

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

▶ See separate instructions.

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

Your name Eugene D. Bryden Social security number ▶ 523-25-4600

Street address where you live 11701 Washington St

City or town, state, and ZIP code Northglenn Co 80233

County Adams Telephone number 720 578 1460

If you are under age 40, enter your date of birth (month, day, year) 01/05/1979

- 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 ▶

Eugene D. Bryden

Date

4/16/15

TAX CREDIT QUESTIONNAIRE



**EMPLOYER SECTION:**

ESG FEIN#:	ESG Client Name & State:
Hiring Manager:	Position:
	Starting Wage: \$

**EMPLOYEE SECTION:**

Employee Name:	Street Address:	City/State:	Zip:
Eugene D. Brydon	11701 Washington St	Northglenn	90033
SS#: 903-25-4660	Date of Birth: 01/05/1979	Age: 36	Have you worked for this company before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Yes No

- 1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997?** (If yes, please provide information below.)  Yes  No

Name of the person receiving benefits: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_
- 2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months?**  Yes  No

(If yes, please provide information below.)  
 Name of the person receiving benefits: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_
- 3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months?**  Yes  No

Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits.  
*\*If you checked yes please provide a copy of your SSI documentation.*
- 4. Have you received any type of vocational rehabilitation services within the past two years?**  Yes  No

If yes, please indicate which type of agency you worked with and provide their location information below:  
 Vocational Rehabilitation Agency  Dept. of Veterans Affairs  Employment Network (Ticket to Work Program)

Name of Agency: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
*\*If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.*
- 5. Are you a Veteran of the U.S. Military?** *\*If yes, please provide a copy of your DD-214 and letter of separation.*  Yes  No

(If yes, please provide information below. If no, please continue to question #6.)  
 Dates of Service - From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Branch of Service: \_\_\_\_\_  
 Are you entitled to or are you receiving compensation for a service-connected disability?  Yes  No  
 Have you been unemployed at any time during the last 12 months?  Yes  No  
 If yes, dates of unemployment - From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Did you receive unemployment compensation at any point during your unemployment?  Yes  No
- 6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months?**  Yes  No

Conviction Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Release Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Was this a  Federal or  State conviction? If State - County: \_\_\_\_\_ State: \_\_\_\_\_

Additional Tax Credits

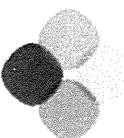
**IEC (Native American):** Are you or your spouse a member of a Native American Tribe?  Yes  No  
*\*If you checked yes please provide a copy of your CDB card.*

**CA Residents:**  Are you the child of foster parents?  Do you receive CalWorks?  Workforce Investment Act?  
 Are you a migrant or seasonal farm worker?  Have you ever been convicted of a misdemeanor?  
**SC Residents:**  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: Eugene D. Brydon Date: 4/16/15



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## **INJURY MANAGEMENT PROGRAM**

### **Injured Worker's Responsibilities**

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

### **RESPONSIBILITIES OF THE INJURED WORKER:**

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

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

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

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

Follow all physical restrictions at home and at work.

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

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

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

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

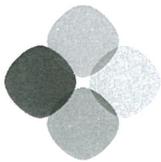
**I have read my responsibilities and agree to abide by these guidelines.**

**Signed:**

Eugene D. Brydon

**Printed Name:**

Eugene D. Brydon



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# Important/Importante

## LOST OR STOLEN PAYCHECKS

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

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

## CHEQUES DE PAGO PERDIDOS O ROBADOS

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

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

AGREED/SE ACUERDA—

Name/Nombre (con letra de molde): Eugene D. Bryden

Signature/Firma: Eugene D. Bryden



# Colorado Driver License

EUGENE DARNELL BRYDON  
11857 KEOUGH DR  
NORTHGLENN, CO 80233

92-030-0872 Expires: 01-05-2016  
Class: R Issued: 06-03-2011  
End: M DOB: 01-03-1979  
Rest: V Previous Type: A  
Ht: 6'05" Wt: 280 Eyes: BRO Sex: M  
Voter:

*Eugene Darnell Brydon*

UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA

## SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR  
**523-25-4600**  
 EUGENE DARNELL  
 BRYDON

*Eugene Darnell Brydon*  
 SIGNATURE

06/19/2009

## DISCLOSURE AND CONSENT CONCERNING CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

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

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

**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.

**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 your request, the name, address and telephone number of the nearest unit designated to handle inquiries to the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

**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.

**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.

### CONSENT

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 or 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.

Applicant Last Name Bryden First Eugene Middle Harrell  
Social Security # 523-25-4602 Date of Birth (for ID purposes only) 01/05/1979  
Drivers License Number and State of Issue 92-030-0522 CO  
Present Address 11701 Washington St  
City/State/Zip Northglenn Co 80033  
Applicant Signature [Signature] Date 4/16/2015

**CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS ONLY:**

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

**CSS Inc.**

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

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 04/16/2015  
Page: 1 of 1

Case Verification Number: 2015106142118ZG

Case Information:

Employee Information:

Last Name: Brydon  
Middle Initial:  
Social Security Number: \*\*\* \*\* 4600  
Citizenship Status: A citizen of the United States

First Name: Eugene  
Other Names Used:  
Date of Birth: 01/05/1979  
Email Address:

Document Information:

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession  
Document Name: Driver's license  
Driver's License or ID Card Number:  
Alien Number:

List C Document: Social Security Card  
Document State: Colorado  
Document Expiration Date: 01/05/2016  
1-94 Number:

Additional Information:

Hire Date: 04/16/2015  
Three-Day Rule Reason:  
Submitted By: CSC44411

Employer Case ID:  
Three-Day Rule - Other:  
Submitted On: 04/16/2015

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By:

Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result:

Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:  
Middle Initial:  
Social Security Number:  
Resubmitted By:

First Name:  
Other Names Used:  
Date of Birth:  
Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:  
Submitted By:

Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result:

Response Date:

Employee Referred to DHS:

Referred By:

Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result:

Response Date:

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**Photo Matching Results:**

Determination:

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**Employee Referred to DHS (Additional):**

Referred By:

Referred On:

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**Case Result from DHS (after Additional DHS Tentative Nonconfirmation):**

Case Result:

Response Date:

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**Case Closure:**

Closure Statement:

Closed By:

Closed On:

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**SENSITIVE BUT UNCLASSIFIED**

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