

**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 Diego Garcia-Avila Social security number ► 522-89-6075  
Street address where you live 7921 Niagara st  
City or town, state, and ZIP code Commerce City, CO 80022  
County Adams Telephone number 720-917-4487  
If you are under age 40, enter your date of birth (month, day, year) 05-06-1993

- 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 ►

*Diego Garcia-Avila*

Date

2-16-15

**EMPLOYER SECTION:**

|                        |                                     |                          |
|------------------------|-------------------------------------|--------------------------|
| <b>ESG FEIN#:</b>      | <b>ESG Client Name &amp; State:</b> |                          |
| <b>Hiring Manager:</b> | <b>Position:</b>                    | <b>Starting Wage: \$</b> |

**EMPLOYEE SECTION:**

|                                      |                              |                                     |                                                                                                                 |                                  |               |
|--------------------------------------|------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------|---------------|
| Employee Name:<br>Diego Garcia-Avila |                              | Street Address:<br>7921 Niagara St. |                                                                                                                 | City/State:<br>Commerce City, CO | Zip:<br>80022 |
| SS#:<br>522 - 89 - 6075              | Date of Birth:<br>05/06/1993 | Age:<br>21                          | Have you worked for this company before?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, location:                |               |

**Please complete all questions, and sign and date the form.**

| Please complete all questions, and sign and date the form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          | Yes                                 | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|----|
| <p><b>1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997?</b> (If yes, please provide information below.)</p> <p>Name of the person receiving benefits: _____ Relationship to you: _____</p> <p>City: _____ County: _____ State: _____</p>                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |    |
| <p><b>2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months?</b> (If yes, please provide information below.)</p> <p>Name of the person receiving benefits: _____ Relationship to you: _____</p> <p>City: _____ County: _____ State: _____</p>                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |    |
| <p><b>3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months?</b></p> <p>Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits.</p> <p><i>*If you checked yes please provide a copy of your SSI documentation.</i></p>                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |    |
| <p><b>4. Have you received any type of vocational rehabilitation services within the past two years?</b></p> <p>If yes, please indicate which type of agency you worked with and provide their location information below:</p> <p><input type="checkbox"/> Vocational Rehabilitation Agency <input type="checkbox"/> Dept. of Veterans Affairs <input type="checkbox"/> Employment Network (Ticket to Work Program)</p> <p>Name of Agency: _____ Phone #: _____</p> <p>City: _____ County: _____ State: _____</p> <p><i>*If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.</i></p>                                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |    |
| <p><b>5. Are you a Veteran of the U.S. Military?</b> <i>*If yes, please provide a copy of your DD-214 and letter of separation.</i> (If yes, please provide information below. If no, please continue to question #6.)</p> <p>Dates of Service - From: ____/____/____ To: ____/____/____</p> <p>Branch of Service: _____</p> <p><b>Are you entitled to or are you receiving compensation for a service-connected disability?</b></p> <p><b>Have you been unemployed at any time during the last 12 months?</b></p> <p>If yes, dates of unemployment - From: ____/____/____ To: ____/____/____</p> <p><b>Did you receive unemployment compensation at any point during your unemployment?</b></p> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |    |
| <p><b>6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months?</b></p> <p>Conviction Date: ____/____/____ Release Date: ____/____/____</p> <p>Was this a <input type="checkbox"/> Federal or <input type="checkbox"/> State conviction? If State - County: _____ State: _____</p>                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |    |

## Additional Tax Credits

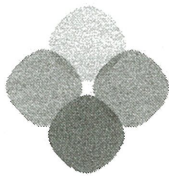
| Additional Tax Credits                                                                                                                                                                                                                                                                                                                 |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>IEC (Native American):</b> Are you or your spouse a member of a Native American Tribe?<br><i>*If you checked yes please provide a copy of your CDIB card.</i>                                                                                                                                                                       | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| <b>CA Residents:</b> <input type="checkbox"/> Are you the child of foster parents? <input type="checkbox"/> Do you receive CalWorks? <input type="checkbox"/> Workforce Investment Act?<br><input type="checkbox"/> Are you a migrant or seasonal farm worker? <input type="checkbox"/> Have you ever been convicted of a misdemeanor? |                                                              |
| <b>SC Residents:</b> <input type="checkbox"/> Do you receive Family Independence Benefits?                                                                                                                                                                                                                                             |                                                              |

**PLEASE READ, SIGN, AND DATE:**

*Under penalties of perjury, I declare the information above to be true and accurate to the best of my knowledge, and 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 (Associated Consultants, Inc. dba Retrotax), or the Department of Labor.*

**New Employee Signature:**

Date: 2-16-15



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**Notification of Colorado Law Requirement –**  
**Unemployment Acknowledgement**

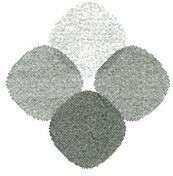
*According to Colorado Statutes section 8-73-105.3. A temporary employee who is given a notice that the employee is required to contact or notify the employer upon completion of an assignment and to be available to work, as agreed upon at the time of hire, during a specified period of time, on specified 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 (For example, by calling 303-920-1425, or using another means of contact) 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. DGA (Initial)

Diego Garcia-Avila  
Employee Signature:  
Diego Garcia-Avila  
Employee (please print your name here)

2-16-15  
Date:



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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):

Diego Garcia-Avila

Signature/Firma:

Diego CA



Case# 2015047135927RE

**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)<br><u>Garcia-Avila</u>              |                                                   | First Name (Given Name)<br><u>Diego</u>    |                                      | Middle Initial | Other Names Used (if any)               |                          |
| Address (Street Number and Name)<br><u>7921 Niagara St.</u> |                                                   | Apt. Number                                | City or Town<br><u>Commerce City</u> |                | State<br><u>CO</u>                      | Zip Code<br><u>80022</u> |
| Date of Birth (mm/dd/yyyy)<br><u>05/06/1993</u>             | U.S. Social Security Number<br><u>522-89-6075</u> | E-mail Address<br><u>dga5693@gmail.com</u> |                                      |                | Telephone Number<br><u>720-917-4487</u> |                          |

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.****I attest, under penalty of perjury, that I am (check one of the following):**

- ☒ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien 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: <u>Diego CA</u> | Date (mm/dd/yyyy): <u>02/16/2015</u> |
|----------------------------------------|--------------------------------------|

**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<br>Identity and Employment Authorization | OR | List B<br>Identity                                         | AND | List C<br>Employment Authorization                            |
|-------------------------------------------------|----|------------------------------------------------------------|-----|---------------------------------------------------------------|
| Document Title:                                 |    | Document Title:<br><u>Drivers License</u>                  |     | Document Title:<br><u>Certificate of Vital Record (Birth)</u> |
| Issuing Authority:                              |    | Issuing Authority:<br><u>State of Colorado</u>             |     | Issuing Authority:<br><u>State of Colorado</u>                |
| Document Number:                                |    | Document Number:<br><u>10-183-0201</u>                     |     | Document Number:<br><u>55242844</u>                           |
| Expiration Date (if any)(mm/dd/yyyy):           |    | Expiration Date (if any)(mm/dd/yyyy):<br><u>05/06/2019</u> |     | Expiration Date (if any)(mm/dd/yyyy):<br><u>NA</u>            |
| Document Title:                                 |    | <div>3-D Barcode<br/>Do Not Write in This Space</div>      |     |                                                               |
| Issuing Authority:                              |    |                                                            |     |                                                               |
| Document Number:                                |    |                                                            |     |                                                               |
| Expiration Date (if any)(mm/dd/yyyy):           |    |                                                            |     |                                                               |
| Document Title:                                 |    |                                                            |     |                                                               |
| Issuing Authority:                              |    |                                                            |     |                                                               |
| Document Number:                                |    |                                                            |     |                                                               |
| Expiration Date (if any)(mm/dd/yyyy):           |    |                                                            |     |                                                               |

## 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): 02/16/2015 (See instructions for exemptions.)

|                                                                                                         |  |                                        |                                                                                         |                          |
|---------------------------------------------------------------------------------------------------------|--|----------------------------------------|-----------------------------------------------------------------------------------------|--------------------------|
| Signature of Employer or Authorized Representative                                                      |  | Date (mm/dd/yyyy)<br><u>02/16/2015</u> | Title of Employer or Authorized Representative<br><u>On-Site HR Representative</u>      |                          |
| Last Name (Family Name)<br><u>Chezum</u>                                                                |  | First Name (Given Name)<br><u>Amy</u>  | Employer's Business or Organization Name<br><u>Employer Solutions Staffing Group LL</u> |                          |
| Employer's Business or Organization Address (Street Number and Name)<br><u>7301 Ohms Lane Suite 405</u> |  | City or Town<br><u>Edina</u>           | State<br><u>MN</u>                                                                      | Zip Code<br><u>55439</u> |

## 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: |
|-----------------------------------------------------|--------------------|------------------------------------------------------|