



Employer Solutions Staffing Group LLC *New Hire Application*

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

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Muñoz Rodriguez First Name Francisco Middle Initial F.R.M.
Street Address Barrio Boquillas # 173
City/State/Zip Manati P.R. 00674
Home Phone 787-854-7272 Cell / Message Phone ^{cell} 787-549-0390
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.

Francisco Rodriguez Muñoz
Name (Print or type)

F. Rodriguez
Applicant's Signature

02-10-2015
Date

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

For ESSG Office Use Only				
DOH _____	NHW _____	I-9 _____	8850 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	5 Day Letter (if applicable) _____	ESC Application _____

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

Employer Name: _____ FEIN: _____

Hire Location: _____

.....
Employee Name: _____

Social Security Number: _____ 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: _____ Today's Date: _____

For employer's use only:

- Employee is being hired for a new position within the company.
- Employee is replacing an employee who either quit or was terminated with just cause.
- Employee is replacing an employee who was laid off.

Hiring Manager's Signature: _____ Date: _____



Employment Eligibility Verification

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

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

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <u>Muñoz</u>		First Name (Given Name) <u>Francisco</u>		Middle Initial <u>Rodriguez</u>	Other Names Used (if any) <u>N/A</u>	
Address (Street Number and Name) <u>Barrio Boquillas</u>			Apt. Number <u>173</u>	City or Town <u>Manati</u>		State <u>P.R.</u>
Date of Birth (mm/dd/yyyy) <u>10-12-1972</u>	U.S. Social Security Number <u>265-67-4603</u>		E-mail Address <u>Frodriquez1814@gmail.com</u>			Telephone Number <u>787-549-0390</u>

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

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

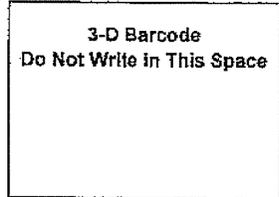
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): N/A
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) N/A. Some aliens may write "N/A" in this field. (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: N/A

OR

2. Form I-94 Admission Number: N/A



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: N/A

Country of Issuance: N/A

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

Signature of Employee: <u>F. Rodz</u>	Date (mm/dd/yyyy): <u>2-10-2015</u>
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

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



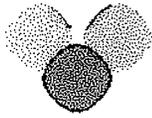
Employer Completes Next Page



Viewing Check Stubs

You have 2 options:

1. You can view your check stub by logging into the employee portal at www.MyPayESG.com
 - Your username is **the first four letters of your last name followed by the last four numbers of your SSN.**
For example: John Woods SSN: 111-22-3333 would have a username of Wood333
 - Your password will initially be **Temp1234**, and you will be directed to change it when you first log in. Be sure to write down and keep your log-in information in a secure location.
2. You can also receive your check stub by email. Please email MyPayESG@MyPayESG.com to inform us of your email address and all of your check stubs will be sent directly to your email.
****Please include your Last Name and the Last Four Digits of your social security number (SSN#).**



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 police report to your staffing recruiter that the check was stolen. If the check has not been cashed and if the loss of the check was not your fault, ESSG will issue a new check and no fee will be deducted.

CHEQUES DE PAGO PERDIDOS O ROBADOS

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

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

AGREED/SE ACUERDA—

Name/Nombre (con letra de molde): Francisco Rodriguez Muñoz

Signature/Firma:

F. Rodriguez

WOTC NEW HIRE PROCESS

Part One - Applicant

On the day the Applicant is offered and accepts the job, the applicant should:

- a. completely fill out, sign and date Form A (either the English or Spanish side),
AND
- b. completely fill out, sign and date the front of the 8850 form,
AND (if at least 16 but not yet 25 years old)
- c. completely fill out, sign and date the Disconnected Youth Self-Attestation form.

Part Two – HR Administrator

1. After the Applicant fills out the two forms listed above, the HR administrator should check for:
 - a. Legibility, especially SS#,
 - b. Completeness of forms, especially **signature** on Form 8850, Form A and Self-Attestation form,
 - c. Employee has included their **physical** address, **NO P.O. BOXES**,
 - d. If the Applicant is a veteran (question 6 of the Form A), please obtain a copy of their DD-214, and
 - e. If the Applicant is part of the "Ticket to Work" program (question 4 on the Form A), please obtain a copy of their ticket document.
2. HR Administrator or Manager should then complete the "For Employer's Use Only" section on the back of the Form 8850, then sign and date the form.
3. Attach a copy of the employee's **W-4 form**, Social Security Card **AND** one of the following:
 - a. Driver's License,
 - b. Resident Alien Card,
 - c. Birth Certificate, or
 - d. State ID card.
4. Completed packets should include:
 - a. Form A (**ORIGINAL SIGNATURE IS REQUIRED BY ACI/RetroTax**),
 - b. 8850 form (**ORIGINAL SIGNATURE IS REQUIRED BY ACI/RetroTax**),
 - c. Disconnected Youth Self-Attestation form (**ORIGINAL SIGNATURE REQUIRED BY ACI/RetroTax**),
 - d. Copy of Social Security Card,
 - e. Copy of W-4 form,
 - f. One other piece of identification (see list above),
 - g. Copy of DD-214, if applicable, and
 - h. Copy of Ticket to Work, if applicable.
5. Gather completed packets and mail to:

ACI/RetroTax
3730 Washington Boulevard
Indianapolis, IN 46205

Please double check the paperwork. The more thorough the HR Administrators are in providing support documentation and the completed forms, the faster ACI/RetroTax can process the forms without repeatedly contacting you.

The forms must reach ACI/RetroTax's office, be processed and ACI/RetroTax must send the forms to the State Department of Employment Services within 28 days of the employee's Job Started Date or you will lose the certification.

If you have any questions or concerns please feel free to contact Becky Huber or Lola Strode at 1-800-925-0557.

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 Francisco Rodriguez Muñoz Social security number ▶ 265 674603

Street address where you live Barrio Boquillas #173

City or town, state, and ZIP code Manati P.R. 00674

County _____ Telephone number (787) 549 - 0390

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

1 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 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

3 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.

4 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.

5 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 ▶ F. Rodriguez

Date 2/10/2015

For Employer's Use Only

Employer's name Employer Solutions Staffing Group Telephone no. (952) 835 - 1288 EIN ▶

Street address 7301 Ohms Lane, Suite 405

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

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

Street address 3730 Washington Boulevard

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

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) ▶

Date applicant: Gave information / / Was offered job / / Was hired / / Started job / /

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job

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.

Under penalties of perjury, I declare that the applicant provided 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.

Employer's signature ▶ Title Date / /

Privacy Act and Paperwork Reduction Act Notice

Section 51(d)(13) 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

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 nontax 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 section 6103.

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 or the form 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.

WORK OPPORTUNITY TAX CREDIT

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

Name Francisco Rodriguez Muñoz
Address Barrio Boquillas #173
City Manatí State PR Zip 00674 Social Security # 265 674603
Date of Birth 10-12-1972 Age

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 N/A
Relationship N/A City & State where benefits received N/A

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

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

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

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

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: N/A 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? \$ N/A

I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative, or the Department of Labor.
NEW HIRE SIGNATURE F. Rodriguez DATE 2-10-2015

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

WORK OPPORTUNITY TAX CREDIT

POR FAVOR INDIQUE CON "SÍ" O "NO" Y COMPLETE EL RESTO DEL FORMULARIO

Nombre Francisco Rodriguez menor
 Dirección Barrio Baquillás #177
 Ciudad Mbunati Estado P.R. Código Postal 00674
 Número del Seguro Social 265 674603 Fecha de nacimiento _____ Edad _____

Favor de marcar UNA RESPUESTA para cada pregunta y complete pregunta número cinco (5):

1. ¿Ha recibido usted o algún miembro de su domicilio Ayuda Provisional a Familias Necesitadas (TANF) o La Ayuda a las Familias con Hijos Dependientes (AFDC) durante los últimos veinticuatro (24) meses?
 Sí No
2. ¿Ha recibido usted o algún miembro de su domicilio las Estampillas para la Comida (SNAP) alguna vez durante los últimos quince (15) meses?
 Sí No
3. ¿Ha recibido usted Ingreso por Seguro Suplemental (SSI) durante los últimos sesenta (60) días?
 Sí No
4. ¿Es usted miembro del programa del Boleto para trabajar?
 Sí No

5. Nombre del recipiente N/A Parentesco N/A
 Ciudad y estado donde recibió los beneficios N/A

6. ¿Es usted veterano? Sí No ¿y discapacitado? Sí No
 Las fechas del servicio: De: N/A Hasta: N/A Rama: N/A

7. ¿Ha estado usted desempleado alguna vez durante los últimos doce (12) meses? Sí No
 Fechas de desempleo: De: N/A Hasta: N/A

¿Ha recibido usted Compensación por desempleo? Sí No
 Fechas que recibió Compensación por desempleo: De: N/A Hasta: N/A

8. ¿Ha estado usted condenado de un crimen o ha estado usted liberado del cárcel en los últimos doce (12) meses? Sí No
 Fecha de convicción: N/A Fecha de liberar: N/A
 Nombre del oficial de libertad condicional bajo palabra: N/A
 Número de teléfono del oficial de libertad condicional bajo palabra: N/A

9. ¿Ha recibido usted ayuda de una agencia de rehabilitación vocacional aprobada por el estado o los veteranos? Sí No
 Nombre de la agencia: N/A Número de teléfono: N/A
 Dirección de la agencia: N/A Nombre del consejero: N/A

10. ¿Ha asistido usted regularmente a un colegio o a una universidad para más que un promedio de diez (10) horas a la semana alguna vez durante los últimos seis (6) meses? Sí No

11. ¿Ha recibido usted un bachillerato or GED? Sí No
 Fecha cuando lo recibió: N/A

¿Ha estado usted empleado o admitado a un colegio desde entonces? Sí No

12. ¿Cuanto en sueldos brutos ha ganado usted EN TOTAL durante los últimos seis (6) meses? \$ N/A

Yo por la presente autorizo cualquier agencia, organización, o individuos a suministrar tal comprobación o información necesaria para determinar elegibilidad del crédito tributario a mi empleador, a representante del empleador, o al Departamento de Trabajo.
 → FIRMA DEL EMPLEADO F. Rodriguez FECHA 2-10-2015

El jefe debe responder a las siguientes preguntas
 Questions below to be completed by manager
 Starting Wage _____ Position _____
 Has employee worked for this company before? _____ If yes, date _____

YOUTH SELF-ATTESTATION FORM
(Forma de Auto-Juramentación o Declaración Personal)
"Work Opportunity Tax Credit Program"

Instrucciones: Esta forma debe ser completada, debidamente firmada, y fechada por el joven empleado. El patrón, o su representante, deberá enviar esta Auto-Juramentación o Declaración Personal junto con la forma ETA 9061 a la Agencia Estatal de Empleo o SWA.

Nombre del Empleado: Francisco Rodriguez Muñoz

Numero de Seguro Social: 265 674603 Fecha de Nacimiento: 10-12-72

Nombre del Patrono _____

Numero o ID Federal (EIN) del Patrono: _____

Por favor marque todos los encasillados que le apliquen a Usted. Luego firme y feche esta forma en los blancos al final de la forma.

N/A

En los últimos 6 meses, no he asistido a ninguna escuela secundaria o técnica, ni he cursado estudios post secundarios durante mas de un promedio de 10 horas por semana, sin contar los periodos durante los cuales la escuela esta cerrada por vacaciones programadas.

N/A

No tengo ni un Diploma de Escuela Secundaria ni un Certificado GED.

N/A

Tengo un Diploma de Escuela Secundaria o un Certificado GED otorgado hace mas de 6 meses y no he asistido ni he sido aceptado en una escuela técnica o de estudios post secundarios. Tampoco he tenido ningún empleo (excepto de vez en cuando) desde que recibí mi Diploma de Escuela Secundaria o mi Certificado de GED.

Bajo las sanciones o penalidades de perjurio, declaro que esta información es correcta y verdadera.

Firma del Empleado: F. Rodriguez

Fecha: 2-10-15

Privacy Act Notice (Aviso): El Código de Rentas Internas (Departamento del Tesoro de EUA) de 1986, Sección 51, como legislación enmendada, y P.L. 104-188, decantan que la Agencia Estatal de Empleo es la única agencia gubernamental autorizada y responsable para administrar los procedimientos de certificación del programa WOTC. La información que usted ha proporcionado al llenar este formulario, incluyendo el Número de Seguro Social, será divulgada por su patrón a la Agencia Estatal de Empleo. La disposición de esta información es voluntaria; sin embargo la información se requiere para poder determinar la elegibilidad de su patrón para reclamar el WOTC o crédito de impuesto federal.

"Public Burden Statement (Declaración):" Las personas no están obligadas a proveer la información que esta forma pide a menos que dicha forma despliegue o muestre un número de control valido de OMB. Las personas interesadas en obtener y mantener los beneficios que este programa ofrece tienen la obligación de responder a las preguntas en esta forma. (P.L. 111-5). El tiempo que toma contestar esta forma se ha estimado que toma un promedio de 5 minutos por cada contestación, incluyendo el tiempo para leer las instrucciones, reunir y mantener los datos necesarios y completar y revisar esta colección de información. Puede enviar comentarios sobre este estimado de tiempo al Departamento del Trabajo, División de Servicios a Personas Adultas (Division of Adult Services) Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).



YOUTH SELF-ATTESTATION FORM Work Opportunity Tax Credit Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with Form ETA 9061 for each certification request filed.

New Hire Name: Francisco Rodriguez Muñoz

Social Security Number: 265 674603 Date of Birth: 10-12-1972

Employer Name: Employer Solutions Staffing Group

Employer Federal ID (EIN) Number: -

Please check all the statements that apply to you. Sign and date this form where indicated below.

N/A

In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations.

N/A

I do not have a High School Diploma or GED certificate.

N/A

I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school. I also have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

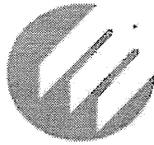
New Hire's Signature: F. Rocky Date 2-10-15

Privacy Act Notice:

The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form, including the Social Security Number, will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

Public Burden Statement:

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.



COOPMANATI
SU COOPERATIVA

11 de febrero de 2015

CERTIFICACIÓN DE CUENTA

Certifico que el Sr. FRANCISCO RODRIGUEZ posee una cuenta de ahorros con el número **71424** en esta institución. El número de ruta y tránsito de la Cooperativa de Ahorro y Crédito de Manatí, Inc. es **2215-8228-4**. Esta información se provee a petición de nuestro socio y con el propósito de suscribirse al servicio de Depósito Directo.

Espero que la información suministrada sea de utilidad.

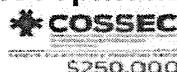
Cordialmente,

Firma Autorizada



PO Box 30562 Manatí, PR 00674 Tel. 787-854-2214 fax 787-854-0046

www.coopmanati.com



\$250,000

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 type="checkbox"/> Start	<input type="checkbox"/> As Soon As Possible
<input type="checkbox"/> Stop	<input type="checkbox"/> Future Paydate
<input type="checkbox"/> Change	____/____/____

Social Security Number 265674603
--

Name (Last, First Middle Initial) Rodriguez Mañoz Francisco				
Home Address	Street	City	State	Zipcode
Bo. Boquillas Calle Casacol 173		Manati	PR.	00674
Date (Mo/Day/Yr) 2/11/2015	Employee Signature Francisco		Daytime Phone Number or night 787-549-0390	

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

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.) 2215 82284		Account No. 71424 Coop A la Manati
Type of Account		
<input type="checkbox"/> Checking	<input checked="" type="checkbox"/> Savings	<input type="checkbox"/> Money Market Checking <input type="checkbox"/> 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 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.

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

EMPLOYEE INFORMATION (Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

USE BLACK or BLUE INK ONLY
ESC CUR(NAV)SAD1 P2 v13.0

Social Security Number 265-67-4603
Date of Birth 10/12/1972 Sex M F
Name Francisco Rodriguez Muñoz
Street Address Barrio Boquillas #173
City Manati State PR Zip 00624
Cell Home Phone 787-549-0390

Do you or any dependents have Medicare?
 Yes No If Yes:
Medicare Health Insurance Claim Number (HICN) _____
Medicare Effective Date N/A / ____ / ____
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
- NO

TERM LIFE 

- YES \$0.60 Employee Only
- YES \$0.90 Employee + One
- NO \$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 N/A

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 F. Rodriguez

Date 03/10/2015

