employer solutions staffing group LLC
Leveraging Resources in a Changing Market

7301 Ohms Lane Suite 405
Edina, MN 55439
Tel: 952.835.1288
www.esgstaffingsolutions.com

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Nelson **First Name** Geraldine **Middle Initial** D

Street Address 1230 Oak Knoll Court **Apt/Ste** ______

City/State/Zip Lithonia, GA 30058 **Social Security Last Four** XXX-XX- 9745

Phone Number 404-441-6486 **Email Address** geraldinenelson119@gmail.com@

Staffing Agency/Recruitment Partner Corporate Management Group

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.

Geraldine Nelson	Geraldine Nelson Geraldine Nelson (Feb 25, 2016)	Feb 25, 2016
Name (Print or type)	Applicant's Signature	Date

A copy or facsimile ("fax") will be considered the same as an original signature. Email will ONLY be used for employment corresponden

For ESSG Office Use Only				
DOH ______	NHW ______	I-9 ______	8850 ______	W4 ______
Emergency Contact Info ______	Background Release Form ______	Background Results ______	Unemployment Letter (If applicable) ______	ESC Application ______
For ESSG Client Use				
DOH ______	ROP ______	Work Site Loc. ______		WC Code ______

Form W-4 (2016)

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 2016 expires February 15, 2017. 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 $1,050 and includes more than $350 of unearned income (for example, interest and dividends).

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

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

The exceptions do not apply to supplemental wages greater than $1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your 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, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at *www.irs.gov/w4*.

Personal Allowances Worksheet (Keep for your records.)

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

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

. . . **B**

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** 1

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

F Enter "1" if you have at least $2,000 of **child or dependent care expenses** for which you plan to claim a credit . . . **F**
(**Note:** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than $70,000 ($100,000 if married), enter "2" for each eligible child; then **less** "1" if you have two to four eligible children or **less** "2" if you have five or more eligible children.
- If your total income will be between $70,000 and $84,000 ($100,000 and $119,000 if married), enter "1" for each eligible child . . **G**

H Add lines A through G and enter total here. (**Note:** This may be different from the number of exemptions you claim on your tax return.) ▶ **H** 3

For accuracy, **complete all worksheets that apply.**
- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074
2016

1 Your first name and middle initial	Last name	2 **Your social security number**
Geraldine	Nelson	266-77-9745

Home address (number and street or rural route)
1230 Oak Knoll COurt

3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate.
Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

City or town, state, and ZIP code
Lithonia, GA 30058

4 **If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.** ▶ ☐

5 Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2) **5** 3

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

7 I claim exemption from withholding for 2016, and I certify that I meet **both** of the following conditions for exemption.
- Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and**
- This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability.

If you meet both conditions, write "Exempt" here . . . . ▶ **7**

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

Employee's signature
(This form is not valid unless you sign it.) ▶ Geraldine Nelson
Geraldine Nelson (Feb 25, 2016)

Date ▶ Feb 25, 2016

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

This form cannot be used for employees hired prior to September 1, 2014.

Revision Date: 09/01/14
Expiration Date: 10/01/17

Affirmation of Legal Work Status

Pursuant to § 8-2-122, Colorado Revised Statutes

Employee Name: Nelson (Last) Geraldine (First) Davis (Middle) 10/28/1967 (Date of Birth)

Social Security Number: 266-77-9745 Date of Hire: 02/25/2016 (MM/DD/YYYY)

In accordance with § 8-2-122, C.R.S., within 20 calendar days after hiring the new employee listed above,

I affirm all four of the following by signing this form:

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

______________________________ Print Name of Employer (or Designated Representative)

______________________________ Official Title

______________________________ Signature of Employer (or Designated Representative)

______________________________ (MM/DD/YYYY) Date Signed by Employer

______________________________ Business or Organization Name

______________________________ Employer Phone Number

The provision of false or fraudulent information on this form may subject the employer to a significant fine and/or additional penalties.

This form and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.

This mandatory affirmation is provided by the Colorado Division of Labor. Visit www.colorado.gov/cdle/evr for more information.

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)*	First Name *(Given Name)*	Middle Initial	Other Names Used *(if any)*
Nelson	Geralidine	D	Wilburn

Address *(Street Number and Name)*	Apt. Number	City or Town	State	Zip Code
1230 Oak Knoll Court		Lithonia	GA	30058

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	E-mail Address	Telephone Number
10/28/1967	266-77-9745	geraldinenelson119@gmail.com	404-441-6486

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):

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

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

1. Alien Registration Number/USCIS Number: ____________

OR

2. Form I-94 Admission Number: ____________

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

Foreign Passport Number: ____________

Country of Issuance: ____________

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

3-D Barcode
Do Not Write in This Space

Signature of Employee: Geraldine Nelson Geraldine Nelson (Feb 25, 2016)	Date *(mm/dd/yyyy)*: Feb 25, 2016

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

STOP ***Employer Completes Next Page*** STOP

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority **For persons under age 18 who are unable to present a document listed above:** 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Employer Completes This Page

Section 2. Employer or Authorized Representative Review and Verification

(Employers 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 "Lists 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: Nelson, Geraldine

List A Identity and Employment Authorization	**OR** **List B** Identity	**AND** **List C** Employment Authorization
Document Title:	Document Title: Georgia Driver's License	Document Title: Social Security Card
Issuing Authority:	Issuing Authority: Georgia DMV	Issuing Authority: SSA
Document Number:	Document Number: 049045566	Document Number: 266-77-9745
Expiration Date *(if any)(mm/dd/yyyy)*:	Expiration Date *(if any)(mm/dd/yyyy)*: 10/28/2021	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
Document Title:		
Issuing Authority:		
Document Number:		
Expiration Date *(if any)(mm/dd/yyyy)*:		

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)*: 02/25/2016 **(*See instructions for exemptions.*)**

Signature of Employer or Authorized Representative	Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative
Andrea Findley	02/26/2016	Admin. Assistant

Last Name *(Family Name)*	First Name *(Given Name)*	Employer's Business or Organization Name
Findley	Andrea	EMPLOYER SOLUTIONS STAFFING GROUP LLC

Employer's Business or Organization Address *(Street Number and Name)*	City or Town	State	Zip Code
7301 OHMS LANE SUITE 405	EDINA	MN	55439

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

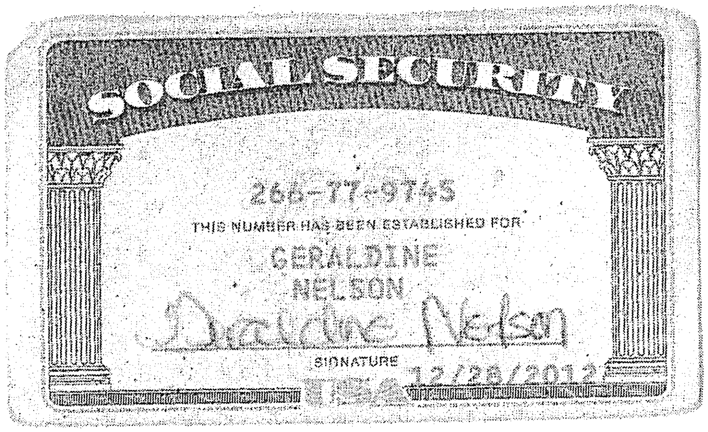
A. New Name *(if applicable)* Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	B. Date of Rehire *(if applicable) (mm/dd/yyyy)*:

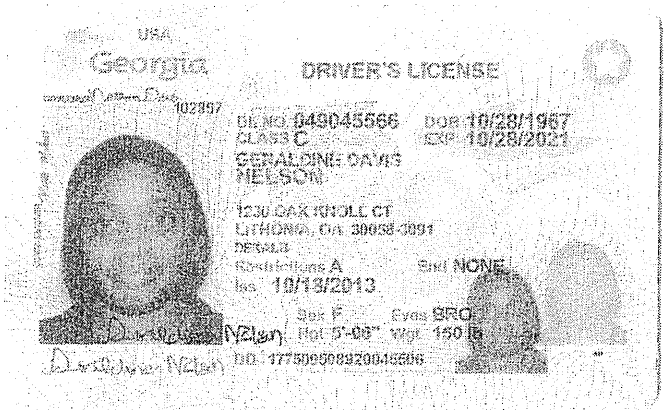
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

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:


SOCIAL SECURITY
266-77-9745
THIS NUMBER HAS BEEN ESTABLISHED FOR
GERALDINE
NELSON
SIGNATURE
12/28/2012


USA
Georgia
DRIVER'S LICENSE
102857
DL NO. 049045566
DOB 10/28/1967
CLASS C
EXP 10/28/2021
NELSON
1230 OAK KNOLL CT
Restrictions A
End NONE
Iss 10/13/2013
Sex F
Eyes BRO
Wgt 150 lb

E-Verify
Employment Eligibility Verification

SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2016057092916JJ

Report Prepared: 02/26/2016

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Nelson

First Name: Geraldine

Date of Birth: 10/28/1967

Social Security Number: *** ** 9745

Hire Date: 02/25/2016

Citizenship Status: A citizen of the United States

Document Information

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

List C Document: Social Security Card

Document Name: Driver's license

Document State: Georgia

Driver's License or ID Card Number:

Document Expiration Date: 10/28/2021

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 02/26/2016

Case Submitted By: AFIN3846

Closed On: 02/26/2016

Closed By: AFIN3846

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

SENSITIVE BUT UNCLASSIFIED

DISCLOSURE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING's website is at www.orangetreescreening.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.
New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.
Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING's website is at: www.orangetreescreening.com, another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

☐ (Must include email address: geraldinenelson119@gmail.com)

Signature: Geraldine Nelson
Geraldine Nelson (Feb 25, 2016) Date: Feb 25, 2016

BACKGROUND INFORMATION

Last Name: Nelson First: Geraldine Middle:

Other Names/Alias: Wilburn

Social Security #*: 266-77-9745 Date of Birth (mm/dd/yyyy)*: 10/28/1967

Driver's License #: 049045566 State of Driver's License: GA

Present Address: 1230 Oak Knoll Court Telephone # (Primary): 404-441-6486

City/State/Zip: Lithonia, GA 30058

**This information will be used for background screening purposes only and will not be used as hiring criteria.*

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
    - a person has taken adverse action against you because of information in your credit report;
    - you are the victim of identity theft and place a fraud alert in your file;
    - your file contains inaccurate information as a result of fraud;
    - you are on public assistance;
    - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See: www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore *Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

EMERGENCY CONTACT INFORMATION

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

Employee Name: Geraldine Nelson

Address: 1230 Oak Knoll Court Lithonia, GA 30058

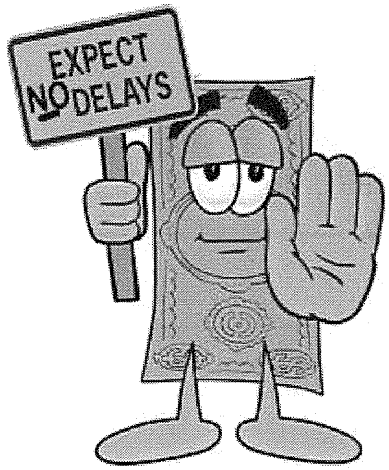
Home Phone: 404-441-6486

EMERGENCY CONTACTS Please list two people (in priority order) who could be contacted in case of an emergency	
Contact #1 Name: James Nelson Relationship: Husband	Home Phone: 770-696-4721 Cell Phone: 404-729-0181 Work Phone:
Contact #2 Name: Willie Earl Davis Relationship: Brother	Home Phone: Cell Phone: 202-674-8025 Work Phone:

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

This information will remain confidential and will only be used in the case of an emergency.

RECEIVE YOUR PAY WITHOUT DELAY



In order for you to continue to receive your pay each week without delay we are encouraging all employees to use direct deposit or Global Cash Card. **It is becoming more and more difficult for employees to cash checks without fees or delay due to increased security at all banks. Also, if your check is lost or stolen you will have to wait 3 days for another check.**

GLOBAL CASH CARD

If you don't have a bank account, computer access or don't want to use direct deposit you can use **Global Cash Card** which works like a Visa.

- There are **NO FEES** for the card for your first transaction as a cash withdrawal at an ATM or if you use it like a credit card (not debit) to make individual signature purchases.
- **If you don't have access to a computer you can receive TEXT notifications for your pay check amount on pay day as well as what the current balance is. You can also receive low balance notifications set to the dollar amount that you determine on the attached form.**
- You may call Customer Service 24 hours a day, 7 days a week, 365 days a year at 888-220-4477 for balance inquiries or other questions. (Para Español, apriete dos)
- You can pay bills with the GCC (by phone/internet/in person). You can also set up your online account to make automatic payments.

Please complete the attached form and turn it in to your manager as soon as possible indicating whether you would like direct deposit or Global Cash Card. Please make sure you include an email address.

Fill Out This Form!

1002

GERALDINE D. NELSON
1230 OAK KNOLL CT
LITHONIA, GA 30058-3091

64-10/610
1000126028520

Date

Pay to the order of VOID $

Dollars

SUNTRUST

ACH RT 061000104

For

⑆061000104⑆ 1000126028520⑈ 1002

employer solutions staffing group
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Direct Deposit/Payroll Debit Card Authorization

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card.
If you do not provide a written election, wages will be paid by Payroll Debit Card.

SECTION 1 BASIC INFORMATION

Employee Name	SSN# (last 4 digits)	Effective Date
Geraldine Nelson	9745	2/25/2016

SECTION 2 PAYROLL ELECTION

☑ **Direct Deposit** (Please complete Sections 3 and 5 below) ***Note: Direct Deposit accounts may take up to 7 days to be activated.***

☐ **Payroll Debit Card** (Please complete Sections 4 and 5 below)

SECTION 3 DIRECT DEPOSIT

ACCOUNT

☐ Update Bank Account

Bank Name: Suntrust Bank

Routing# 061000104

Account# 1000126028520

Account Type: ☑ Checking ☐ Savings ☐ Other ________

I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.

Initial GN GN Date 2/25/2016

- To help us avoid making an error, please attach a copy of a voided check. **(a deposit slip will not work)**
- If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods.

SECTION 4 PAYROLL DEBIT CARD (GLOBAL CASH CARD)

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.

Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)

First Name	M.I.	Last Name	Date of Birth

Street Address (PO BOX NOT ACCEPTABLE)	Social Security#

City	State	Zip	Cell Phone (mobile)

RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Routing #	Payroll Debit Card Account #
073972181	

I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature:______________________ Date:__________

SECTION 5 AUTHORIZATION

I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustmentsfor any credit entries made in error to my account(s). *** E-mail is required for pay stub information.**

***E-mail:** geraldinenelson119@gmail.com @

this information will only be used to send your paystubs electronically

Employee's Signature: Geraldine Nelson
Geraldine Nelson (Feb 25, 2016) Date: Feb 25, 2016

employer solutions staffing group LLC
Leveraging Resources in a Changing Market

STATEMENT OF CONFIDENTIALITY

This agreement made this 25 day of FebruRY, 2016, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Geraldine Nelson hereafter referred to as "employee".

WITNESSETH:

For the duration of my employment and after resignation or termination of this employment with employer, for any reason whatsoever, the employee shall not use or disclose to any other person or company, and confidential or proprietary information or know-how related to the business of the employer.

In view of the difficulty of determining the amount of damages which may result to the employer from a violation of any of the provisions hereof, the employee agrees to pay to the employer the sum of $10,000 as liquidated damages for every such violation; provided, however, that the payment of such amount as liquidated damages shall not be construed as a release or waiver by the employer of the right to prevent any such violation in equity or otherwise.

Geraldine Nelson
Geraldine Nelson (Feb 25, 2016)

Employee Signature

Employer Solutions Staffing Group LLC, Representative

Form **8850** (Rev. January 2012)
Department of the Treasury Internal Revenue Service

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

▶ See separate instructions.

OMB No. 1545-1500

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

Your name Geraldine Nelson   Social security number ▶ 266-77-9745

Street address where you live 1230 Oak Knoll Court

City or town, state, and ZIP code Lithonia, GA .30058

County Dekalb   Telephone number 404-441-6486

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

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 ▶ Geraldine Nelson
Geraldine Nelson (Feb 25, 2016)   **Date** Feb 25, 2016

Form A (rev. 08/12)

TAX CREDIT QUESTIONNAIRE

RETROTAX
Specialists in Tax Credit Administration

EMPLOYER SECTION:

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

EMPLOYEE SECTION:

Employee Name: Geraldine Nelson	Street Address:	City/State:	Zip:
SS#: - -	Date of Birth: ___/___/___	Age:	Have you worked for this company before? ☐ Yes ☐ No	If yes, location:

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?** (If yes, please provide information below.) — Yes ☐ No ☑
   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 CDIB 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: Geraldine Nelson (Feb 25, 2016) **Date:** Feb 25, 2016

employer solutions staffing group
Leveraging Resources in a Changing Market

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: Geraldine Nelson
Geraldine Nelson (Feb 25, 2016)

Printed Name: Geraldine Nelson

employer solutions staffing group LLC
Leveraging Resources in a Changing Market

Important/Importante

LOST OR STOLEN PAYCHECKS

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

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

CHEQUES DE PAGO PERDIDOS O ROBADOS

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

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

AGREED/SE ACUERDA—

Name/Nombre (con letra de molde): Geraldine Nelson

Signature/Firma: Geraldine Nelson
Geraldine Nelson (Feb 25, 2016)

Employee Keeps This Form

Healthcare Notice of Exchange

As your employer, we are required to provide you with the following information under Section 1512 of the Affordable Care Act:

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.1

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

*****The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area*****

If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information:

Employer Name: Employer Solutions Staffing Group, LLC	Employer FEIN: 20-8084369
Employer Address: 7301 Ohms Lane Suite 405 Edina, MN 55439	Phone Number for Health Benefits Team: 952-767-9519

Insurance Plans Available:	Who is Eligible?	Meets Minimum Value Standard?	Meets Minimum Essential Coverage?	When is it effective?	Will I be penalized if I only have this plan?
Fixed Indemnity Plan	Everyone	No	No	Available immediately – offered upon hire	Yes
MEC Plan	Everyone	No	Yes	Available immediately – offered upon hire	No
Major Medical Plan	Full time employees after 120 hours are met in 30 days	Yes	Yes	Within 60 days of being determined eligible	No

For more information about ESSG's Insurance options, contact:

The Health Benefits Team
Employer Solutions Staffing Group
952-767-9519 | health@employersolutionsgroup.com

Employee Keeps This Form

NOTICE: ESSG Electronic Pay Stubs

ATTENTION

ESSG provides employees with electronic pay stubs. You are able to view your pay stub by using either of the following methods:

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**.
   The log-in is case sensitive, so be sure that you capitalize the first letter of your last name.

   For example: John Woods SSN: 111-22-3333 would have a username of Wood3333

   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. For support please email MyPayESG@MyPayESG.com

2. You can also receive your check stub **by email** by providing us with your email address on **page 1** of this packet.
   ** Your check stub will come from payroll@MyPayESG.com, be sure to check spam folder.

Empleado Toma Copiar

ATENCIÓN

ESSG proporciona a los empleados con los talones de pago electrónicos. Usted puede examinar su talon de pago utilizando cualquiera de los métodos siguientes:

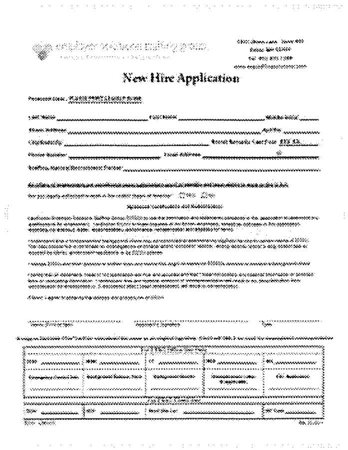
1. Usted puede ver su talón de cheque por la tala en el portal electrónico del empleados en **www.MyPayESG.com**

   Su nombre de usuario son las cuatro primeras letras de su apellido seguido por los cuatro últimos dígitos de su número de seguro social.
   El portal es caso delicado, asegúrese de que la primera letra de su apellido sea mayúscula.

   Por ejemplo: Juan Garcia SSN: 111-22-3333 tendría un nombre de usuario de Garc3333

   Su contraseña inicialmente será **Temp1234**, y usted será dirigido a cambiarla la primera vez que inicie sesión. Asegúrese de anotar y guardar su información de registro en un lugar seguro. para apoyar email: MyPayESG@MyPayESG.com

2. También puede recibir su talón de cheque por correo electrónico , al proveir su correo electronico en la **pagina 1** de este paquete
   ** Su talón de cheque vienen de payroll@MyPayESG.com, asegúrate de revisar la carpeta de spam


New Hire Application

ESG New Hire Paperwork

Adobe Document Cloud Document History 2/25/16

Created:	2/25/16
By:	Caitlin Scholl (Caitlin@corpmgmtgroup.com)
Status:	SIGNED
Transaction ID:	CBJCHBCAABAAjRg3tTI56fwq57RpbgTWDS8Tnc8ajqaK

"ESG New Hire Paperwork" History

Document created by Caitlin Scholl (Caitlin@corpmgmtgroup.com)
2/25/16 - 11:14:18 MST - IP address: 96.93.208.70

Document emailed to Geraldine Nelson (geraldinenelson119@gmail.com) for signature
2/25/16 - 11:14:20 MST

Document viewed by Geraldine Nelson (geraldinenelson119@gmail.com)
2/25/16 - 11:49:59 MST - IP address: 66.249.88.152

Document e-signed by Geraldine Nelson (geraldinenelson119@gmail.com)
Signature Date: 2/25/16 - 12:10:24 MST - Time Source: server - IP address: 24.98.218.208

Signed document emailed to Geraldine Nelson (geraldinenelson119@gmail.com) and Caitlin Scholl (Caitlin@corpmgmtgroup.com)
2/25/16 - 12:10:24 MST

Geraldine Nelson
1230 OAK KNOLL COURT
LITHONIA,GA 30058
(404) 441-6486
Email address: geraldinenelson119@gmail.com

Professional Summary

- Experienced compliance professional with extensive experience auditing and reviewing Home Equity, FHA/VA and Conventional Loans.
- Extensive compliance experience and knowledge of Underwriting, Loan Closing, Post-Closing
- Extensive experience auditing, reviewing and HMDA and RESPA disclosures
- General knowledge of real estate lending regulation and practices with recent specific experience required in the areas of HMDA/Regulation C, ECOA,/Regulation B, RESPA, TILA.
- Prior consulting experience as a compliance auditor/underwriter supporting Bank of America
- Proficient with Microsoft Office Suite including Outlook, Word, Excel, and PowerPoint
- Available to start immediately.

Professional Experience:

Digital Risk LLC- Maitland, FL
April2015-Present
1099 Mortgage Compliance Auditor(Contract) Remote

- Perform Compliance Audit reviews for Bay view Loan Servicing, Rushmore Servicing, Selene Servicing, BSI servicing, S&N Servicing, Wells Fargo, Ally Bank.
- Perform audit test from compliance ease on HOEPA, TILA, RESPA, ECOA, HMDA, State Regulations, State and Local Predatory.
- Review and audit loan files for completeness and accuracy, analyzing credit documents, including, but not limited to, mortgage applications, credit history and income documents, title documents, appraisals and all applicable compliance documents
  Evaluate debt ratio, loan-to-value ratios, credit score, property valuation and various other factors. Determining and documenting loan conditions and communicating requirements and/or decisions.
  Adhere to all client/lender policies and procedures, in addition to Federal, State, and/or municipal laws and regulations. Identifies portfolio risks resulting from client's underlying business practices, underwriting, and/or fraud exposure.
- Perform loan levels reviews: Conventional, Adjustable Rates, Co-Operative, FHA, VA loans.
- Review the overview screen to verify the borrower's names and address is correct.
- Analyze and review the Compliance Ease screen to verify the following includes; Compliance Jurisdiction, Compliance Audit Type, RESPA Conforming Year, Rate Lock Date, Lender Name, Lender Hud Approval, Lender has DIDMCA exemption, Investor Name.
- Review the original note and note document date, lender name on the note, loan type, amortization type, original balance on the note, stated original rate, interest calculation type and collections. Stated original P&I amount on the note, first payment date and stated maturity date.
- Perform audit finding on the note details includes the following: late charges percentage, grace periods. If applicable a prepayment penalty, note riders, guarantor, temporary buy down.
- Perform audit review if the Mortgage was properly executed and recorded. If applicable, mers min number was provided and mortgage riders.
- Analyze the title was properly executed with the amount of mortgage insurance, borrower type, lien level of subject loan, type of ownership fee, title company and any title issues.
- Review the HUD-1 settlement statement RESPA disclosures are properly executed with the settlement and disbursement dates, and fees is correct.
- Analyze audit review for Final Truth Lending is executed properly includes the following: TIL dates, TIL executed by all borrowers, TIL hand dated by the borrowers, Finance charge, Amount Financed, Total Payments, APR from the Final TIL, Disclosed Finance Charge amount.

- Verify the appraisal and the property and subject property type, original appraised value and date, loan to value ratios.
- Review the hazard insurance to verify coverage on the property and flood insurance certificate is present in the file and states life of the loan.
- Review 1003 to verify the loan amount, purpose per application, occupancy, total monthly income, borrower-mailing address.
- Review the payment history which includes next due date, months current delinquent, payment history strings, current rate, current P&I and PITI, Unpaid principal balance, accrued interest, escrow balance, corporate advance recoverable, suspense balance, outstanding late and nsf fee balance.
- Analyze and review the collection history comment screen to determine reason for delinquency, willingness to pay, ability to pay, current occupancy, current legal status, forbearance/trial modification agreement in the file.
- Review and analyze the Modification screen verify the new principal balance, amortization type, reason for changes, if any deferred balance. The first payment due date and stated maturity date. MOD P&I amount and interest rate.
- Review the foreclosure history to determine if the loan is current in foreclosure status, have referral date to foreclosure attorney, S&C filing date or foreclosure sale date.
- Analyze and review the bankruptcy screen to determine the current bankruptcy status, bankruptcy filing date, bankruptcy chapter, proof of claim date, bankruptcy POC amount and arrearage, bankruptcy
- motion filed date, post-petition due date and if applicable current bankruptcy cram down amount.
- Verify the bankruptcy information the debtor attorney name and phone number, trustee name and phone number
- Review updated E&O title report to verify latest report date, correct borrower and property address, chain of assignment is complete, current taxes due or the amount of delinquent taxes, verify any liens and judgments on the title.

Cognitive Option Group (Supporting Bank of America) - Atlanta, GA.
February 2013-January2015
Mortgage Compliance Analyst (Contract)

- Review loan application data and credit files on a monthly basis for accuracy in reporting consistent with the requirements of the HMDA.
- Complete a full review compliance review includes: HMDA/Regulation C, ECOA/Regulation, RESPA, TILA, HOEPA Disclosure of underwriting files to ensure that loan modifications, applications, credit profile/reports, debt and assets/ financial statements, loan values/loan-to-value ratios, appraisal reports, collateral and supporting documentation.
- Read, analyzes, and interprets loan application and related documentation gathered during the loan underwriting process to appropriately code for HMDA reporting purposes.
- Coordinate with various departments within the bank to resolve any inconsistencies in loan data and recommend changes as warranted that will ensure the efficiency and accuracy in reporting of HMDA data.
- Reviewing loan documentation to make determination if sufficient information was received to fill a change of circumstance parameter.
- Perform year end HMDA submission.
- Review appraisal, title report, and flood report.
- Performed HMDA and QAR reviews with checklist and reports.
- Review loan application packages for completeness and accuracy.
- Maintain a good working knowledge of the requirements of the Home Mortgage Disclosure Act (HMDA) to assist in preparation and maintenance of the loan application register (LAR).
- Review loans for compliance related items. i.e. (TILA, ROR).
- Reports any potential concerns about non-compliance with HMDA regulatory requirements.
- Ensure the HMDA/LAR is accurate within thirty days calendar after the end of each calendar quarters
- Assist in the update of HMDA policies and procedures as warranted.
- Analyze loan data and prepare HMDA reports and maps upon request utilizing CRA Wiz Software.
- Adheres to all applicable compliance regulations, including BSA, BRA and Right to Financial Privacy.

- Review forensic rebuttal and underwriting review Merrill Lynch/ Bank of America for the legal department and repurchase dispute allegations that has been filed by the Federal Housing Finance Agency
- Confirm application information (1003) against other documents within the file.
- Validate employment, income, assets and other important documentation.
- Identify underwriting and data discrepancies and other due diligence issues.
- Verify and validate income, assets and liability documentation to support underwriting decision.
- Calculate and verify income, structure, verify to close.
- Review and verify credit report and other real estate owned.
- Review appraisal to support the value.
- Familiar with fraud red flags and outside services used to determine or verify fraud.
- Re-underwriting completed close loan files of credit, income, debt-to-income etc..
- Perform risk analysis and make decisions regarding the deficiencies identified during the review process.
- Provide written summary of loan finding in the area: credit worthiness, income, property valuation and loan product eligibility.

Clayton Services (Supporting Aurora Bank) - Atlanta, GA
January 2012- March 2013
Mortgage Compliance Auditor (OCC Lookback Project) Contract

- Reviewed mortgage foreclosure file for regulatory compliance for the OCC.
- Conduct HMDA audits or self-assessments based on compliance processes and monthly reviews.
- Reviewing submitted loans to ensure fees and other data documented on the Good Faith Estimate meet RESPA guidelines.
- Responsible for managing the monthly HMDA report and reviewing all cancelled and denied loans for accuracy and compliance with Federal Home Mortgage Disclosure Act Regulation.
- Review mortgage loans for compliance with the GFE and HUD 1.
- Perform monthly validation of HMDA check sheet and process.
- Conduct remediation of findings HMDA, RESPA tolerance errors including possible re disclosure and calculation.
- Completing necessary loan disclosures.
- Expediting files to re-disclosure upon RESPA disclosures triggers.
- Validation of cancellation/denial recommendation.
- Perform detailed re-underwriter close loans including: but not limited credit, income eligibility debt -to-income ratio and reviewing loans files for completeness and accuracy.
- Responsible for performing reviews of work performed by Claims Researchers within the Independent Foreclosure Review Department.
- Review, Audit and Test Loans and report concise written summary of finding and pass to the foreclosure reviewer to get accurate as possible.
- Responsibilities will include initially reviewing mortgage files and determine if foreclosure proceedings were processed accurately.
- Must have ability to review files to show inabilities and strong knowledge of HAMP, Loss Mitigation, Forbearance, Fannie and Freddie Mac Loans.
- Reviewed fees, penalties including late charges, property preservation, inspections, and valuations for compliance with state, investors and bank policies.
- Recalculated the fees, escrows, late charges and past due interest capitalized into foreclosure bid, modification and/or reinstatement amount.
- Analyzed escrow cash advances for taxes, hazard, flood insurance and MI premiums. Also validated lender place insurance for coverage amount, premium and credits due back to the borrowing according to investors and bank guidelines.
- Review and complies documented/ loan histories imaged documents and information available from all sources, to collectively determine if it validates the information available used to make home retention/ loss mitigation decision and foreclosure sale.

- Ensure that all required processes and HAMP, HAFA and HARP guidelines and procedures were followed in the system of record notated documentation available/imaged and appropriate borrowers communication was performed accordance to SD Directives/Internal Operating Procedures.
- Utilized MSP, (Fidelity), SCRA, LPS and other proprietary system available from the lender/servicer.

Mortgage Savers- Conyers, GA
September 2007-December 2011
<u>Senior Auditor/ Loan Closer</u>

- Perform and conduct QC audits on FHA, VA and Conventional Loans
- Perform monthly HMDA edits, validation and analysis.
- Verified income, assets, and credit report and bank statements for final approval.
- Calculate escrows and balance funding worksheet.
- Analyzed HMDA reviews, title commitments, HUD-1 statements, homeowner and flood insurance.
- Audit closing documents and approved funding.
- Running high costs and compliance tests with Compliance Ease.
- Prepared packages for post-closing.

First Magnus Financial - Marietta, GA
August 2000- August 2007
<u>Loan Auditor</u>

- Develop and performed loan review audits on FHA, VA and Conventional Loans.
- Analyze records and regulation and operating practices and issues reports on process adherence.
- Perform reviews for (HMDA) and QAR.
- Review appraisal, title commitments, hazard insurance and order flood certificate.
- Responsible for the performance of quantitative research to support audit findings.
- Validate compliance checklist to make sure state and federal disclosures for compliance with applicable state and federal laws.

<u>Technical Skills</u>

Mortgage ware, DU, LP, Fidelity (MSP), LPS, Pacer, SCRA, and Compliance Ease.
Excel, Word, Microsoft Office. Outlook, Access, PowerPoint.
Lexis Nexis. Relevant experience with the following regulations and/or laws: Bank Secrecy Act (BSA) & Anti-Money Laundering (AML), Regulation Z, HUD's Reg. X, Home Owners Protection Act, Dodd Franks Act, Flood Disaster Protection Act, Service members Civil Relief Act, S.A.F.E. Act, Privacy, Fair Credit Reporting Act (FCRA), Fair and Accurate Credit Transactions Act (FACT Act), Fair Debt Collections Practices Act (FDCPA), Home Mortgage Disclosure Act, Fair Lending laws (Reg. B, Fair Housing Act) HMDA.

<u>Education</u>

United College
Business Administration

LenderLive

Your Partner in the Mortgage Industry

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. It is further understood that, Motor Vehicle Reports and other background checks with state or federal agencies may be conducted. As LenderLive is both a state licensed financial institution and its employees have access to personal and non-public information as well as confidential company information, the company must therefore ensure that all employees exhibit integrity and financial responsibility. As such it is understood that a credit report will be required. Furthermore, I understand that I may be required to provide a written explanation of any potentially disqualifying information from the consumer report.

I have read, understand, and by my signature consent to these statements.

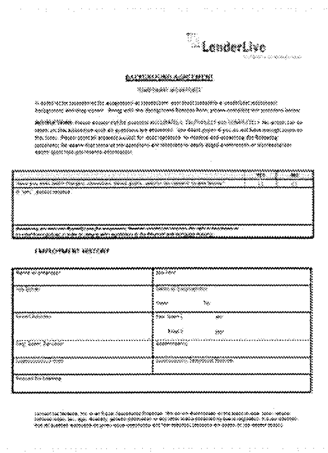
Geraldine Nelson

Geraldine Nelson (Feb 25, 2016)

Applicant Signature

Feb 25, 2016

Date



Temp Workforce Background Addendum

Adobe Document Cloud Document History 2/25/16

Created:	2/25/16
By:	Caitlin Scholl (Caitlin@corpmgmtgroup.com)
Status:	SIGNED
Transaction ID:	CBJCHBCAABAAV_U91G1axN7Wif3TcWix4pYBdM7vIJMK

"Temp Workforce Background Addendum" History

Document created by Caitlin Scholl (Caitlin@corpmgmtgroup.com)
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Signature Date: 2/25/16 - 11:51:35 MST - Time Source: server - IP address: 24.98.218.208

Signed document emailed to Caitlin Scholl (Caitlin@corpmgmtgroup.com) and Geraldine Nelson (geraldinenelson119@gmail.com)
2/25/16 - 11:51:35 MST

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

LENDERLIVE ____________________, or any of its subsidiaries may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" conducted by a consumer reporting agency which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history (State and Federal records), social security verification, address trace, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any report conducted by a consumer reporting agency. Please be advised NationSearch.com, LLC (NationSearch) *[11184 Huron St. Suite 13, Northglenn, CO 80234; (800)-827-9550]* will be the consumer reporting agency conducting the background investigation. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reporting now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any report conducted by a consumer reporting agency.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, credit reporting agency, and employer to provide any and all background information requested by NationSearch.com, LLC *[11184 Huron St. Suite 13, Northglenn, CO 80234; (800)-827-9550]* another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Notice to California Applicants: Under section 1786.22 of California Civil Code, you have the right to request from NationSearch, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which NationSearch has previously furnished within the two-year period preceding your request. You may view the file maintained on you by contacting NationSearch during normal business hours. You may also obtain a copy of this report(s) upon submitting proper identification. Upon making a written request, you may receive a summary of your report.

New York Applicants or Employees Only: You have the right to inspect and receive a copy of any report conducted by a consumer reporting agency and requested by the Company by contacting the consumer reporting agency identified above directly.

Notice to Maine Applicants: Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not a consumer report was requested. If such report was obtained, you may contact the consumer reporting agency, NationSearch, and request a copy of the report(s) compiled.

Minnesota and Oklahoma Applicants or Employees Only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

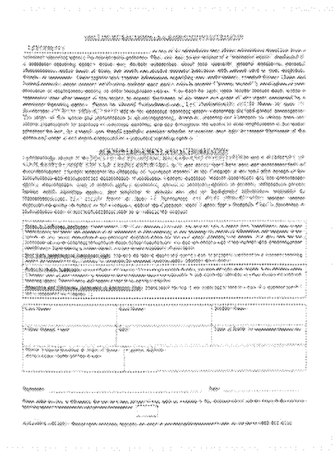
Last Name:	First Name:	Middle Name:
Nelson	Geraldine	Davis
Other Names Used: Wilburn	SSN: 266-77-9745	Date of Birth: For Employment Purposes Only 10/28/1967
Motor Vehicle Number & State of Issue: (Driver's License Number and State of Issue) 049045566	Current Address: 1230 Oak Knoll Court Lithonia, GA 30058	

Signature: Geraldine Nelson
Geraldine Nelson (Feb 25, 2016)

Date: Feb 25, 2016

Please initial this box in affirmation that you have been advised of your rights as it pertains to this consumer report, and are aware of the consumer reporting agency conducting the background investigation: GN GN

FOR OFFICE USE ONLY: Please send screening requests via email to processing@nationsearch.com, or via fax to (800) 827-6118.



Lenderlive Background Authorization Form

Adobe Document Cloud Document History

2/25/16

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Document e-signed by Geraldine Nelson (geraldinenelson119@gmail.com)

Signature Date: 2/25/16 - 12:13:08 MST - Time Source: server - IP address: 24.98.218.208

Signed document emailed to Geraldine Nelson (geraldinenelson119@gmail.com) and Caitlin Scholl (Caitlin@corpmgmtgroup.com)

2/25/16 - 12:13:08 MST

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Name of Employer Cognitive Option Group	Job Title
Job Duties: •Review loan application data and credit files on a monthly basis for accuracy in reporting consistent with the requirements of the HMDA. •C	Dates of Employment: From: 2/2013 To: 1/2015
Street Address lavista road	Pay: Start $ 40.00 per hour Final $ 40.00 per hour
City, State, Zip Code Atlanta, GA	Supervisor(s): Dora Campbell
Supervisor(s) E-mail:	Supervisor(s) Telephone Number:
Reason for Leaving: Contract ended	

Name of Employer Clayton Services	Job Title Mortgage Compliance Audotr
Job Duties: •Reviewed mortgage foreclosure file for regulatory compliance for the OCC. •Conduct HMDA audits or self-assessments based on compliar	Dates of Employment: From: 1/12012 To: 3/1/2013
Street Address 4370 peachtree road nw	Pay: Start $ 25.00 per hour Final $ 25.00 per hour
City, State, Zip Code atlanta,ga 30319	Supervisor(s): Jamie allen
Supervisor(s) E-mail:	Supervisor(s) Telephone Number:
Reason for Leaving: contract ended	

I certify that all information provided in this addendum is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal at a later date.

I authorize the investigation of any or all statements contained in this addendum. I also, authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

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BACKGROUND AGREEMENT

TEMPORARY WORKFORCE

In order to be considered for assignment at LenderLive, you must complete a LenderLive authorized background and drug screen. Along with the Background Release form, please complete the questions below.

INSTRUCTIONS: Please answer EVERY question ACCURATELY, TRUTHFULLY and COMPLETELY. No action can be taken on this addendum until all questions are answered. Use blank paper if you do not have enough room on this form. Please print all answers except for your signature. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

	YES	NO
Have you ever been charged, convicted, plead guilty, and/or no contest to any felony?	☐	☑
If "yes", please explain:		
(Answering yes does not disqualify you for assignment, however LenderLive reserves the right to hire based on its established policies in order to comply with regulations in the financial and mortgage industry)		

EMPLOYMENT HISTORY

Name of Employer Digital Risk LLC	Job Title Compliance Analyst
Job Duties: •Perform Compliance Audit reviews for Bay view Loan Servicing, Rushmore Servicing, Selene Servicing, BSI servicing, S&N Servicing, W	Dates of Employment: From: 4/20/15 To:
Street Address 2301 Maitland Center Pkwy #165	Pay: Start $ 20.00 per hour Final $ 25.00 per file per
City, State, Zip Code Maitland, FL 32571	Supervisor(s): Cariie Eanes
Supervisor(s) E-mail:	Supervisor(s) Telephone Number:
Reason for Leaving: contract ended	