



7301 Ohms Lane Suite 405  
 Edina, MN 55439  
 Tel: 952.835.1288 • Fax: 952.835.1255  
 www.esgstaffingsolutions.com

employer solutions staffing group.  
 Leveraging Resources in a Changing Market



# New Hire Application

Personal Data - PLEASE PRINT LEGIBLY IN INK

Last Name: Emmslander First Name: Joe Middle Initial: P  
 Street Address: 845 22nd St. East Apt/Ste: \_\_\_\_\_  
 City/State/Zip: St. Cloud MN 56301  
 Phone Number: 320-339-7469 Email Address: \_\_\_\_\_ @ \_\_\_\_\_  
 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.

Name (Print or type) Joe Emmslander  
 Applicant's Signature: [Signature]  
 Date: 12-7-15

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				
DCH	NHW	I-9	8850	WA
Emergency Contact Info	Background Release Form	Background Results	Unemployment Letter (if applicable)	ESC Application
For ESSG Client Use				
DCH	ROP	Work Site Loc.	WC Code	

The exceptions do not apply to supplemental wages greater than \$1,000.00.

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.

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/wf](http://www.irs.gov/wf).

Nonresident alien. If you are a nonresident alien, see Notice 1397, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing the 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 2014. See Pub. 505, especially if your earnings exceed \$150,000 (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/wf](http://www.irs.gov/wf).

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 other. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1397, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing the 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 2014. See Pub. 505, especially if your earnings exceed \$150,000 (single) or \$180,000 (married).

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Form W-4 Department of the Treasury Internal Revenue Service

1 Your first name and middle initial: Joe P

2 Your social security number: 473-19-768

3 Marital status: Single

4 City or town, state, and ZIP code: St. Cloud MN 56301

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

6 Additional amount, if any, you want withheld from each paycheck: \$

7 I claim exemption from withholding for 2014, 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.

8 Employee's signature: Joe P

9 Office code (optional):

10 Employer identification number (EIN):

Date: 1-27-15

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.

(This form is not valid unless you sign it.)

Employer's name and address (Employer must complete lines 8 and 10 only if sending to the IRS.)

OMB No. 1545-0074 2014

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

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.

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 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.

Enter "1" if no one else can claim you as a dependent.

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.

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.)

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

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

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.)

If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.

If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child.

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

H

G

F

E

D

C

B

A

Personal Allowances Worksheet (Keep for your records.)

OMB No. 1545-0074 2014

OMB No. 1545-0074



# 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 the 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) Emslander		First Name (Given Name) Joe		Middle Initial P	Other Names Used (if any)	
Address (Street Number and Name) 245 22nd St. East			Apt. Number	City or Town St. Cloud	State MN	Zip Code 56301
Date of Birth (mm/dd/yyyy) 03-19-1981		U.S. Social Security Number 03-19-1984		E-mail Address 339-7489		

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

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

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

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

OR

- 1. Alien Registration Number/USCIS Number: \_\_\_\_\_
- 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: \_\_\_\_\_  
County of Issuance: \_\_\_\_\_

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

Signature of Employee <i>[Signature]</i>	Date (mm/dd/yyyy) 1-27-15
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee)

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

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



**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](http://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.

<p><b>New York and Maine applicants or employees only:</b> 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.</p>
<p><b>New York applicants or employees only:</b> 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.</p>
<p><b>Oregon applicants or employees only:</b> 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.</p>
<p><b>Washington State applicants or employees only:</b> 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.</p>

**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](http://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.)

**BACKGROUND INFORMATION**

Signature: [Signature] Date: 1-27-15

Last Name: Finkbeiner First: Joe Middle: Paul

Other Names/Aliases: \_\_\_\_\_

Social Security #: 478-19-7668

Date of Birth (mm/dd/yyyy): 8-19-1984

State of Driver's License: CA53651534510

Driver's License #: \_\_\_\_\_

Present Address: 245 222nd St. East Telephone # (Primary): 339-7489

City/State/Zip: St. Cloud MN 56301

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

**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: Joe P. Emshander  
SSN# (last 4 digits): 7668  
Effective Date: 1-27-15

**SECTION 2 - PAYROLL ELECTION**

Direct Deposit (Please complete Sections 3 and 5 below)  
 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 \_\_\_\_\_

**SECTION 4 - PAYROLL DEBIT CARD (GLOBAL C/S 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. In 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 \_\_\_\_\_  
Social Security# \_\_\_\_\_  
Street Address (no box nor acceptable) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone (mobile) \_\_\_\_\_

GET TEXT ALERTS, when your paycheck is deposited on your card!  
 Yes, sign me up, for text alerts  
All we need to know your cell phone service provider and mobile number above!  
My mobile service provider is: \_\_\_\_\_

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

Payroll Debit Card Routing # 073972181  
Payroll Debit Card Account # \_\_\_\_\_

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 adjustments for any credit entries made in error to my account(s).

\* E-mail: \_\_\_\_\_

\* E-mail is required for pay stub information.

This information will only be used to send your pay stubs electronically.

Employee's Signature: [Signature]  
Date: 1-27-15

FSC NAV\*SAD P2M \*15.0

# ENROLLMENT FORM

## OPTION 1 FIXED INDEMNITY PLAN

Weekly Rates  
 You MUST enroll in the Indemnity Medical Insurance Plan before adding any additional indemnity benefits, except Dental. Your coverage level for the Term Life will be identical to your medical plan selection.

**FIXED INDEMNITY MEDICAL**

\$20.91 Employee Only  
 \$42.44 Employee + 1  
 \$56.67 Employee + Family

NO to all indemnity benefits.

This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

## DENTAL

\$5.99 Employee Only  
 \$11.98 Employee + 1  
 \$19.77 Employee + Family

NO

## TERM LIFE

YES \$0.60 Employee Only  
 YES \$0.90 Employee + 1  
 YES \$1.80 Employee + Family

NO

**SHORT-TERM DISABILITY**

YES \$4.20 Employee Only  
 NO

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

**WELLNESS/PREVENTIVE PLAN**

\$58.87 Employee Only  
 \$87.73 Employee + 1  
 \$186.99 Employee + Family

NO to MEC Wellness/Preventive Plan

82193010-M-EMP  
 GIBSON 2  
 82193010-M-EMP

Date 01/22/2015

## REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK OR BLUE INK (Must Be Filled Out)

Social Security Number 473-19-7668  
 Date of Birth 03/19/1984  
 Name JACQUELINE E. EMBERTON  
 Address 245 27th St. East  
 City St. Cloud State MN Zip 56301  
 Home Phone 320-339-7489

Do you or any dependents have Medicare?  
 Yes  No If Yes: Medicare Health Insurance Claim Number (HICN)

1. Names of Covered Persons  
 2.  
 3.

## REQUIRED DEPENDENT INFORMATION

Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex  M  F  
 Relationship:  Spouse  Child  Domestic Partner

## BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.  
 NAME OF BENEFICIARY \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_

Accidental Death & Dismemberment is part of the Term Life Benefit.

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declaration of coverage.  
 Signature \_\_\_\_\_