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Jaei Wagner

Company

~~Employer Solutions Group~~

Telephone

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~~pre-hiring Documents~~



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From:

Name

Elizabeth Gomez

Company

Telephone

915 867 5304

Number of pages 13 (including cover page)

Fax Cover Sheet

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

Name: Elizabeth Gomez

Address: 2630 Hamilton Ave Frnt

Home Phone: 915-855-1470

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

1. Name: Carlos Gomez, Jr.

Phone (work): (915) 256-7799

Phone (home): (915) 855-1470

2. Name: Carlos Gomez

Phone (work): (915) 774-0660

Phone (home): (915) 855-1470

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

Allergic to penicillin

400 Laurel Oak Road, Suite 102, Voorhees, NJ 08043 Tel: 1-856-627-5600 Fax: 1-856-627-5699

CSS Inc.

I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report on me that is requested.

CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS ONLY:

Applicant Signature Mirabeth Gomez Date 12/30/2014

City/State/Zip El Paso TX 79938

Present Address 17010 Eisenberg Ave.

Drivers License Number and State of Issue 18123811 TX

Social Security # 642630995 Date of Birth (for ID purposes only) 10/17/1984

Applicant Last Name Gomez First Elizabeth Middle

I have carefully read and understand this Disclosure and Consent form and, by my signature below, consent to the release of consumer and/or investigative consumer reports, as defined above, to the Company in conjunction with my application for employment. I further understand that any and all information contained in my job application or otherwise disclosed to the Company by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Company. I understand that if the Company hires me, it may request a consumer report and/or an investigative consumer report about me, as defined above, for employment-related purposes during the course of my employment. I understand that my consent will apply throughout my employment, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter of statement to the Company at any time. This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

CONSENT

Washington State: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

New York: You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

Maine: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of the consumer reporting agency furnishing the report. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

California residents, under section 1786.22 of the California Civil Code, you may view the file maintained on you by CSS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at CSS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

Washington, please note:

Additional State Law Notices: If you live or are applying for a job in California, Maine, New York or

associates, current or former employers, educational institutions or other acquaintances.

sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, licensing, certification, etc. The information contained in these reports may be obtained by CSS Test from private or public record sources including records, educational records, verification of employment positions held, workers compensation records, personal and professional references, include, but are not limited to: credit reports, social security number, criminal records checks, public court records checks, including civil, driving on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained Inc., to obtain a consumer report and/or an investigative consumer report which may include the following: Reports may contain information bearing Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws. I hereby authorize and permit CSS Test, They can be contacted at 856-627-5600. Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Investigative Consumer Reports will be obtained from CSS Test, Inc. ("CSS Test") located at 400 Laurel Oak Road, Suite 102, Voorhees NJ, 08043. Reports from a consumer reporting agency. The Company will use any such report(s) solely for employment-related purposes. Consumer Reports or This form, which you should read carefully, has been provided to you because CMG may request Consumer Reports and/or Investigative Consumer

DISCLOSURE AND CONSENT CONCERNING CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

EMPLOYEE INFORMATION (Must Be Filled Out)

Social Security Number: 642-03-0995
 Date of Birth: 10/17/1984 Sex: M F
 Name: Elizabeth Gomez
 Street Address: 17010 Eisenberg Ave.
 City: El Paso State: TX Zip: 79938
 Home Phone: 915-855-1470

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

TERM LIFE

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

SHORT-TERM DISABILITY

YES \$4.20 Employee Only
 NO

BENEFICIARY INFORMATION

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: Carlos Gomez, Jr.
RELATIONSHIP: Brother

Accidental Death & Dismemberment is part of the Term Life Benefit.

BENEFIT SELECTION

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

TERM LIFE

YES \$5.99 Employee Only
 \$11.98 Employee + One
 \$19.77 Employee + Family

DENTAL

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

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.

Signature: Elizabeth Gomez
 Date: 12/30/2014

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declaration of coverage.

Rev. 05/2011

ESSG

For ESSG Office Use Only				
Emergency Contact Info	Background Release Form	Background Results	5 Day Letter (if applicable)	ESC Application
DOH	NHW	1-9	8850	WA

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

Name (Print or type) Elizabeth Garner
 Applicant's Signature Elizabeth Garner
 Date 12/30/2014

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

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.

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 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 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.

Applicant Certification and Authorization

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

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

Last Name Garner First Name Elizabeth Middle Initial _____
 Street Address 1701 Eisenberg Avenue
 City/State/zip El Paso TX 79938
 Home Phone (915) 855-1470 Cell / Message Phone (915) 867-5324
 Company/Employer Lake Region

Personal Data-- PLEASE PRINT LEGIBLY IN INK

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

New Hire Application

Employer Solutions Staffing Group LLC



Employee's signature (This form is not valid unless you sign it.) *Elizabeth Garmez*

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)

Date: *12/30/2014*

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.

If you meet both conditions, write "Exempt" here.

7 If this year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

6 Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption:

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

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

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.

3 Single Married Married, but legally separated, or spouse is a nonresident alien, check the "Single" box. Married, but withheld at higher Single rate.

Home address (number and street or rural route), city or town, state, and ZIP code: *17010 Eisenberg Ave, El Paso, TX, 79938*

1 Your first name and middle initial: *Elizabeth* Last name: *Garmez*

2 Your social security number: *642030995*

Form W-4 Employee's Withholding Allowance Certificate

OMB No. 1545-0074 **2014**

Department of the Treasury Internal Revenue Service

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.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

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 \$50,000 (\$20,000 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.

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

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.

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.)

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

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

F Enter "1" if you have at least \$2,000 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.)

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.

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.)

Personal Allowances Worksheet (Keep for your records.)

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, 4, and 7 and sign the form by February 17, 2015. 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).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- is age 65 or older,
- is blind, or
- will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000.00.

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, and 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 claim fewer (or zero) allowances for regular wages, withholding must be based on allowances you claim and may not be a flat amount or percentages 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 dependents (or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take protected 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.

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/w-4.

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 Alien's, 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 liability. You can take protected tax credits into account in figuring your allowable number of withholding allowances.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information. Your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances, providing fraudulent information may subject you to penalties. Routine use of the information includes giving it to the Department of Justice for civil and criminal litigation; to other states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—
0	\$0 - \$6,000	0	\$0 - \$74,000	0	\$0 - \$37,000	0	\$590
1	6,001 - 16,000	1	74,001 - 130,000	1	37,001 - 80,000	1	990
2	16,001 - 25,000	2	130,001 - 200,000	2	80,001 - 175,000	2	1,110
3	25,001 - 34,000	3	200,001 - 355,000	3	175,001 - 385,000	3	1,300
4	34,001 - 43,000	4	355,001 - 400,000	4	385,001 - 385,000	4	1,560
5	43,001 - 70,000	5	400,001 and over	5	385,001 and over	5	
6	70,001 - 85,000	6		6		6	
7	85,001 - 110,000	7		7		7	
8	110,001 - 125,000	8		8		8	
9	125,001 - 140,000	9		9		9	
10	140,001 and over	10		10		10	
11	100,001 - 115,000						
12	115,001 - 130,000						
13	130,001 - 140,000						
14	140,001 - 150,000						
15	150,001 and over						

Table 1

Enter the number from line 2 of this worksheet

Enter the number from line 1 of this worksheet

Subtract line 5 from line 4

Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here

Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed

Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck

Table 2

All Others

Deductions and Adjustments Worksheet

Note. Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income, and you are married filing jointly or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details.

1 Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er).

2 Enter: \$12,400 if married filing jointly or qualifying widow(er) \$6,200 if single or married filing separately

3 Subtract line 2 from line 1. If zero or less, enter "0"

4 Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505)

5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2014 Form W-4 worksheet in Pub. 505.)

6 Enter an estimate of your 2014 nonwage income (such as dividends or interest)

7 Subtract line 6 from line 5. If zero or less, enter "0"

8 Divide the amount on line 7 by \$3,950 and enter the result here. Drop any fraction

9 Enter the number from the Personal Allowances Worksheet, line H, page 1

10 Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1

Note. Use this worksheet only if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)

2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"

3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "0") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet.

Note. If line 1 is less than line 2, enter "0" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet

5 Enter the number from line 1 of this worksheet

6 Subtract line 5 from line 4

7 Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed

9 Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck

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

← NEW HIRE SIGNATURE Elizabeth Gomez DATE 12/30/2014
 I hereby authorize any agency, organization, or individual 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.

12. How much in gross wages have you earned TOTAL in the past six months? \$ 1920

11. Did you receive a high school diploma or GED? if yes, date received: 05/2003
 Have you been employed or been admitted to technical school or college since then?
 Yes No

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

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 _____

8. Have you been convicted of a felony or released from prison in the last 12 months?
 Date of Conviction: _____ Date of Release: _____
 Parole Officer's Name: _____ Parole Officer's Phone # _____
 Yes No

7. Have you been unemployed at any time during the last 12 months?
 If yes, dates of unemployment: From: 07/2014 To: 12/2014
 Did you receive unemployment compensation at any point during your unemployment?
 If yes, dates received compensation: From: 07/2014 To: 12/2014
 Yes No

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

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

4. Are you part of the Ticket to Work program?
 Yes No

3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days?
 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

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

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

Name Elizabeth Gomez
 Address 17010 Eisenberg Avenue
 City El Paso State TX Zip 79938 Social Security # 642030985
 Date of Birth 10/17/1984 Age 30

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

12/30/2014

Attach a voided check HERE or photocopy of a check for checking account. **DO NOT ATTACH A DEPOSIT SLIP.**

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

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

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

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

Date (Mo/Day/Yr) <i>12/30/2014</i>		Employee Signature <i>Elizabeth Gamiez</i>	
Home Address <i>17010 Eisenberg Ave El Paso TX 79938</i>		Daytime Phone Number <i>(915) 855-1470</i>	
Name (Last, First Middle Initial) <i>Gamiez, Elizabeth</i>			
City <i>El Paso</i>		State <i>TX</i>	
Street <i>17010 Eisenberg Ave</i>		Zipcode <i>79938</i>	
Social Security Number <i>642030995</i>			

Please print

Check one of the following Effective Date

Start Stop Change

As Soon As Possible Future Paydate

If you are applying for direct deposit, please make sure that you are mark whether the account is a savings or checking. Failure to provide this information can result in the deposit being delayed for several days. Please also note that it is possible for your direct deposit to be delayed a day or two the first week that your direct deposit is processed. Every bank is different and, although this doesn't happen frequently, it does happen. If you cannot wait a day or two past pay day for your deposit, then we suggest staying with a paper paycheck. The time that the money goes into your account on pay day varies by bank. Please allow until at least 10 am on your payday for the deposit to show.

Employer Solutions Staffing Group Direct Deposit Authorization

Form 8850 (Rev. 8-2009)

Cat. No. 22851L

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

Date 12/30/2014

Job applicant's signature Elizabeth Gomez

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.

Signature - All Applicants Must Sign

time those payments could be made.
Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum after August 5, 1997, ended during the past 2 years, or
Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning
Received TANF payments for at least the past 18 months, or
Check here if you are a member of a family that:
Unemployed for a period or periods totaling at least 6 months.
Discharged or released from active duty in the U.S. Armed Forces, or

5

you were:
Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than during the 3-month period, and
I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week
b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and
a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than I am at least age 16 but not age 25 or older, and:

4

I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.
I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
During the past year, I was convicted of a felony or released from prison for a felony.
b Received SNAP benefits (food stamps) for the past 6 months, or
a Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
I am at least age 18 but not age 40 or older and I am a member of a family that:

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 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 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.
Check here if any of the following statements apply to you.

3

Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
Check here if you are completing this form before August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.

2

1

Check here if you are under age 40, enter your date of birth (month, day, year) 10/17/1984

Your name Elizabeth Gomez
Street address where you live 2630 Hamilton Ave Frnt
City or town, state, and ZIP code El Paso, TX, 79938
County El Paso
Telephone number (915) 867-5324

Social security number 642030995

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

OMB No. 1545-1600

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

See separate instructions.

8850

Form (Rev. August 2009) Department of the Treasury Internal Revenue Service

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping 3 hrs., 16 min.

Learning about the law 46 min.

Preparing and sending this form to the SWA 42 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

Section 51(d)(9) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Employer's signature _____

Title _____

Date ____/____/____

Under penalties of perjury, I declare that the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Complete Only if Box 1 is Checked

Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Date applicant: _____

Gave information _____

Was offered job _____

Was hired _____

Started job _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) _____

City or town, state, and ZIP code Indianapolis, IN 46205

Street address 3730 Washington Boulevard

Person to contact, if different from above Associated Consultants, Inc. Telephone no. (800) 925 - 0557

City or town, state, and ZIP code Edina, MN 55439

Street address 7301 Chms Lane, Suite 405

Employer's name Employer Solutions Staffing Group Telephone no. (952) 935 - 1288 EIN _____

STOP Employer Completes Next Page STOP

Address (Street Number and Name)		City or Town	State	Zip Code
Last Name (Family Name)				
First Name (Given Name)				
Signature of Preparer or Translator				Date (mm/dd/yyyy):

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.

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

Signature of Employee: *Elizabeth Gomez*
 Date (mm/dd/yyyy): 12/30/14

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

Country of Issuance: _____
 Foreign Passport Number: _____
 If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:
 2. Form I-94 Admission Number: _____
 OR
 1. Alien Registration Number/USCIS Number: _____



For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number. (See instructions)

- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- A noncitizen national of the United States (See instructions)
- A citizen of the United States

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

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.

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)
Gomez		Elizabeth			
Address (Street Number and Name)			Apt. Number	City or Town	State
1700 Eisenberg Ave.				El Paso	TX
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number	E-mail Address	Telephone Number	
10/17/1984		642-03-0995	jobinfo06@aol.com	(915)867-5304	
Zip Code	State	City or Town	Country	Country of Issuance	Foreign Passport Number
79938	TX	El Paso			

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.



