

www.esgstaffingsolutions.com



employer solutions staffing group.

PO Box 48270
Minneapolis, MN 55944-9936
Tel 952.955.1288

New Hire Application

Personal Data— PLEASE PRINT LEGIBLY IN INK

Last Name Lewis First Name GUS Middle Initial G
 Street Address 4034 edrich ave N MPLS/MN Apt/Ste APT-2
 City/State/Zip MINNESOTA/MN/55418 Social Security Last Four XXX-XX-2160
 Phone Number 612-578-1417 Email Address thorndawilliams@qmail.com
 Staffing Agency/Recruitment Partner _____

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.

Gus Lewis
Name (Print or type)

Gus Lewis
Applicant's Signature

02-26-18
Date

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

For ESSG Office Use Only				
DOH _____	NHW _____	IA _____	ESG _____	WH _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Unemployment Letter (if applicable) _____	ESG Application _____
For ESSG Client Use				
DOH _____	ROP _____	Work Site Loc. _____	WC Code _____	

ESSG - CMG-CC

Rev. 04/2017

Form W-4 (2017)

Purpose. Completing 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 indicate it. Your exemption for 2017 expires February 15, 2018. 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 must claim exemption from withholding if your total income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you won't exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on adjusted deductions, certain credits, adjustments to income, or two-earner/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer tax exempt allowances. For regular wages, withholding should be based on allowances you claimed and they not tax a set 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 carrying your other credits into withholding allowances.

Marriage income. If you have a large amount of marriage income, such as interest or dividends, consider making estimated tax payments using Form 1043-ES. Estimated tax for individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 590 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 second 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 also allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1582, 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 how much you should have withheld. See Pub. 505, generally, if your earnings exceed \$100,000 (single) or \$150,000 (married).

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

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: B 1

- You're single and have only one job; or
- You're married, have only one job, and your spouse doesn't work or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

C Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.) C 0

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. D 7

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 (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) F 1

G **Child Tax Credit (including additional child tax credit).** See Pub. 572, 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 \$118,000 if married), enter "1" for each eligible child.

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 7

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-Earner/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.

W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		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.		2017
1	Your first name and middle initial GUS	Last name Lewis	2 Your social security number 328-70-2160	
3 Home address (number and street or rural route) 4034 Edith on North Maple		4 <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withheld at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "S" box.		
City or town, state, and ZIP code MD/3/MS/5541		5 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1819 for a replacement card. <input type="checkbox"/>		
6	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		6	7
7	Additional amount, if any, you want withheld from each paycheck		8	9
8	I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption.			
<ul style="list-style-type: none"> • 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 EXEMPT				
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.				
Employer's signature (This form is not valid unless you sign it.) ▶ Gus Lewis		Date ▶ 02-28-18		
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)

Deductions and Adjustments Worksheet

Notes: Use this worksheet only if you plan to claim deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2017 itemized deductions... 2 Enter: \$12,700 if married filing jointly or qualifying widow(er) \$9,350 if head of household \$6,950 if single or married filing separately... 10 Add lines 8 and 9 and enter the total here...

Two-Earners/Multiple Jobs Worksheet (See Two earners or multiple jobs on page 1.)

Notes: Use this worksheet only if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1... 2 Find the number in Table 1 below that applies to the LOWEST paying job... 3 If line 1 is more than or equal to line 2, subtract line 3 from line 1... 4 Enter the number from line 2 of this worksheet... 5 Enter the number from line 1 of this worksheet... 6 Subtract line 5 from line 4... 7 Find the amount in Table 2 below that applies to the HIGHEST paying job... 8 Multiply line 7 by line 6... 9 Divide line 8 by the number of pay periods remaining in 2017...

Table 1: Married Filing Jointly, All Others. Table 2: Married Filing Jointly, All Others. Tables showing wage brackets and corresponding withholding amounts.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States...

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



W-4MN

2017 Minnesota Employee Withholding Allowance/Exemption Certificate

Employees

You must complete and give this form to your employer if you do any of the following:

- Claim fewer Minnesota withholding allowances than your federal allowances
- Claim more than 10 Minnesota withholding allowances
- Want additional Minnesota tax withheld from your pay each pay period
- Claim to be exempt from federal withholding or claim to be exempt from Minnesota withholding

Do not complete this form if you are claiming the same number of Minnesota allowances as federal and the number claimed is 10 or less.

Employer's full name and initial Gus L	Last Name Lewis	Employee's Social Security Number 328-70-8160
Permanent address 4034 adrich ave north mpls/mpls5511		Marital status (check one box) <input checked="" type="checkbox"/> Single (Married, but legally separated or spouse is a nonresident alien) <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate
City MN/ MPLS	State MN	Zip code 55111

Employees: Read instructions on back, complete Section 1 OR Section 2, sign and give the completed form to your employer. (Do not complete both Section 1 and Section 2. Completing both sections will make the form invalid.)

Section 1 - Determining Minnesota allowances

Complete Section 1 if you claim fewer Minnesota allowances than your federal allowances, AND/OR if you want additional Minnesota withholding deducted each pay period.

- Total number of federal allowances claimed on federal Form W-4 1 0
- Total number of Minnesota allowances (line 2 cannot be more than line 1) 2 0
- Additional Minnesota withholding you want deducted each pay period 3 \$ 0

Section 2 - Exemption from Minnesota withholding

Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate the reason why you believe you are exempt:

- I meet the requirements and claim exempt from both federal and Minnesota income tax withholding.
- Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding because I had no Minnesota income tax liability last year, I received a refund of all Minnesota income tax withheld, AND I expect to have no Minnesota income tax liability this year.
- My spouse is a military service member assigned to a military location in Minnesota, my domicile (legal residence) is in another state, AND I am in Minnesota solely to be with my spouse. My state of domicile is _____
- I am an American Indian living and working on a reservation.
- I am a member of the Minnesota National Guard or an active duty U.S. military member and claim exempt from Minnesota withholding on my military pay.
- I receive a military pension or other military retirement pay as calculated under Title 38, 1401 through 1414, 1447 through 1465, and 12733 and claim exempt from Minnesota withholding on this retirement pay.

I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false withholding allowance/exemption certificate.

Employee's signature: Duo Juanno Date: 02-28-18 Date of print: 612-578-1417

Employees: Give the completed form to your employer.

Employers

If you are required to send a copy of this form to the Department of Revenue (see instructions), you must enter the employer information below and mail this form to: Minnesota Revenue, Mail Station 8801, St. Paul, MN 55146-8801. (Incomplete forms are considered invalid.) A \$50 penalty may be assessed for each required Form W-4MN not filed with the department.

Keep a copy for your records.

Employer's Information	Name of employer	Federal employer ID number (FEIN)	Minnesota tax ID number
	Address	City	State ZIP code

Questions? Website: www.revenue.state.mn.us, Email: withholdingtax@state.mn.us, Phone: 651-222-8900 or 1-800-657-3694



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2019

START HERE! Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1: Employee Information and Attestation
Last Name (Family Name): Lewis
First Name (Given Name): GUS
Middle Initial: G
Other Last Names Used (If any):
Address (Street Number and Name): 4034 Adrich av North/MS/VA
Apt. Number: 2
City or Town: Min/MS/VA
State: MN
ZIP Code: 55419
Date of Birth (mm/dd/yyyy): 12-21-1980
U.S. Social Security Number: 522-70-2116
Employer's E-mail Address: gordonandwilkins@williams.org
Employee's Telephone Number: 612-578-1417

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 boxes):

1. A citizen of the United States
2. A noncitizen national of the United States (See Instructions)
3. A lawful permanent resident (Alien Registration Number/USCIS Number)
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):
Some aliens may write "AWA" in the expiration date field. (See Instructions)
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.
1. Alien Registration Number/USCIS Number: OR
2. Form I-94 Admission Number: OR
3. Foreign Passport Number:
Country of issuance:

File Copy - Notice 1
Do Not Write in This Box

Signature of Employer: Gus Ferris
Today's Date (mm/dd/yyyy): 02-26-18

Preparer/Translator Information
I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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

MINNESOTA IDENTIFICATION CARD NOT A DRIVER'S LICENSE



GUS LEWIS JR
4034 ALDRICH AVE N
MINNEAPOLIS, MN 55412

Date of Birth 12-23-1980
Sex M Eyes BLK Class ID
Height 5-11 Weight 170
ISSUED 10-2017 EXPIRES 12-21-2021

L992187066120

SOCIAL SECURITY

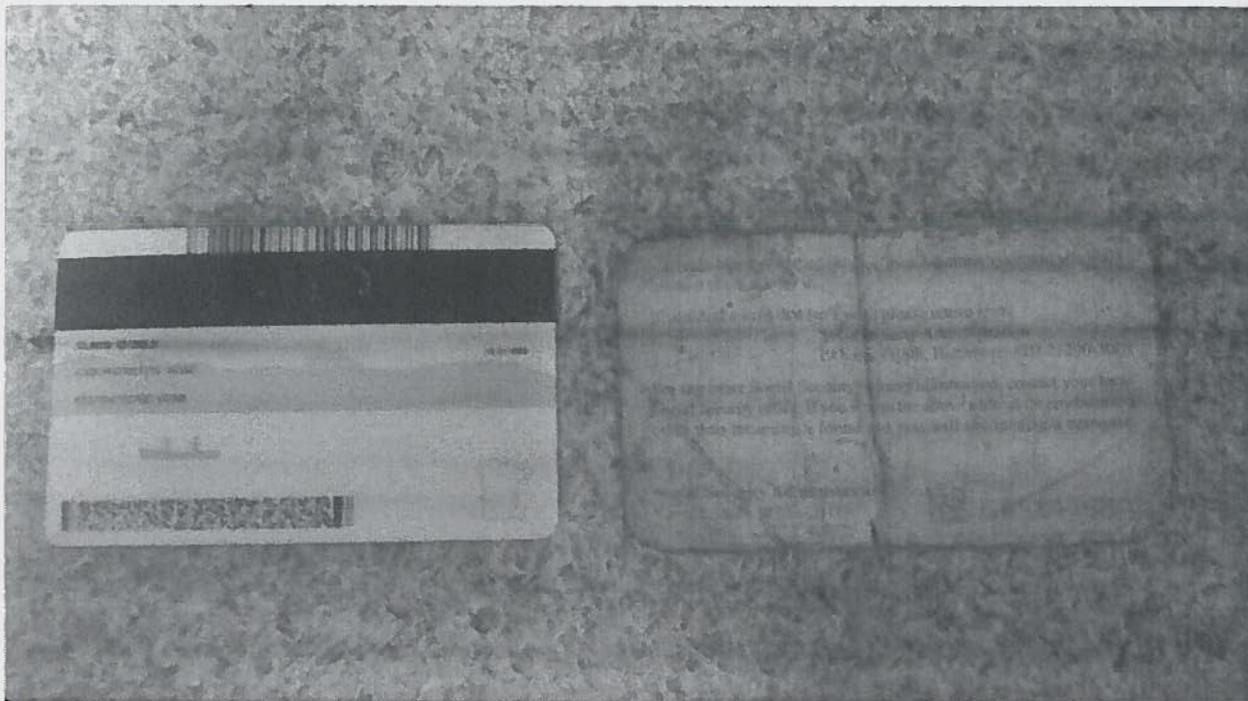
328-70-1160

THIS NUMBER HAS BEEN ESTABLISHED FOR

GUS LEWIS JR

Gus Lewis Jr
SIGNATURE

02/27/2015



Gos Lewis



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2018061111232GJ

Report Prepared: 03/02/2018

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Lewis

First Name: Gus

Date of Birth: 12/21/1980

Social Security Number: *** ** 2160

Hire Date: 03/02/2018

Citizenship Status: A citizen of the United States

Document Information

List B Document: ID card issued by a U.S. federal, state or local government agency

List C Document: Social Security Card

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 03/02/2018

Case Submitted By: ZZEP3284

Closed On: 03/02/2018

Closed By: ZZEP3284

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

SENSITIVE BUT UNCLASSIFIED



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 06/30/2019

Section 1: Employer or Authorized Representative Review and Verification
Employee Info from Section 1: Last Name (Family Name) Lewis, First Name (Given Name) Gus, M.I., Citizenship/Immigration Status

Section 2: Documents for Employment Authorization
List A: Document Title, Issuing Authority, Document Number, Expiration Date (if any)
List B: Document Title, Issuing Authority, Document Number, Expiration Date (if any)
List C: Document Title, Issuing Authority, Document Number, Expiration Date (if any)
Additional Information box

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.

Section 3: Employer Information
Signature of Employer or Authorized Representative, Today's Date (mm/dd/yyyy), Title of Employer or Authorized Representative
Last Name of Employer or Authorized Representative, First Name of Employer or Authorized Representative, Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name), City or Town, State, ZIP Code

Section 4: Employee Information
A. New Name (if applicable): Last Name (Family Name), First Name (Given Name), Middle Initial, Date (mm/dd/yyyy)
B. Date of Birth (if applicable)

Section 5: Additional Documents
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, Today's Date (mm/dd/yyyy), Name of Employer or Authorized Representative

Authorization

Authorization: By signing below, you authorize: (a) backgroundchecks.com ("BGC") and/or Orange Tree Employment Screening to request information about you from any public or private information source; (b) anyone to provide information about you to BGC and/or Orange Tree Employment Screening; (c) BGC and/or Orange Tree Employment Screening to provide Employer Solutions Staffing Group, LLC one or more reports based on that information; and (d) Employer Solutions Staffing Group, LLC ("ESSG") to share those reports with others for legitimate business purposes related to your employment. BGC and/or Orange Tree Employment Screening may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an employee of ESSG.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal information: Please print the information requested below to identify yourself for BGC.

Printed name: Gus Lewis
 First Middle (none) Last

Other names used: _____

Current county of residence: _____

Current and former addresses:

from Mo/Yr _____ current to Mo/Yr _____ 4034 abrich ave North MDIS/MA/55411
 Street City, State & Zip

from Mo/Yr _____ to Mo/Yr _____ Street City, State & Zip

from Mo/Yr _____ to Mo/Yr _____ Street City, State & Zip

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

12-21-1980 322-70-2160
 Date of birth Social security number

NA _____
 Driver's license number & state Name as it appears on license

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box:

Gus Lewis 02-28-18
 Signature Date

EMERGENCY CONTACT INFORMATION

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

Employee Name: Gus Lewis
 Address: 4034 adrich ave N
 Home Phone: 612-578-1417

Please list two people (in priority order) who could be contacted in an emergency	
Contact #1 Name: <u>Sharon Lewis</u> Relationship: <u>MOM</u>	Home Phone: <u>773-239-4772</u> Cell Phone: <u>773-640-9341</u> Work Phone:
Contact #2 Name: Relationship:	Home Phone: Cell Phone: 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.



employer solutions staffing group, llc

STATEMENT OF CONFIDENTIALITY

This agreement made this 28 day of 08, 2018, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Gus Lawls 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.

Gus Lawls
Employee Signature

Employer Solutions Staffing Group LLC, Representative

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: Gus Lewis Gus Lewis

Printed Name: Gus Lewis



employer solutions staffing group.

Important/Importante

LOST OR STOLEN PAYCHECKS

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

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

CHEQUES DE PAGO PERDIDOS O ROBADOS

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

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

AGREED/SE ACUERDA--

Name/Nombre (con letra de molde):

Signature/Firma:



employer solutions staffing group_{inc.}

Acknowledgement of Receipt of Workplace Safety Policy

I certify that I have received a copy of Employer Solutions Staffing Group's ESSG WORKPLACE SAFETY POLICY. I understand that it is my responsibility to read this policy and ask my supervisor, a member of management or to telephone Employer Solutions Group (ESSG) at 952.835.1288/1.866.496.7578 with any questions I may have about this policy. I agree to comply with ESSG's policy on ESSG WORKPLACE SAFETY POLICY and I understand failure to comply is grounds for disciplinary action, up to and including termination.

I also agree that if at any time during my employment I am believe that I am working in an unsafe or dangerous work environment, I will immediately contact my supervisor, manager, director or ESSG's Safety Director at 952.835.1288/1.866.496.7578 in order to obtain assistance in the resolution of such matters.

Employee Name (Please Print)

Gus Lewis

Employee's Signature:

Gus Lewis Date: 02-28-18



employer solutions staffing group
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: Gus Lewis SSN (last 4 digits): 328-70-2160 Effective Date: 02-28-18

SECTION 2 PAYROLL ELECTION

Direct Deposit (Please complete Sections 3 and 5 below) *Notes: 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

Update Bank Account

Bank Name: _____

Routing#: _____

Account#: _____

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: _____ Date: _____

- 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 (OPTIONAL) AUTHORIZATION

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 (no box # or apt #): _____ 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 #: 023872181 Payroll Debit Card Account #: 4853400272481997

I have received my Payroll Debit Card, welcome brochure, program fee, program terms, conditions, and disclosure. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosure 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 disclosure.

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 carries and adjustments for any credit entries made in error to my account(s). * E-mail is required for pay stub information.

*E-mail: Bonchondawilliams @ a mill.com
this information will only be used to send your pay stubs electronically

Employee's Signature: [Signature] Date: 02-28-18

Form **8850**
(Rev. March 2015)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-1000

Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

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

Your name GUS Lewis Social security number 328-70-2160

Street address where you live 3043 Adrich Ave North

City or town, state, and ZIP code Mpls/MN/ 55411

County Hennepin Telephone number 612-578-1477

If you are under age 40, enter your date of birth (month, day, year) 12-21-1980

- 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 18 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 6 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 9 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.
- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature - All Applicants Must Sign

Under penalty 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

Date

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

Cat. No. 22951L

Form 8850 (Rev. 3-2015)

TAX CREDIT QUESTIONNAIRE



EMPLOYER SECTION:

Client:		Company:	
Location:		Position:	Starting Wage: \$

EMPLOYEE SECTION:

First Name: Last Name	Suffix:	Street Address:	City/State:	Zip:
Gus Lewis		4034 Adrich Ave N	MD16/MN	55411
SSN:	Date of Birth:	Age:	Have you worked for this company before? If yes, location:	
328-70-2160	12-21-1980	37	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

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 6, 1997? (If yes, please provide information below.) Name of the person receiving benefits: _____ Relationship to you: _____ City: _____ County: _____ State: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.) Name of the person receiving benefits: _____ Relationship to you: _____ City: _____ County: _____ State: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months? 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have you received any type of vocational rehabilitation services within the past two years? If yes, please indicate which type of agency you worked with and provide their location information below: <input type="checkbox"/> Vocational Rehabilitation Agency <input checked="" type="checkbox"/> Dept. of Veterans Affairs <input type="checkbox"/> 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are you a Veteran of the U.S. Military? *If yes, please provide a copy of your DD-214 and letter of separation. (If not, 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Have you been unemployed at any time during the last 12 months? If yes, dates of unemployment - From: _____ To: _____ Did you receive unemployment compensation at any point during your unemployment? If yes, in which state did you receive unemployment compensation? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months? Conviction Date: _____ Release Date: _____ Was this a <input type="checkbox"/> Federal or <input type="checkbox"/> State conviction? If State - County: _____ State: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Additional Information: IEC (Native American): Are you or your spouse a member of a Native American Tribe? If you checked yes please provide a copy of your CDIB card. CA Residents: <input type="checkbox"/> Are you the child of foster parents? <input type="checkbox"/> Do you receive CalWorks? <input type="checkbox"/> Workforce Investment Act? <input type="checkbox"/> Are you a migrant or seasonal farm worker? <input checked="" type="checkbox"/> Have you ever been convicted of a misdemeanor? SC Residents: <input type="checkbox"/> Do you receive Family Independence Benefits?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 in determining tax credit eligibility to my employer, employer representative (Associated Consultants, Inc. aka Retrotax), or the Department of Labor.

New Employee Signature:

Gus Lewis

Date:

02-28-18



U.S. Department of Labor
Employment and Training Administration

OMB Control No. 1205-0371
Expiration Date: January 31, 2020

LONG-TERM UNEMPLOYMENT RECIPIENT SELF-ATTESTATION FORM
Work Opportunity Tax Credit (WOTC) 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 IRS Form 8850 or if filed separately, with ETA Form 9061 (or ETA Form 9062) for each certification request filed for the new target group.

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

New Hire's Signature: Gus Lewis Date 02-28-18

New Hire Name: Gus Lewis

Social Security Number: 328-70-2140

Employer Name: Gus Lewis

Please check the statements below if they apply to you.

I declare that I was in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period I received unemployment compensation.

I declare that I have been in a period of unemployment since _____
(Enter start date)

Privacy Act Notice

The 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 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. 111-6). Public reporting burden is estimated to average 10 minutes per response, including the time for reviewing instructions, asserting 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 National Programs Tools Technical Assistance, Room C-4810, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.

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ETA Form 9175 (Rev. November 2016)

employer solutions staffing group
... Resources in a Changing Market

**Notification of Minnesota Law Requirement -
Unemployment Acknowledgement**

According to Minnesota Statute section 268.095, subdivision 2, paragraph (c), an applicant who, within five calendar days after completion of a suitable job assignment from a staffing service, (1) falls without good cause to affirmatively request an additional suitable job assignment, (2) refuses without good cause an additional suitable job assignment offered, or (3) accepts employment with the client of the staffing service, is considered to have quit employment. This paragraph applies only if, at the time of beginning of employment with the staffing service, the applicant signed and was provided a copy of a separate document written in clear and concise language that informed the applicant of this paragraph and that unemployment benefits may be affected.

It is your responsibility to contact ESSG through Corporate Management Group (for instance, by calling 303-920-1425 or using any other form of contact) for additional assignments. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact ESSG within 5 calendar days once an assignment ends, I also acknowledge that I have received a separate copy of this form. Gus (Initial)

Gus Lewis 02-28-18
Employee Signature: Date:
Gus Lewis
Employee (please print your name here)

Telephone: 303-920-1425
12000 N. Washington Street Suite 350
Thornton, CO 80241

MN_02.2013

