



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 GRANGERESS First Name Grant Middle Initial J
Street Address 20830 Jameswood Ct.
City/State/Zip Lakeville / MN / 55044
Home Phone (952) - 469-5764 Cell / Message Phone (952) 220-0054
Company/Employer Accent

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? [X] 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.

Grant J. Grangeress Name (Print or type)

[Signature] Applicant's Signature

05-02-14 Date

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

Table with 4 columns: DOB, NHW, Background Release Form, Background Results, 5 Day Letter (if applicable), W4, ESC Application. Includes 'For ESSG Office Use Only' header.

Section 2. Employer or Authorized Representative Review and Verification
 (Employer or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "List of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A	OR	List B Identity	AND	List C
Identity and Employment Authorization		Employment Authorization		
Document Title:		Document Title:	Document Title:	
Issuing Authority:		Issuing Authority:	Issuing Authority:	
Document Number:		Document Number:	Document Number:	
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):	
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)		City or Town
	State	Zip Code

Section 3. Reverification and Retires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Retire (if applicable) (mm/dd/yyyy):

C. If employer's previous grant of employment authorization has expired, provides the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--



12000 N. Washington St. Ste. 290
Thornton, CO 80241
Phone – 866.920.1425
Fax – 303.736.7767

Background Screening Request – Corporate Management Group

Accellent Package

Submitted by Irene Rival

Return Fax Number: (303) 736-7767

This fax contains the following:

- Authorization form
- Resume

Notes: Please limit the search to the following criteria

- Social Security Trace
- County Criminal History Search - 7 years of address history
- Instant Nationwide
- State Sex Offender
- Education Verification



Nationsearch.com
Member Since 2007

Nationsearch.com 11160 Huron St. #201 Thornton, CO. 80234
Phone 800.827.9550 Fax 800.827.6118

AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

I hereby authorize Nationsearch.com, and its designated agents and representatives to conduct a review of my background through a consumer report and/or an investigative consumer report to be generated for employment purposes, promotion, reassignment or retention as an employee of

Accelerat

I understand and am aware that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: names and dates of previous/current employment, work experience, criminal history records, sexual offenders lists, motor vehicle records, educational records, professional license verification, credit history, civil cases, OFAC list, OIG/GSA lists and any other sanctions lists. Upon request, Nationsearch.com will supply a copy of the consumer report (completed) along with a copy of the rights under the FCRA.

I, Grant J. Stangor

, authorize the release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at (company name) Accelerat

I hereby release Nationsearch.com and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of any kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization for release of information. I hereby certify that all information provided below and on my resume, CV or questionnaire is correct to the best of my knowledge. Any false statements provided on this form and/or on my resume, CV or application questionnaire will be considered just cause for the termination of employment at any time. This authorization and consent shall be valid in original, fax, copy or scanned form.

Please provide the following information, which is required by government agencies and other entities for identification purposes when conducting the background screening process. This information is confidential and will not be used for any other purpose.

Grant J. Stangor 05-02-14
Applicant Signature Date

Other Names Used: _____

Social Security Number	478-27-9795
Date of Birth: To be used for screening purposes only	12/04/1993
Drivers License number : State of Issue:	N58454690217

Street Address	City	State	Zip Code
20830 Jamarwood Ct.	Lakewood	CO	80504

Revised 2/22/2011

DS - Passen



Employment Eligibility Verification

USCIS

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

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 for 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>Gauger</i>		First Name (Given Name) <i>Grant</i>		Middle Initial <i>J</i>	Other Names Used (if any)	
Address (Street Number and Name) <i>20830 Taweswood Ct.</i>			Apt. Number	City or Town <i>Lakeville</i>	State <i>MN</i>	Zip Code <i>55044</i>
Date of Birth (mm/dd/yyyy) <i>12/04/1993</i>	U.S. Social Security Number <i>4773-27-9795</i>	E-mail Address <i>gauger024@umn.edu</i>		Telephone Number <i>952-220-0054</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):

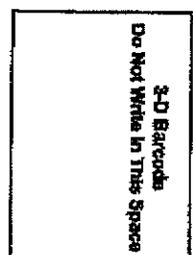
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in the field.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

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

OR

2. Form I-94 Admission Number: _____

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



Foreign Passport Number: _____

Country of Issuance: _____

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

Signature of Employee: <i>Grant J. Gauger</i>	Date (mm/yyyy): <i>05/02/2014</i>
--	--------------------------------------

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



Grant Gangeness

20830 Jameswood Court, Lakeville, MN 55044
952-220-0054 gange024@umn.edu

Education

-College of Science and Engineering, University of Minnesota- Twin Cities. Sept. '12-Present
Dean's List: Fall of 2012. Cumulative college GPA: 3.52.

-Admitted into Upper Division Biomedical Engineering program.

-Currently a sophomore student.

Relevant Coursework

- Chemistry I-II, Physics I-II, Calculus I-IV, Matlab Programming, Molecular & Cell Biology, Thermodynamics, Organic Chemistry, and Statistics. Sept. '12-Present

Research

Undergraduate Researcher/Doctoral Candidate Assistant May '13-Present

The Visible Heart Laboratory, University of Minnesota-Twin Cities.

- Identified research interest in biomechanical properties of swine tissue.
- Evaluated elastic modulus, peak avulsion forces, avulsion energy, tissue elongation, and force vs. cross sectional area of various swine tissue.
- Collected data through uniaxial pull machine and analyzed with Matlab software.
- Created experimental techniques to enhance efficiency of data collection process.
- Learned importance of experimental protocol, data collection, and data analysis.

Projects

UROP Project (Undergraduate Research Opportunity Program) May '13-Sept. '13

- Evaluation of biomechanical properties of non-ablated swine tissue.
- Analyzed over 400 samples of non-ablated swine tissue necessary for comparison to mentor's ablated tissue samples from cryoablation, microwave, and radiofrequency.

CSE Innovations Project

Sept. '12-Dec. '12

- Worked in a team of 6 students to facilitate testing methods for a quad-rotor toy helicopter being sent into the market.

Leadership Vice President of the Biomedical Engineering Society

April '13-Present

- Asserting new ideas for club recruitment by enhanced communication, speaking to different classes, management of emails, and announcements before classes.
- Promoting change by implementing a community involvement opportunity at the Ronald McDonald House. Also, organizing speakers for the group meetings.
- Managing finances of the club by applying for student group grants.

CSE Peer Mentor Program

Sept. '13 –Present

- Advise an incoming CSE freshman, and help with their transition to college.
- Providing supportive role for freshman student by giving advice about course registration and also demonstrate actions to serve as a positive role model.

Skills Laboratory Research in a Collaborative Team

May'13-Sept.'13

- The Visible Heart Lab experience: knowledge of tissue baths, uniaxial pull machine, calibration, Matlab software data analysis.

Technical Skills

May'13-Present

- Proficiency in Microsoft office, Mathematica software, and Matlab software.
- Understanding of research protocol, team collaboration, and data analysis.

Activities

-Member, Biomedical Engineering Society at University of Minnesota

-Volunteer, Ronald McDonald House on Oak Street.

Sept. '12-Present

-Volunteer, The Visible Heart Laboratory.

Sept. '13 -Present



U.S. Department of Labor
Employment and Training Administration

OMB Control No. 1205-0371
Expiration Date: November 30, 2011

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: Grant Jarom Garganese
 Social Security Number: 473-27-9795 Date of Birth: 12/04/1993
 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.

- 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.
- I do not have a High School Diploma or GED certificate.
- 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: Grant J. Garganese Date 03/02/14

Privacy Act Notice:

This Internal Revenue Code of 1986, Section 51, as amended and its enabling 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-4208, Washington, D.C. 20240 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.

ETA Form 915A (Rev. May 2010)

Form A (revised 07/09) WORK OPPORTUNITY TAX CREDIT

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

Name Grewt Jason Gaudewick
Address 20830 Towerwood Ct.
City Lakeville State NH Zip 55044 Social Security # 473-77-9795
Date of Birth 12/04/1993 Age 20

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: Nov 26 To: Nov
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: 06/08/12 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? \$ 0.00

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 Grewt Jason Gaudewick DATE 05-02-14

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

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 5 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 5)

Date applicant: State and county or parish of job Was offered job Was hired Started job

Complete Only if Box 1 on Page 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.

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.

Table with 3 columns: Employer's signature, Title, Date. Includes sections for Privacy Act and Paperwork Reduction Act Notice, and Section references to Internal Revenue Code.

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

OMB No. 1545-1800

See separate instructions.

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

Your name Erica Jason Gaudiniers Social security number 443-24-9795

Street address where you live 20830 Towerwood Ct.

City or town, state, and ZIP code Lakeville, MN, 55044

County Dakota Telephone number (952) 220-0054

If you are under age 40, enter your date of birth (month, day, year) 12/04/1993

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 18 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

- 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 *Erica Jason Gaudiniers* Date 05/02/14
For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 22851L Form 8850 (Rev. 8-2005)

Form W-4 (2013)

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 2013 expires February 17, 2014. 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 \$360 of unearned income (for example, interest and dividends).
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 limited deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Do not report all withholding that applies. 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 dependent(s) 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.

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.

Multiple jobs rule. You do not have to 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. 605 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1352, Supplemental Form W-4 instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 605 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 605, especially if your earnings exceed \$190,000 (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**
- 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. **B** 1
- 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**
- D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D**
- E** Enter "1" if you will file as head of household on your tax return (see conditions under **Head of household** above) **E**
- F** Enter "1" if you have at least \$1,900 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**
- 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
 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** 1

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 \$40,000 (\$10,000 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.

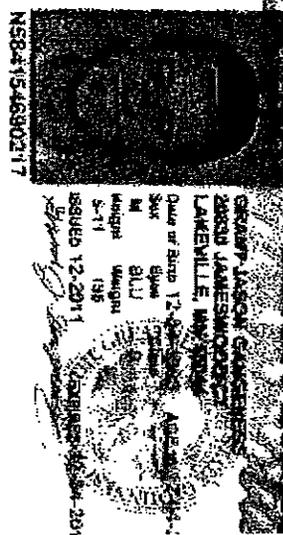
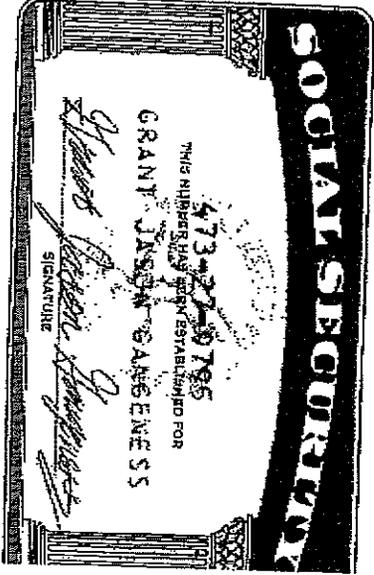
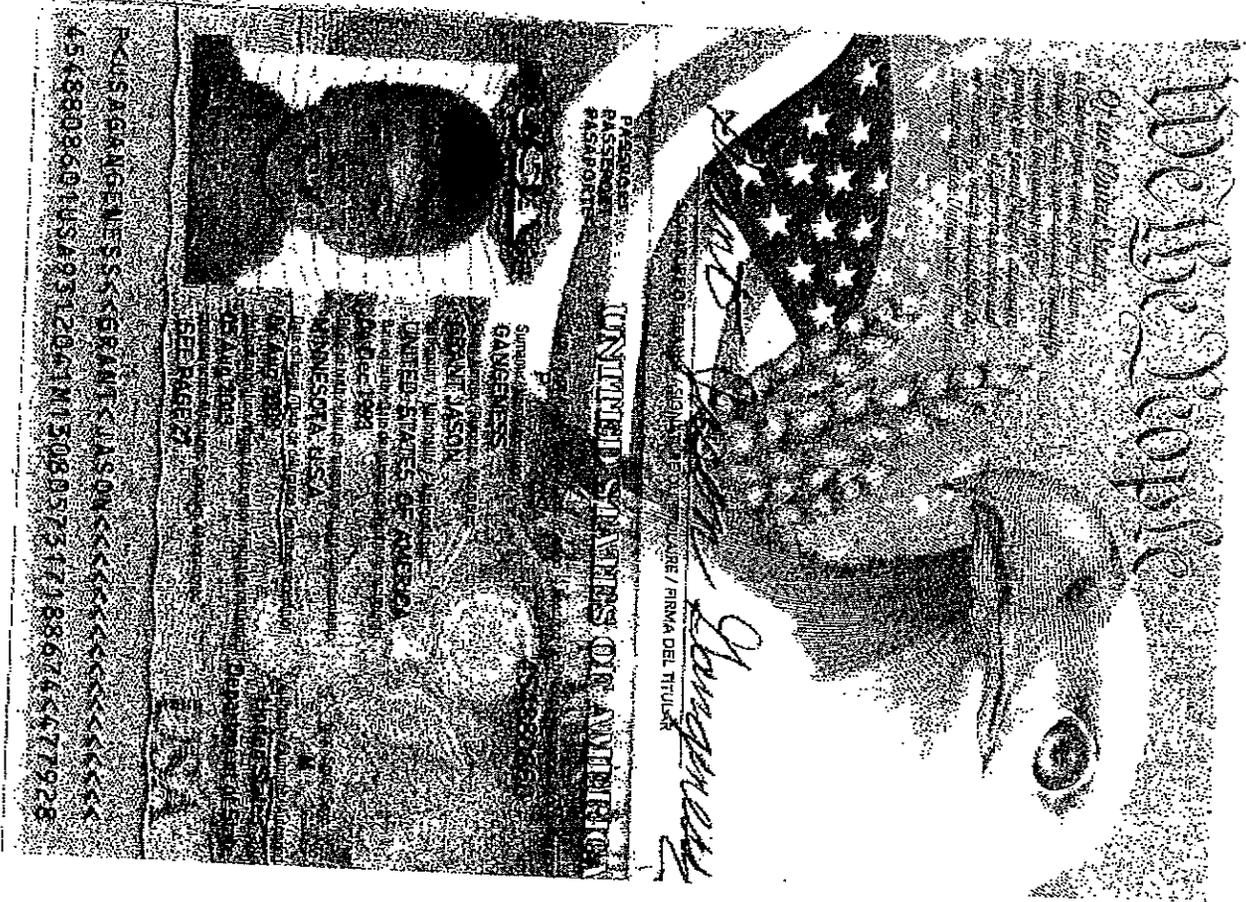
Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service		2013	
1 Your first name and middle initial Grant J		2 Your social security number 473-27-9795	
Home address (number and street or rural route) 2030 Jameswood Ct.		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate.	
City or town, state, and ZIP code Lakeville, MN 55044		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. <input type="checkbox"/>	
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		6 \$	
7 I claim exemption from withholding for 2013, 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.			

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 *Grant J Jameswood* Date *05-02-14*

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) Office code (optional) 01 Employer identification number (EIN)



Dakota County, Minnesota

Department of Vital Statistics

CERTIFICATE OF BIRTH

**STATE OF MINNESOTA
COUNTY OF DAKOTA**

Date Issued
12/13/1993

This is to certify that the records of Vital Statistics in Dakota County record and show:

Name: GRANT JASON GANGENESS

Sex: MALE

Date of Birth: December 04, 1993

Certificate No.: 1993-005400

Place of Birth: DAKOTA

Date Filed: December 08, 1993

Mother's Name : KATHLEEN MICHELLE GANGENESS

Mother's Maiden Name: KATHLEEN MURPHY

Father's Name : JASON ERIC GANGENESS

NORMA B. MARSH
COUNTY AUDITOR

By Joni Weiland
DEPUTY



Warning: This certificate is not valid if it has been altered in any way whatsoever.



FedEx Office

FedEx Kinko's is now FedEx Office

Fax Cover Sheet

Number of pages (including cover page) 15

From:

Name Grant Gargness

Company -

Telephone (952) 220-0054

To:

Name Irene Rival

Company Corporate Management Group

Telephone (303) 920-1425

Fax (303) 736-7767

Comments

Paperwork for excellent summer internship.



Fax - Local Send



Fax - Domestic Send



Fax - International Send

fedex.com 1.800.GoFedEx 1.800.463.3339

© 2008 FedEx. All rights reserved. Products, services and features vary by location. B110200029 08/08

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 type="checkbox"/> Stop	<input checked="" type="checkbox"/> As Soon As Possible
<input type="checkbox"/> Change	<input type="checkbox"/> Future Paydate _____

Name (Last, First, Middle Initial) Gaugeness, Grant J		Social Security Number 473-27-9795	
Home Address 20830 Jameswood Court		City Lakeville	State MN
Zipcode 55044		Daytime Phone Number 952-220-0054	
Date (Month/Day/Yr) 05/02/2014	Employee Signature <i>Grant J. Gaugeness</i>		

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

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

Wells Fargo Bank

Type of Account

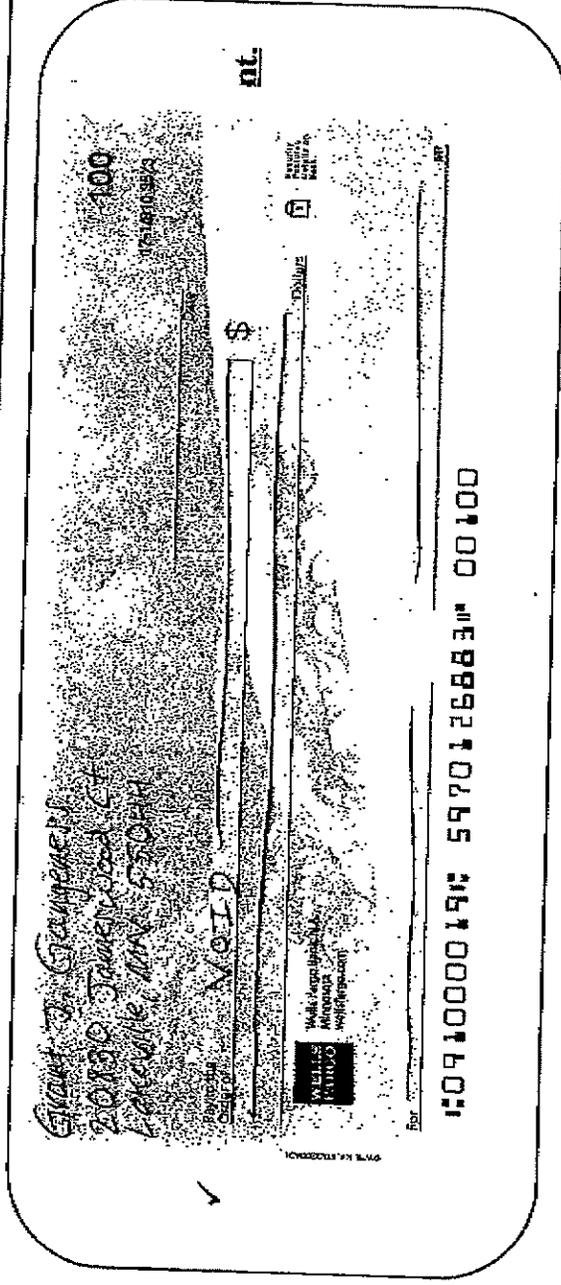
Checking

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 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.



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

Name: Trent Gaugers
Address: 20830 Janswood Ct., Lakeville MN 55044
Home Phone: (952) 469-5764

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

1. Name: Tison Gaugers
Phone (work): 612 - 941 - 6295
Phone (home): 952 - 469 - 5764
2. Name: Kathy Gaugers
Phone (work): 952 - 220 - 9093
Phone (home): 952 - 469 - 5764

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

ENROLLMENT FORM - PLAN -

Do you or any dependents have Medicare?

Yes No If Yes:
Medicare Health Insurance Claim Number (HICN)

Social Security Number 473-27-9795
Date of Birth 12/04/1993 Sex M F
Name Gvent Gagneux
Street Address 20830 Jameswood Ct.
City Lakeville State MN Zip 55044
Home Phone 952-469-5764

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
- NO**

- TERM LIFE**
- YES \$0.60 Employee Only
- \$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.

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.

Gvent Gagneux

41-10-50

