

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Palma First Name Sorge Middle Initial _____
 Street Address 3600 E 88th Ave. Apt. 188
 City/State/Zip Thornton Co 80229
 Home Phone 303-482-1145 Cell / Message Phone 303-910-8852
 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.

Sorge Name (Print or type) [Signature] Applicant's Signature 9-9-13 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 _____	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: <i>Palma</i>		First: <i>Jorge</i>	SS# <i>524-95-1362</i>
Other Names used:		Date of Birth: For employment Purposes Only <i>04-23-1959</i>	
Motor Vehicle Number and State of Issue: (Driver's License #, NOT License Plate #)		<i>92-059-3262</i>	
Address: <i>3600 E 88th Ave #188 Thornton CO 80229</i>			

Signature: *J. Palma* Date: *9-9-13*

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:

J.P.



employer solutions staffing group^{llc}
Leveraging Resources in a Changing Market

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: 

Printed Name: Jorge Palames

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: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
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 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$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	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="font-size: 2em;">2013</h1>
1 Your first name and middle initial: <u>Jorge</u> Last name: <u>Palma</u>		2 Your social security number: <u>524-95-1362</u>
Home address (number and street or rural route): <u>3600 E 88th Ave. #188</u>		3 <input 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: <u>Thornton CO 80229</u>		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 _____
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. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ <u>Jorge Palma</u>		Date ▶ <u>9-9-2013</u>
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)



Revision Date: 01/11/12

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

Employee Name: Palma Jorge 4-23-59
Last First Middle Date of Birth

Social Security Number: 524 - 95 - 1362 Date of Hire: 9-10-13 (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

Signature of Employer (or Designated Representative)

(MM/DD/YYYY)
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.



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>Palma</i>		First Name (Given Name) <i>Jorge</i>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <i>3600 E 88th Ave</i>		Apt. Number <i>188</i>	City or Town <i>Thornton</i>		State <i>CO</i>	Zip Code <i>80229</i>
Date of Birth (mm/dd/yyyy) <i>04-23-1959</i>	U.S. Social Security Number <i>52475-1362</i>	E-mail Address <i>Jorge.Palma1919@hotmail.com</i>			Telephone Number <i>303-482-1145</i>	

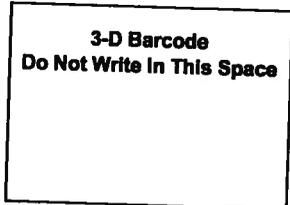
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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>Jorge Palma</i>	Date (mm/dd/yyyy): <i>9-9-2013</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 Identity	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>92-059-3262</u>		Document Number: <u>524-95-1362</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>4-23-2016</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): 9.12.13 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Tina L. Cool</u>		Date (mm/dd/yyyy) <u>9.13.13</u>	Title of Employer or Authorized Representative <u>Acct Mgr.</u>	
Last Name (Family Name) <u>Cool</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):

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:

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 09/13/2013
Page: 1 of 1

Case Verification Number: 2013256153555BY

Case Information:**Employee Information:**

Last Name:	Palma	First Name:	Jorge
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 1362	Date of Birth:	04/23/1959
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:	04/23/2016
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	09/13/2013	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CKRO8357	Submitted On:	09/13/2013

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:	Other Names Used:
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

**Colorado
Driver License**



92-059-3262 Expires: 04-23-2016
Class: R Issued: 03-28-2011
End: DOB: 04-23-1959
Rest: V Previous Type: A
Ht: 6'11" Wt: 210 Eyes: BRO Sex: M
Voter:

Jorge Palma

JORGE PALMA-PALMA
3600 E 80TH AVE #100
THORNTON, CO 80229

SOCIAL SECURITY

SOCIAL SECURITY
524-95-7962

THIS NUMBER HAS BEEN ESTABLISHED FOR

JORGE
PALMA

Jorge Palma

SIGNATURE 10/19/2011

USA



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. _____ (Initial)

Employee Signature: Jorge Palma

Date: 9-9-2013

Jorge Palma
Employee (please print your name here)

Gorge Palma - Elvira Palma

Direct Deposit / Automatic Payment Information Form



The fastest, most convenient way to manage your everyday financial transactions - and it's free!

Benefits To You

Convenient - Your money is deposited automatically for you, even when you are ill, on vacation or too busy to get to the bank. Your check is deposited electronically into your Wells Fargo account.

Fast - You have immediate access to your money on the day of deposit.

Safe - Never worry about checks getting lost, delayed or stolen.

Automatic saving - Watch your account grow when you have at least part of your pay directed to your account.

Automatic Payment - You can also use your routing number (RTN) and account number to setup automatic payment of your recurring bills from your account.

Three Easy Steps to Set up Your Direct Deposits or Automatic Payments

Step 1. Use Account Information Provided Below

You must provide your information about the account where the money will be deposited or withdrawn.

Routing Number (RTN):	Account Number:	Account Type:	Routing Number (RTN):	Account Number:	Account Type:
102000076	9663109321	CHECKING			

Step 2. Contact Your Employer or Payor

Contact your employer or payor directly to see if they offer direct deposit service. Where direct deposit is available, provide your account information. Your payor may need you to complete a form and provide a voided check or Command check to process your request.

Step 3. Monitor Your Account

For Direct Deposit, it can take one to two months for a payor to process your request and to begin receiving electronic deposits.

Questions? Wells Fargo Phone BankSM is available 24/7 at 1-800-TO-WELLS (1-800-869-3557)

Customer Copy

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 <u>Jorge Palma</u>	SSN# (last 4 digits) <u>1362</u>	Effective Date	
SECTION 2 PAYROLL ELECTION			
<input checked="" type="checkbox"/> Direct Deposit (Please complete Sections 3 and 5 below) <input type="checkbox"/> Payroll Debit Card (Please complete Sections 4 and 5 below)			
SECTION 3 DIRECT DEPOSIT			
A C C O U N T	<input type="checkbox"/> Update Bank Account Bank Name: <u>Wells Fargo Wells Fargo</u> Routing#: _____ Account#: <u>966 910 9321</u> Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> 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 <u>J.P.</u> Date <u>9-9-13</u>	
<ul style="list-style-type: none"> 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			
<p>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.</p> <p>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.</p>			
CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)			
First Name <u>Jorge</u>	M.I.	Last Name <u>Palma</u>	Date of Birth <u>04-23-1959</u>
Street Address (PO BOX NOT ACCEPTABLE) <u>3600 E 88th Ave # 188</u>			Social Security# <u>524-95-1362</u>
City <u>Norman</u>	State <u>CO</u>	Zip <u>80229</u>	Primary Phone <u>303-482-1145</u>
RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)			
Payroll Debit Card Routing # <u>122242597</u>	Payroll Debit Card Account # _____		
<p>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.</p> <p>Employee's Signature: <u>Jorge Palma</u> Date: <u>9-9-13</u></p>			
SECTION 5 AUTHORIZATION			
<p>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.</p> <p>*E-mail: <u>JorgePalma1915@Hotmail.com</u></p> <p>Employee's Signature: <u>Jorge Palma</u> Date: <u>9-9-13</u></p>			

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

Employee Name: Jorge Palma

Address: 3600 E 88th Ave. #188 Thornton CO 80229

Home Phone: (303) 482-1145

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

1. Name: Elvira Palma

Phone (work): _____

Phone (home): (303) 482-1145

2. Name: Jose Sandoval

Phone (work): _____

Phone (home): 714-496-2572

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



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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: 

Printed Name: Jorge Palma

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

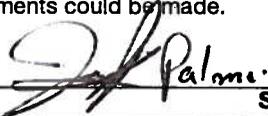
OMB No. 1545-1500

▶ See separate instructions.

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

Your name Serge Palma Social security number ▶ 524-95-1362
Street address where you live 3600 E 88th Ave #188 Thornton, CO 80229
City or town, state, and ZIP code Thornton, CO 80229
County Adams Telephone number (303) 482-1145
If you are under age 40, enter your date of birth (month, day, year) 04-23-1959

- 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 ▶



Date

9-9-2013

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

Name Jorge Palma
Address 3600 E 28th Ave #188
City Thornton State CO Zip 80229 Social Security # 524-95-1362
Date of Birth 04-23-59 Age 54

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 No [X]
If yes, dates of unemployment: From: To:
Did you receive unemployment compensation at any point during your unemployment?
If yes, dates received compensation: From: To: Yes No [X]

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: 12-01-89 Yes [X] No
Have you been employed or been admitted to technical school or college since then? Yes No [X]

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

I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative, or the Department of Labor.
NEW HIRE SIGNATURE [Signature] DATE 9-9-13

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 police 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):

Sorge Palma

Signature/Firma:



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. _____ (Initial)

Employee Signature: *Serge Palma*

Date: 9-9-2013

Serge Palma
Employee (please print your name here)

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 524-95-1362
Date of Birth 04/23/1959 Sex M F
Name Serge Palma
Street Address 3600 E 88th Ave #188
City Thornton State CO Zip 80229
Home Phone 303-482-1145

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.**

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

DENTAL



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

Name _____

Social Security Number _____

Date of Birth ___/___/___ Sex M F

Relationship: Spouse Child Domestic Partner

TERM LIFE



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

Name _____

Social Security Number _____

Date of Birth ___/___/___ Sex M F

Relationship: Spouse Child Domestic Partner

SHORT-TERM DISABILITY



- YES** \$4.20 Employee Only
- NO**

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

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**

Serge Palma

Date 09/09/2013



employer solutions staffing group LLC

STATEMENT OF CONFIDENTIALITY

This agreement made this 9 day of sep, 2013, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and _____ 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.

Employee Signature

Employer Solutions Staffing Group LLC, Representative

JORGE PALMA

3600 E. 88th Avenue
Thornton CO 80229

Objective: I am seeking a position where I can expand my work related experience, and grow within your company. I am a quick learner, I work well with people, and work well under pressure and meet deadlines.

Experience: 2012-2013 Fort Logan Mental Hospital Denver, CO

Maintenance

- Clean and maintain floors like mopping sweeping
- Clean bathrooms
- Strip wax, buff floors, shampoo carpets

2011-2013 Out of Home Thornton CO

Cook

- Preparing the dough and making the filling from scratch(gorditas and burritos)

2008-2011 Tikos Cantina Restaurant Denver CO
And County Line Barbeque Restaurant

Prep Cook

- Cooking and preparing chimichangas and fried ice cream
- Preparing salads, peeling potatoes, and making bread from scratch

2006-2008 Coach America Denver CO

Driver

- Would take railroad workers to their destination
- Maintenance and condition of van

Skills and abilities: Bilingual (English/Spanish) Maintain and establish a positive and working related atmosphere. Strong communication and people skills. Enjoy the making And preparing of food and bread. About 5 years experience.

Education: High school diploma

References: Upon request