have the right to request from NationSearch, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which NationSearch has previously furnished within the two-year period preceding your request. You may view the file maintained on you by contacting NationSearch during normal business hours. You may also obtain a copy of this report(s) upon submitting proper identification. Upon making a written request, you may receive a summary of your report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

Notice to Maine Applicants: Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency, NationSearch and request a copy of the report(s) compiled.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

Last Name:	First:	SS#
Moncada Ramirez	Bianca	521-77-3753
Other Names used: Loma Bianca	Date of Birth: 3.20.1990 For employment Purposes Only	
Motor Vehicle Number and State of Issue: (Driver's License #, NOT License Plate #)		
Address: 1823 5th st. LOT#67 Greeley, CO. 80631		

Signature: B. M. Ramirez Date: 9.6.2013

Please initial this box in affirmation that you have been advised of your rights as it pertains to this consumer investigative report, and are aware of the agency conducting the investigation: ☐

Global Cash Card

employer solutions staffing group
Leveraging Resources in a Changing Market

PAYCARD ENROLLMENT FORM

You will be issued a temporary ATM Debit Card and a Debit MasterCard will be mailed to your home address within 7-10 days. Once you activate your Debit MasterCard, the funds from your temporary ATM Debit Card (please keep it as a back-up card) will automatically transfer to your Debit MasterCard.

Please attach a copy of your Social Security Card as a REQUIRED government-issued form of identification.

Please indicated if this is a NEW X **or REPLACEMENT card** _____

Card Number:
5110 -- 2102 -- 0933 - 0753

Global Cash Card – Account Owner Information (Please Print Legibly)		
First Name: Bianca	**M.I.:**	**Last Name:** Moncada Ramirez
Street Address (No PO Box): 1823 5th St. Lot #67		**Apartment #:**
City: Greeley		**State:** CO **Zip Code:** 80631
Home Telephone: ( )		**Cell Number (Text Notification):** ( ) 970-599-9904
Date of Birth (MM/DD/YYYY): 3 / 20 / 1990		**Social Security Number:** -- -- 521-77-3753
Email Address:		

Please initial one of the following:

I would like to receive my paystub voucher printed: _____

I would like to receive my paystub voucher by email each week, until further notice: _____

Employee Signature	**Date**

LOCATION INFORMATION (All fields must be completed by a company representative)	
ESSG Location: CMG – Accellent	**Employee given Temporary Card & Date:**

GCC: _____ / Dt: _____ ABD: _____ / Dt: _____ QB: _____ / Dt: _____

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Direct Deposit/Payroll Debit Card Authorization

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card.
If you do not provide a written election, wages will be paid by Payroll Debit Card.

SECTION 1 BASIC INFORMATION

Employee Name	SSN# (last 4 digits)	Effective Date
Bianca Moncada Ramirez	3753	

SECTION 2 PAYROLL ELECTION

☐ **Direct Deposit** (Please complete Sections 3 and 5 below)
☒ **Payroll Debit Card** (Please complete Sections 4 and 5 below)

SECTION 3 DIRECT DEPOSIT

ACCOUNT

☐ Update Bank Account
Bank Name:
Routing#
Account#
Account Type: ☐ Checking ☐ Savings ☐ Other: _____

I understand and acknowledge that if I do not provide a voided check (a deposit slip will not work) with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.

Initial _____ Date _____

- To help us avoid making an error, please attach a copy of a voided check. **(a deposit slip will not work)**
- If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods.

SECTION 4 PAYROLL DEBIT CARD

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.

Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)

First Name	M.I.	Last Name	Date of Birth
Bianca	J	Moncada Ramirez	3/20/1990

Street Address (PO BOX NOT ACCEPTABLE)	Social Security#
1823 5th St LOT #67	

City	State	Zip	Primary Phone
Greeley	Co.	80631	(970) 599-9904

RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Routing #	Payroll Debit Card Account #
122242597	5110 2102 0933 0753

I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature: B. M. Ramirez Date: 9·6·2013

SECTION 5 AUTHORIZATION

I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). * **E-mail is required for pay stub information.**

***E-mail:** bianca.moncada@yahoo.com

Employee's Signature: B. M. Ramirez Date: 9·6·2013

ESSG Location: CMG-BC

Rev. 01/2013

Form W-4 (2013)

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 2013 expires February 17, 2014. 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 $1,000 and includes more than $350 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 2013. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at *www.irs.gov/w4*.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** _____

B Enter "1" if:
- 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** _____

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** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . **E** _____

F Enter "1" if you have at least $1,900 of **child or dependent care expenses** for which you plan to claim a credit . . . **F** _____
(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

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 $65,000 ($95,000 if married), enter "2" for each eligible child; then **less** "1" if you have three to six eligible children or **less** "2" if you have seven or more eligible children.
- If your total income will be between $65,000 and $84,000 ($95,000 and $119,000 if married), enter "1" for each eligible child . . . **G** _____

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** _____

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

Employee's Withholding Allowance Certificate

▶ **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.**

OMB No. 1545-0074
2013

1 Your first name and middle initial: Bianca J
Last name: Moncada Ramirez
2 Your social security number: 521 77 3753

Home address (number and street or rural route): 1823 5th St. LOT#67
3 ☐ Single ☒ Married ☐ 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: Greeley, CO 80631
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. ▶ ☐

5 Total number of allowances you are claiming (from line **H** above or from the applicable worksheet on page 2) | 5 | 1

6 Additional amount, if any, you want withheld from each paycheck . . . . . | 6 | $

7 I claim exemption from withholding for 2013, 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. M. Ramirez **Date** ▶ 9. 6. 2013

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. 10220Q Form **W-4** (2013)

Revision Date: 01/11/12

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

Employee Name: Moncada Ramirez Bianca Josephine 3.20.90
Last First Middle Date of Birth

Social Security Number: 521 - 77 - 3753 Date of Hire: _____(MM/DD/YYYY)

In accordance with § 8-2-122, C.R.S., within 20 days after hiring the new employee listed above,

I affirm all four of the following by signing this form:

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

_____ _____
Print Name of Employer (or Designated Representative) Official Title

_____ _____(MM/DD/YYYY)
Signature of Employer (or Designated Representative) Date Signed by Employer

_____ _____
Business or Organization Name Employer Phone Number

The provision of false or fraudulent information on this form may subject the employer to a significant fine and/or additional penalties.

This form and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.

This affirmation is provided as a courtesy by the Colorado Division of Labor.

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*)	First Name (*Given Name*)	Middle Initial	Other Names Used (*if any*)
Moncada Ramirez	Bianca	J	Loma

Address (*Street Number and Name*)	Apt. Number	City or Town	State	Zip Code
1823 5th St. LOT#67		Greeley, CO	CO	80631

Date of Birth (*mm/dd/yyyy*)	U.S. Social Security Number	E-mail Address	Telephone Number
03/20/1990	521-77-3753	bianca.moncada@yahoo.com	(970) 599.9904

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*)

3-D Barcode
Do Not Write In This Space

Signature of Employee:	Date (*mm/dd/yyyy*)
B. M. Ramirez	09.06.2013

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

STOP **Employer Completes Next Page** STOP

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:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date *(if any)(mm/dd/yyyy)*:		Expiration Date *(if any)(mm/dd/yyyy)*:		Expiration Date *(if any)(mm/dd/yyyy)*:
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date *(if any)(mm/dd/yyyy)*:				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date *(if any)(mm/dd/yyyy)*:				

3-D Barcode
Do Not Write In This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions.)***

Signature of Employer or Authorized Representative	Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative	
Last Name *(Family Name)*	First Name *(Given Name)*	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)*:

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date *(if any)(mm/dd/yyyy)*:

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date *(mm/dd/yyyy)*:	Print Name of Employer or Authorized Representative:

CERTIFICATION OF VITAL RECORD

STATE OF COLORADO

STATE OF COLORADO

CERTIFICATE OF LIVE BIRTH

105

STATE FILE NUMBER

INFANT

1. CHILD-NAME (First, Middle, Last): Bianca Josephine LOMA
2. DATE AND HOUR OF BIRTH (Month, Day, Year, Hour): March 20, 1990 5:26 PM
3. SEX: Female
4. CITY, TOWN, OR LOCATION OF BIRTH: Greeley
5. COUNTY OF BIRTH: Weld
6. PLACE OF BIRTH: [X] Hospital [ ] Freestanding Birthing Center [ ] Clinic/Doctor's Office [ ] Other (Specify) ____ Residence ____
7. FACILITY NAME (If not institution, give street and number): North Colorado Medical Center

ATTENDANT

8. I certify that this child was born alive at the place and time and on the date stated. Signature ▶ [signature]
9. DATE SIGNED (Month, Day, Year): [illegible]
10. ATTENDANT'S NAME AND TITLE (If other than Certifier) (Type/Print): Name ____ [ ] M.D. [ ] D.O. [ ] C.N.M. [ ] Other (Specify) ____
11. CERTIFIER'S NAME AND TITLE (Type/Print): Name Rick E. Kiser [X] M.D. [ ] D.O. [ ] Hospital Admin. [ ] C.N.M. [ ] Other (Specify) ____
12. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code): 1900 16th Street Greeley, Colorado 8063[illegible]
13. REGISTRAR'S SIGNATURE ▶ Cheryl Wright Deputy
14. DATE FILED BY REGISTRAR (Month, Day, Year): April 5, 1990

MOTHER

15. MOTHER-NAME (First, Middle, Last (Maiden)): Antonia Gonzales
16. DATE OF BIRTH (Month, Day, Year): October 9, 1971
17. BIRTHPLACE (State or Foreign Country): Colorado
18a. RESIDENCE-STATE: Colorado
18b. COUNTY: Weld
18c. CITY, TOWN OR LOCATION: Greeley
18d. ZIP: 80631
18e. STREET AND NUMBER: 1520 North 25th Avenue Court
18f. INSIDE CITY LIMITS? [X] YES [ ] NO
19. MOTHER'S MAILING ADDRESS (If different than residence): Same

FATHER

20. FATHER-NAME (First, Middle, Last): Jose Angel Loma
21. DATE OF BIRTH (Month, Day, Year): January 27, 1971
22. BIRTHPLACE (State or Foreign Country): Mexico
23. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. Signature of Parent or Other Informant ▶ Antonia Loma
24. RELATION TO CHILD: Mother

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

[signature] MD
LOCAL REGISTRAR

DATE ISSUED
July 10, 1990

Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

VR 100C 8/88

American Bank Note Company ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

IBMC

Institute of Business & Medical Careers

Therapeutic Massage

BIANCA

Moncada Ramirez

SOCIAL SECURITY

SOCIAL SECURITY

5[illegible]TX 8153

THIS NUMBER HAS BEEN ESTABLISHED FOR

BIANCA JOSEPHINE

MONCADA RAMIREZ

B.M. Ramirez

SIGNATURE

USA 08/30/201[illegible]

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

Employee Name: Bianca Moncada Ramirez

Address: 1823 5th St. LOT #67 Greeley, CO. 80631

Home Phone: (970) 599.9904

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

1. **Name:** Guillermo Moncada

   Phone (work):

   Phone (home): (970) 599.6051

2. **Name:** Maria Moncada

   Phone (work):

   Phone (home): (970) 599.6054

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

employer solutions staffing group LLC

STATEMENT OF CONFIDENTIALITY

This agreement made this 6th day of September, 2013, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Bianca Noncada R. hereafter referred to as "employee".

WITNESSETH:

For the duration of my employment and after resignation or termination of this employment with employer, for any reason whatsoever, the employee shall not use or disclose to any other person or company, and confidential or proprietary information or know-how related to the business of the employer.

In view of the difficulty of determining the amount of damages which may result to the employer from a violation of any of the provisions hereof, the employee agrees to pay to the employer the sum of $10,000 as liquidated damages for every such violation; provided, however, that the payment of such amount as liquidated damages shall not be construed as a release or waiver by the employer of the right to prevent any such violation in equity or otherwise.

B. M. Ramirez

Employee Signature

Employer Solutions Staffing Group LLC, Representative

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INJURY MANAGEMENT PROGRAM

Injured Worker's Responsibilities

As your employer, we are concerned about your full recovery. Reasonable and necessary medical care will be paid for any compensable work injury. Medically authorized time away from work will be reimbursed in accordance with the **State of Minnesota workers' compensation laws**. Wherever possible light duty restrictions imposed as a result of your injury will be accommodated.

RESPONSIBILITIES OF THE INJURED WORKER:

Minnesota Rule Sec. 5221.0430, Subp. 1 requires that you choose one primary health care provider. Subpart 2 places limitations on your right to change primary health care providers. Discuss with your employer any change in health care provider.

Attend all scheduled appointments. While on physical limitations, visits should be a minimum of once every two weeks. Failure to have current medical support for disability may result in termination of benefits. Schedule your next appointment immediately after your doctor visit, before you leave the clinic if possible.

Obtain a Report of Workability from your physician at every appointment, a minimum of once every two weeks. M.R. 5221.0420 requires that your physician cooperate with return to work planning and that you be released to return to work at the earliest appropriate time.

Immediately following your appointment, provide a copy of the report to the designated employer representative. You should deliver this in person so that changes in work restrictions may be addressed and any questions answered.

Follow all physical restrictions at home and at work.

Report to work and perform physically suitable tasks as assigned. These may or may not be in your regular department. The work may or may not be on your usual shift.

Maintain regular, weekly, communication with your employer if you are unable to return to work. Contact your employer a minimum of after every visit with your primary health care provider. Keep the claims representative advised of your status.

Notify your employer immediately of any new injuries or conditions that impact your physical condition.

If it is necessary to miss scheduled work due to a work injury, you must be seen by your primary health care provider the same day in order to receive compensation for the time away from work. The physician must complete a Report of Workability.

I have read my responsibilities and agree to abide by these guidelines.

Signed: B. M. Ramirez

Printed Name: Bianca Moncada Ramirez

Form **8850**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

▶ See separate instructions.

OMB No. 1545-1500

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name Bianca Moncada Ramirez Social security number ▶ 521-77-3753

Street address where you live 1823 5th St. LOT #67

City or town, state, and ZIP code Greeley, CO. 80631

County Weld Telephone number (970)599-9904

If you are under age 40, enter your date of birth (month, day, year) 03-20-1990

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

2 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least age 18 but **not** age 40 or older and I am a member of a family that:
  - **a** Received SNAP benefits (food stamps) for the past 6 months, **or**
  - **b** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
- During the past year, I was convicted of a felony or released from prison for a felony.
- I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months, **or**
- Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
- Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

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

Job applicant's signature ▶ B. M. Ramirez **Date** 9-6-2013

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

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

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

Name Bianca Moncada Ramirez
Address 1823 5th St. LOT #67
City Greeley State CO Zip 80631 Social Security # 521-77-3753
Date of Birth 3-20-1990 Age 23

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: 8-2013 To: 9-6-13 **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: 2007 **Yes** ☒ **No** ☐
    Have you been employed or been admitted to technical school or college since then? **Yes** ☒ **No** ☐
12. How much in gross wages have you earned TOTAL in the past six months? $ 1,200

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 B. M. Ramirez DATE 9-6-2013

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

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Important/Importante

LOST OR STOLEN PAYCHECKS

If a paycheck is **lost** (*missing, misplaced, destroyed, lost in the mail, etc.*), you must notify your staffing recruiter that the check cannot be found. If it can be verified that the check has not been cashed, ESSG will stop payment on the check and re-issue the check to you, deducting a fee of between $25-$35.

If your paycheck was **stolen**, you must first file a police report before we can re-issue the check. Once you have done so, you must provide a copy of the policy report to your staffing recruiter that the check was stolen. If the check has not been cashed and if the loss of the check was not your fault, ESSG will issue a new check and no fee will be deducted.

CHEQUES DE PAGO PERDIDOS O ROBADOS

Si un cheque de pago se pierde (que falta, fuera de lugar, destruido, perdido en el correo, etc), usted debe notificar a su reclutador de personal que el cheque no se puede encontrar. Si se puede verificar que el cheque no ha sido cobrado, ESSG se detendrá el cheque de pago y reemitir el cheque a usted, descontando un cargo de entre $ 25 - $ 35.

Si su cheque de pago fue robado, primero debe denunciar el robo a la policía antes de que podamos volver a emitir el cheque. Una vez hecho esto, usted debe proporcionar una copia de la denuncia a su reclutador de personal que el cheque fue robado. Si el cheque no ha sido cobrado y si la pérdida del cheque no fue su culpa, ESSG emitirá un nuevo cheque y no hay cuota se deducirá.

AGREED/SE ACUERDA—

Name/Nombre (con letra de molde): Bianca Moncada Ramirez

Signature/Firma: B. M. Ramirez

Employer Solutions Staffing Group LLC

Notification of Colorado Law Requirement – Unemployment Acknowledgement

According to Colorado Statutes section 8-73-105.3. A temporary employee who is given a notice that the employee is required to contact or notify the employer upon completion of an assignment and to be available to work, as agreed upon at the time of hire, during a specified period of time, on specified dates, or upon call by the employer on an as-needed basis and who does not contact or notify the employer upon completion of an assignment in compliance with the notice and is not available to work at the agreed-upon times is deemed to have voluntarily terminated employment for the purpose of determining benefits pursuant to section 8-73-108 (5) (e). Also, a temporary employee who agrees to work on an as-needed basis and refuses all work within three separate pay periods when contacted by the employer is deemed to have voluntarily terminated employment for reasons that may or may not allow an award of benefits pursuant to section 8-73-108.

It is your responsibility to contact or notify ESSG once your assignment ends. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact or notify ESSG once an assignment ends. I also acknowledge that I have received a separate copy of this form. BMR (Initial)

B. M. Ramirez
Employee Signature:

9. 6. 2013
Date:

Bianca Moncada Ramirez
Employee (please print your name here)

VSI-IND 219301-EMP | OFFICE USE ONLY

ReHire Date ___/___/_____

EMPLOYEE INFORMATION (Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

USE BLACK or BLUE INK ONLY
ESC CU(NAV*SAD) P2 v13.0

Social Security Number 521-77-3753

Date of Birth 03/20/1990 Sex M F

Name Bianca Moncada Ramirez

Street Address 1823 5th st. LOT#67

City Greeley State CO Zip 80631

Home Phone 970-599-9904

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
$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

RELATIONSHIP

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 declination of coverage.

▶ **Signature** B. M. Ramirez Date 09/06/2013

Bianca Moncada Ramirez
1823 5th Street, Lot#67
Greeley, CO 80631, United States
Mobile: 970-599-9904
bianca.moncada@yahoo.com

EXPERIENCE

Advance Services Inc. , Greeley, Colorado
Rogging, 2011 - 2011
The position is seasonal. I was required to walk through wheat Fields and taking out all different types of wheat. I had to keep count of how many I was pulling and add up everyone's numbers. Give the numbers to my supervisor.

Public Safety Systems Incorporated, Greeley, Colorado
Sanitation Cleaner, 2011 - 2011
Position required me to shovel the pieces of meat and fat that other employees were washing off the production lines.Unloading my trash can of meat and other pieces. I also needed to make sure that all drains were clear from any meat.

Conoco, Longmont, Colorado
Closing cashier, 2011 - 2011
I was required to interact with customers and work the cash register. Handling money and stocking shelves. Prepare some hot foods on certain days. Clean before closing.

Select Staffing, Greeley, Colorado
Bakery Production, 2010 - 2010
Working at a fast pace environment on a production line. Standing for long periods.Working with others.Depending on what the company needed to send out the job had various things to do with treats and sweets.

Advance Service Inc., Greeley, Colorado
Rogging, 2010 - 2010
The position is seasonal. I was required to walk through wheat Fields and taking out all different types of wheat. I had to keep count of how many I was pulling and add up everyone's numbers. Give the numbers to my supervisor.

Color Star Growers, Ft. Lupton
Laborer, 2010 - 2010
Position required standing, loading and unloading plants in a greenhouse. Labeling pots for Walmart, Kmart, and Lowes. I also working in the shipping area for this company.

Advance Service Inc., Greeley, Colorado
Rogging, 2009 - 2009
The position is seasonal. I was required to walk through wheat Fields and taking out all different types of wheat. I had to keep count of how many I was pulling and add up

everyone's numbers. Give the numbers to my supervisor.

Kelly Services (R & R Donley), Greeley, Colorado
Crane Operator, 2009 - 2009
Using a crane placing bundles of a phone book paper on a production line. Keeping track of the number coming of the pallets. Working at a fast pace and standing long hours.

EDUCATION

Institute of Business and Medical Careers, Greeley, Colorado
Associate, Therapeutic Massage, 2014
GPA: 4.0. I am currently attending and scheduled to graduate in May of 2014.

SUMMARY OF ACCOMPLISHMENTS

- Deans List within 4 months of attending college.
- Recognized for having a high GPA.