



Employer Solutions Staffing Group LLC

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

New Hire Application

Personal Data - PLEASE PRINT LEGIBLY IN INK

Last Name Endicott First Name Kaleb Middle Initial J
Street Address 250 North state Route 540
City/State/Zip Fremont, OH, 43420
Home Phone N/A Cell / Message Phone 367-201-7842
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.

Name (Print or type) Kaleb Endicott Date 11/27/14
Applicant's Signature _____

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

For ESSG Office Use Only			
DCH	HRM	I-9	W4
Emergency Contact Info	Background Release Form	Background Results	5 Day Letter (if applicable)
			ESC Application



employer solutions staffing group™
Leveraging Resources in a Changing Market

Important/Importante

LOST OR STOLEN PAYCHECKS

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

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

CHEQUES DE PAGO PERDIDOS O ROBADOS

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

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

AGREED/SE ACUERDA—

Name/Nombre (con letra de molde): Kaleb Endicott

Signature/Firma: Kaleb Endicott

Employer Solutions Staffing Group Direct Deposit Authorization

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.

Please print

Check one of the following	Effective Date
<input checked="" type="checkbox"/> Start	<input checked="" type="checkbox"/> As Soon As Possible
<input type="checkbox"/> Stop	<input type="checkbox"/> Future Paydate
<input type="checkbox"/> Change	____/____/____

Social Security Number
089-84-0167

Name (Last, First Middle Initial)
Endicott, Kaleb J

Home Address
250 North state Route 540

City
Fremont

State
OH

Zip
43420

Date (Mo/Day/Yr)
11/27/14

Employee Signature
Kaleb Endicott

Daytime Phone Number
507-201-7842

**SUBMISSION OF THIS FORM MEANS YOUR INTENT
PAYROLL CHECKS WILL GO TO THIS FINANCIAL INSTITUTION**

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)
Fremont Federal credit Union

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

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 this 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.

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

11/28/2014

EMPLOYEE INFORMATION ENROLLMENT FORM - PLAN 2

EMPLOYEE ONLY
INSURANCE SALES

Social Security Number 089-84-0167
 Date of Birth 07/07/1995 Sex M F
 Name Kaleb J Endicott
 Street Address 250 North state Route 590
 City Fremont State OH Zip 43420
 Home Phone 62-201-7842

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



MEDICAL

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



DENTAL

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



TERM LIFE

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



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.

You **MUST** enroll in the Medical Insurance Plan before adding Term Life or STD. Your coverage level for Term Life will be identical to your medical plan selection.

REQUIRED DEPENDENT INFORMATION

Name _____
 Social Security Number _____
 Date of Birth ____/____/____ Sex M F
 Relationship: Spouse Child Domestic Partner

Name _____
 Social Security Number _____
 Date of Birth ____/____/____ Sex M F
 Relationship: Spouse Child Domestic Partner

Name _____
 Social Security Number _____
 Date of Birth ____/____/____ Sex M F
 Relationship: Spouse Child Domestic Partner

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.

NAME OF BENEFICIARY

RELATIONSHIP

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

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

Signature Kaleb Endicott

Date 11/11/2014



Employment Eligibility Verification

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

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

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>Endicott</i>		First Name (Given Name) <i>Kaleb</i>		Middle Initial <i>J</i>	Other Names Used (if any)	
Address (Street Number and Name) <i>260 N. St. Ste. 540</i>			Apt. Number	City or Town <i>Fremont</i>	State <i>OH</i>	Zip Code <i>43420</i>
Date of Birth (mm/dd/yyyy) <i>07/07/1995</i>	U.S. Social Security Number <i>089-84-0167</i>	E-mail Address <i>kj.endicott@gmail.com</i>				
Telephone Number <i>(867)-201-7842</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)

3-D Barcode
Do Not Write in This Space

Signature of Employee: *Kaleb Endicott* Date (mm/dd/yyyy): *11/27/14*

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):	
First Name (Given Name)			
Last Name (Family Name)		State	Zip Code
Address (Street Number and Name)		City or Town	

8850Form
(Rev. August 2009)
Department of the Treasury
Internal Revenue Service**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 Naleb Endicott Social security number ▶ 084-84-0167

Street address where you live 250 North state Route 590

City or town, state, and ZIP code Fremont, OH, 43400

County Sandusky Telephone number 367.7201-2842

If you are under age 40, enter your date of birth (month, day, year) 07/07/1995

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.

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 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 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 am at least age 16 but not age 25 or older, and:

a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than

an average of 10 hours per week, not counting periods during which the school was closed for scheduled

vacations, and

b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months,

I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week

during the 3-month period, and

c 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

occasionally) or been admitted to a technical or post-secondary school since I received the certificate.

Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year,

you were:

Discharged or released from active duty in the U.S. Armed Forces, or

Unemployed for a period or periods totaling at least 6 months.

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 ▶ Naleb EndicottDate 11/11/2014

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

Cat. No. 22651L

Form **8850** (Rev. 9-2009)

Form W-4 (2014)

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 2014 expires 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 \$1,000,000.

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 dependents) 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.

Marriage income. If you have a large amount of marriage 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 2014. 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** 1
- 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.) **C** 0
- D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** 0
- E** Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) **E** 0
- 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.) **F** 0

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 \$95,000 (\$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 \$95,000 and \$119,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child **G** 0

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** 2

- 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.

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

Form W-4 Employee's Withholding Allowance Certificate

OMB No. 1545-0074
2014

▶ 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.

1 Your first name and middle initial Kaleb J Endicott 2 Your social security number 089-84-0167

Home address (number and street or rural route) 250 North state Route 690 3 Single Married Married, but withhold at higher Single rate.

City or town, state, and ZIP code Fremont, OH 43420 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

- 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) **5**
- 6 Additional amount, if any, you want withheld from each paycheck **\$ 0**
- 7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption.
- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
 - This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
- If you meet both conditions, write "Exempt" here. **7**

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature Kaleb Endicott Date ▶ 1/27/14

(This form is not valid unless you sign it.) ▶ 9 Office code (optional) 10 Employer identification number (EIN)

WORK OPPORTUNITY TAX CREDIT

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

Name: Kaleb Endicott
Address: 250 North State Route 540
City: Fremont State OH Zip: 43420 Social Security #: 089-84-0167
Date of Birth: 02/07/1993 Age: 19

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

- 1. Have you or any family member living with you received Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) during the past 24 months? Yes No
2. Have you or any family member living with you received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) at any time during the past fifteen (15) months? Yes No
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days? Yes No
4. Are you part of the Ticket to Work program? Yes No

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

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

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

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

9. Have you received rehabilitation services from a State approved or Department of Veterans Affairs approved Vocational rehabilitation agency? Yes No
Name of Agency: Phone #:
Address of Agency: Counselor's Name:

10. Have you attended High School, College or Technical School for more than an average of 10 hours per week at any time during the last 6 months? Yes No

11. Did you receive a high school diploma or GED? If yes, date received: June 13/ Yes No
Have you been employed or been admitted to technical school or college since then? Yes No

12. How much in gross wages have you earned TOTAL in the past six months? \$ 2,500

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.
NEW HIRE SIGNATURE: Kaleb Endicott DATE: 11/07/14

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

ACH/Electronic Transaction Information Form



Fremont Federal Credit Union is authorized to accept electronic transactions through the ACH (Automated Clearing House) network. If you choose to set up an electronic transaction, please provide the information below to the company originating any electronic deposits to or electronic payments from your accounts.

Routing/Transit or ABA Number = 241278785

Account Number = 53261

Type of Account = Checking or Savings

It is always important to examine your monthly statement; however, once a preauthorized electronic deposit or payment is set up on your account it becomes even more important. You are protected under consumer law – Electronic Funds Transfers Act also known as Regulation E, if an unauthorized payment is deducted from your account and you notify us no later than 60 days after we send the first statement on which the problem or error appeared.

You may stop a preauthorized electronic payment on your account by first notifying the company that originated the item, and second by placing a stop payment on the item with us at least 3 business days or more before the payment is scheduled to be made. Stop payment fees may apply.

Please contact anyone in our Member Service area, in Fremont at 419-334-4434 or Woodville at 419-849-2570, if there are any questions regarding a preauthorized electronic transaction on your account.

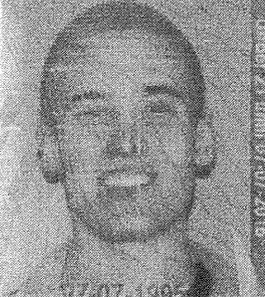
Main Office	East Branch	West Branch	Woodville Branch
315 Croghan St.	1457 E. State St.	2374 W. State St.	801 W. Main St.
Fremont, OH 43420	Fremont, OH 43420	Fremont, OH 43420	Woodville, OH 43469

JOHN R. KASICH
GOVERNOR
Mike DeWine
Assistant GOV

Ohio

USA IDENTIFICATION CARD

7709U/G9880460000



15 Sex: M
16 Ht: 6-03
17 Wt: 175
18 Eyes: BLU
19 Hair: BRO

ISSUE DATE 07-07-2016

07-07-1995

1 ENDICOTT
2 KALEB JAMES
3 250 N SR 590
4 FREMONT, OH 43420

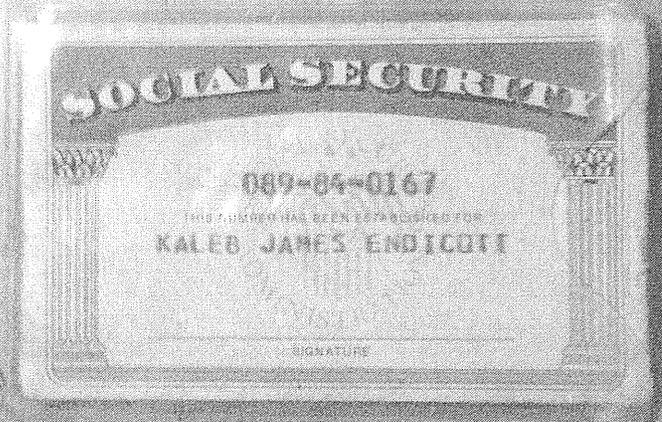


5 LICENSE NO. TW957952
6 BIRTHDATE 07-07-1995
7 ISSUE DATE 03-10-2014

8 CLASS 9 EXPIRES
9 TMP 07-07-2016

NONDRIVER

Kaleb Endicott





To: All Employees

Quien: Todos Empleados

From: Corporate Management Group & Employer Solutions Group

De: Corporate Management Group y Employer Solutions Group

Re: Stop Payment Check Fee

Re: Tarifa de cheque parado

Effective immediately, to replace a lost or stolen check, \$50.00 will be deducted from the replacement check for a stop payment fee and for a reprocessing fee. *Efectivo inmediatamente, para reemplazar un cheque de sueldo perdido o robado, \$50.00 de tarifa sera deducido de el cheque reemplazado para parar el cheque original y para procesarlo denuevo.*

If you lose your check, we will first have to verify that it has not been processed through the bank. If it has not, a new check will be issued, minus the \$50.00 fee. *Si usted pierde su cheque, tendremos que verificar que no ha sido procesado en el banco. Si no, un cheque nuevo sera processado, menos las tarifa de \$50.00.*

If your check is stolen, we will first need a copy of the police report before a new check can be reissued. After we receive a copy of the police report, a new check will be issued following the same procedures as listed above. *Si su cheque es robado, necesitaremos una copia de el reporte de policia antes de que un cheque nuevo sera procesado. Despues de obtener una copia del reporte de policia, un cheque nuevo sera procesado usando los mismos procedimientos mencionados arriba.*

If you have any questions regarding this new policy, please contact your On-Site Representative or the Corporate Office (303-920-1425). *Si usted tiene preguntas sobre esta poliza, por favor contacte a su representante de CMG o la oficina corporal al (303-920-1425)*

Thank you for your continued dedication and hard work!

Gracias por su dedicacion continua!

By signing below you are confirming that you understand the above policy.
Con su firma abajo usted esta confirmando que entiende la poliza descrita.

Signature/Firma: Nell Endicott

Date/Fecha: 11/27/14

February 2011

investigate and resolve the incident. CMG recognizes the serious nature of harassment and therefore will endeavor to protect the employee who may have been subjected to harassment, any witnesses and the party against whom allegations have been filed to every possible extent.

Harassment is unlawful and has a negative impact on employees. Violation of the Anti-harassment Policy will not be tolerated by CMG and may result in discipline up to and including termination. Offensive acts or conduct have no legitimate business purpose; accordingly, any employee, regardless of his/her position within CMG, who it is determined has engaged in such conduct will be made to bear the full responsibility for such unlawful conduct.

With respect to sexual harassment, the following is prohibited:

1. Unwelcome sexual advances, request for sexual favors, and all other verbal or physical conduct of a sexual or otherwise offensive nature, especially where:
 - Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
 - Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
 - Such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment.
2. Offensive comments, jokes, innuendoes and other sexually-oriented statements.

If Harassment Occurs:

1. When possible, confront the harasser and tell him/her to stop. Sometimes a simple confrontation will end the situation.
2. If confrontation is unsuccessful, immediately contact your CMG supervisor to report the harassment.
3. An investigation will be conducted and appropriate action taken, including disciplinary measures. We will investigate, in confidence; all reported incidents of harassment and retaliation.

Employee Signature: Kath Elliott

Date: 11/27/14

**HIRE Act FICA Payroll Holiday and
Employee Retention Tax Credit
Employee Affidavit**

Employer Name: _____ FEIN: _____

Hire Location: _____

.....

Employee Name: Kaleb Endicott

Social Security Number: 089-84-0167 1st Day of Work: _____

EMPLOYEE: Please check **ONE statement that applies to you and sign and date where indicated below.**

- I was unemployed during the entire 60 day-period prior to my first day of employment at this company.
 - I worked less than a total of 40 hours during the 60-day period prior to my first day of employment at this company.
- OR
- I worked **MORE** than a total of 40 hours during the 60-day period prior to my first day of employment at this company.

Under penalties of perjury, I hereby declare that the information above is true and correct to the best of my knowledge. By signing this form, I hereby authorize the release to my new employer or its agents information held by any parties needed to determine my eligibility for federal and/or state incentive programs.

Employee Signature: Kaleb Endicott Today's Date: 11/27/14

<p>For employer's use only.</p> <p><input type="checkbox"/> Employee is being hired for a new position within the company. <input type="checkbox"/> Employee is replacing an employee who either quit or was terminated with just cause. <input type="checkbox"/> Employee is replacing an employee who was laid off.</p> <p>Hiring Manager's Signature: _____ Date: _____</p>
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**EMPLOYER SOLUTIONS STAFFING GROUP
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION**

Name: Kaleb Endicott
Address: 250 North State Route 590
Home Phone: 567-201-7842

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

1. Name: James Endicott (Father)
Phone (work): 419-307-8459
Phone (home): ''
2. Name: _____
Phone (work): _____
Phone (home): _____

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

