

employer solutions staffing group.  
Leveraging Resources in a Changing Market

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

## New Hire Application

Personal Data—PLEASE PRINT LEGIBLY IN INK

Last Name Reed First Name Jordan Middle Initial A  
 Street Address 5602 East Main Rd. Apt/Ste \_\_\_\_\_  
 City/State/Zip Boston, NY, 14716  
 Phone Number 716-984-8736 Email Address Joreed60@gmail.com  
 Staffing Agency/Recruitment Partner Lake region Medical

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) Jordan Reed Applicant's Signature Jordan Reed Date 5/11/2015

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 _____	1-9 _____	8850 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Unemployment Letter (if applicable) _____
For ESSG Client Use			
DOH _____	ROP _____	Work Site Loc _____	WC Code _____

**Form W-4 (2015)**

**Caution:** Do not let your employer withhold more than the amount you expect to be withheld for the year. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 941-ES. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 941-ES. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 941-ES.

**Exemption from withholding.** If you are exempt from withholding, you must check the appropriate box on this form. You must also provide the required information. If you are exempt from withholding, you must check the appropriate box on this form. You must also provide the required information.

**Nonresident alien.** If you are a nonresident alien, you must check the appropriate box on this form. You must also provide the required information.

**Check your withholding.** After you file Form W-4, check your withholding. After you file Form W-4, check your withholding. After you file Form W-4, check your withholding.

**Personal Allowances Worksheet (Keep for your records)**

**A** Enter "1" for yourself if no one else can claim you as a dependent. **A** 0

**B** Enter "1" if: **B** 1

- 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.

**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** 0

**E** Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above). **E** 0

**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** 0

**G** Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. **G** 0

**H** If your total income will be less than \$95,000 (\$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. **H** 2

**I** If your total income will be between \$95,000 and \$94,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. **I** 0

**J** 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. **J** 0

**K** 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. **K** 0

**Form W-4 Employee's Withholding Allowance Certificate** OMB No. 1545-0074

**2015**

**1** Department of the Treasury Internal Revenue Service

**2** Your social security number 129828189

**3** Home address (number and street or rural route), city or town, state, and ZIP code  
7602 East Main Rd  
ROCKY HILL, CT 06106

**4** If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1212 for a replacement card.

**5** Additional amount, if any, you want withheld from each paycheck. 6 \$ 2

**6** Reason for exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption:  
 This year, I expect a refund of all federal income tax withheld because I had no tax liability, and I meet both conditions, write "Exempt" here. **7** Exempt

**8** 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.

**9** Signature (This space is not valid unless you sign it.) [Signature]

**10** Date 07/04/2015

**11** Employer identification number (EIN) 01-0000000





New York State Department of Taxation and Finance  
**Employee's Withholding Allowance Certificate**  
 New York State • New York City • Yonkers

**IT-2104**

First name and middle initial <i>Torben A</i>		Last name <i>Road</i>		Your social security number <i>129-82-8181</i>
Permanent home address (number and street or rural route) <i>5602 East Main Rd</i>				Apartment number
City, village, or post office <i>Brooklyn</i>		State <i>NY</i>		ZIP code <i>11716</i>
Are you a resident of New York City? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				Single or Head of household <input checked="" type="checkbox"/> Married <input type="checkbox"/>
Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				Married, but withhold at higher single rate <input type="checkbox"/>
				Note: If married but legally separated, mark an 'X' in the Single or Head of Household box.
Complete the worksheet on page 3 before making any entries.				
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 17) <i>1</i>				
2 Total number of allowances for New York City (from line 29) <i>2</i>				
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.				
3 New York State amount <i>0</i>				
4 New York City amount <i>0</i>				
5 Yonkers amount <i>0</i>				

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature <i>Torben Road</i>	Date <i>5/11/2015</i>
--	--------------------------

Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: detach this page and give it to your employer; keep a copy for your records.

Employer: Keep this certificate with your records.

Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS  A

B Employee is a new hire or a rehired... B  First date employee performed services for pay (mm-dd-yyyy) (see inst.):

Are dependent health insurance benefits available for this employee? Yes  No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer complete this section only if you are sending a copy of this form to the NYS Tax Department) | Employer identification number

**Instructions**

**Changes effective for 2015**  
 Form IT-2104 has been revised for tax year 2015. The worksheet on page 3, the charts beginning on page 4, and the additional dollar amounts in the instructions on page 2, used to compute withholding allowances or to enter an additional dollar amount (S, 4, or 5), have been revised. If you previously filed a Form IT-2104 and used the worksheet, charts, or additional dollar amounts, you should complete a new 2015 Form IT-2104 and give it to your employer.

**Who should file this form**

This certificate, Form IT-2104, is completed by an employer and given to the employee to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year.

- and file it with your employer, if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:
  - You started a new job.
  - You are no longer a dependent.
  - Your individual circumstances may have changed (for example, you were married or have an additional child).
  - You moved into or out of NYC or Yonkers.
  - You itemize your deductions on your personal income tax return.
  - You claim allowances for New York State credits.
  - You owed tax or received a large refund when you filed your personal income tax return for the past year.
  - Your wages have increased and you expect to earn \$106,200 or more during the tax year.
  - The total income of you and your spouse has increased to \$106,200 or more for the tax year.
  - You have significantly more or less income from other sources or from another job.
  - You no longer qualify for exemption from withholding.



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

Last Name (Family Name) <i>Reed</i>		First Name (Given Name) <i>Jordan</i>		Middle Initial <i>A</i>	Other Names Used (if any)	
Address (Street Number and Name) <i>5602 East Main Rd</i>			Apt. Number	City or Town <i>Brooklyn</i>	State <i>NY</i>	Zip Code <i>14716</i>
Date of Birth (mm/dd/yyyy) <i>05-01-2015</i>		U.S. Social Security Number <i>24-42-8189</i>		E-mail Address <i>JordanReed@gmail.com</i>		Telephone Number

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: \_\_\_\_\_

3-D Barcode  
Do Not Write in This Space

2. Form I-94 Admission Number: \_\_\_\_\_

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

Foreign Passport Number: \_\_\_\_\_

Country of issuance: \_\_\_\_\_

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

Signature of Employee: *Jordan Reed* Date (mm/dd/yyyy): *05/01/2015*

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Last Name (Family Name) \_\_\_\_\_ First Name (Given Name) \_\_\_\_\_

Address (Street Number and Name) \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer Completes Next Page



**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:

List A Identify and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title:		Document Title: <u>Driver's license</u>		Document Title: <u>US Birth Certificate</u>
Issuing Authority:		Issuing Authority: <u>New York State</u>		Issuing Authority: <u>New York State Department of Health</u>
Document Number:		Document Number: <u>594-157-659</u>		Document Number: <u>467136</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>07/02/2016</u>		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				<b>3-D Barcode</b> Do Not Write in This Space
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
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): 05/01/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Christin Scholl</u>		Date (mm/dd/yyyy) <u>05/06/2015</u>	Title of Employer or Authorized Representative <u>Administrative Assistant</u>	
Last Name (Family Name) <u>Scholl</u>		First Name (Given Name) <u>Christin</u>		Employer's Business or Organization Name <b>EMPLOYER SOLUTIONS STAFFING GROUP LLC</b>
Employer's Business or Organization Address (Street Number and Name) <u>7301 OHMS LANE SUITE 405</u>			City or Town <u>EDINA</u>	State <u>MN</u>
				Zip Code <u>55439</u>

**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:

EMERGENCY CONTACT INFORMATION

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

Employee Name:

*Jordan Reed*

Address:

*5602 East Main Rd, Becton, NY 14716*

Home Phone:

*716 - 984 - 8736*

EMERGENCY CONTACTS

Please list two people (in priority order) who could be contacted in case of an emergency.

Contact #1	Home Phone: 716-824-1957
Name: <i>Ruth Reed</i>	Cell Phone: --
Relationship: <i>Mother</i>	Work Phone: --
Contact #2	Home Phone: --
Name: <i>Brian Reed</i>	Cell Phone: <i>716-984-7043</i>
Relationship: <i>Father</i>	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.*



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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: Tobias Reed SSN# (last 4 digits): 8189 Effective Date: 05/10/2015

**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  
A Bank Name: W&T Bank  
C Routing#: 022000046  
N Account#: 980373407  
T 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 TR Date 05/01/2015

- 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, ESSSG 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, ESSSG 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: MT 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 ESSSG 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 is required for pay stub information.**

\* E-mail: zckreel @ gmail.com  
this information will only be used to send your paystubs electronically

Employee's Signature: Tobias Reed Date: 05/10/2015



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STATEMENT OF CONFIDENTIALITY

This agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and \_\_\_\_\_ 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.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employer Solutions Staffing Group LLC, Representative

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

OMB No. 1545-1800

▶ See separate instructions.

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

Your name Richard Need Social security number ▶ 129-82-8180

Street address where you live 5602 East Main Rd

City or town, state, and ZIP code Brookton, NY 14716

County Chautauque Telephone number 716-984-8736

If you are under age 40, enter your date of birth (month, day, year) 07/02/1999

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

Check here if any of the following statements apply to you:

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least age 18 but not age 40 or older and I am a member of a family that:
  - a Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
  - 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.

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.

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.

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.

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 ▶ Richard Need Date 05/01/2015  
For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cal. No. 22951L Form 8850 (Rev. 1-2012)





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## 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) Jordan Reed

Signature/Firma: Jordan Reed

**EMPLOYEE INFORMATION**

PRINT USING BLACK or BLUE INK  
(Must be filled out)

Social Security Number 1 2 9 - 8 2 - 8 1 8 9  
 Date of Birth 0 7 / 0 2 / 1 9 9 4 Sex  M  F  
 Name Jordan Reed  
 Street Address 5002 East Main Rd  
 City Brooklet State NC Zip 1 9 7 1 6  
 Home Phone 7 1 6 - 9 8 4 - 8 7 3 6

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

Marital Status Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Name of Covered Person(s)  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**DEPENDENT INFORMATION**

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

**RELATIONSHIP INFORMATION**

For term life insurance, accidental death & dismemberment, please write in your beneficiary information.  
 NAME OF BENEFICIARY \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_

Accidental death & dismemberment is part of the Term Life Benefit.

**OPTIONAL**

**FIXED INDEMNITY PLAN**

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.

82193010-M-EMP

**EMPLOYEE INFORMATION**

\$58.87 Employee Only  
 \$87.73 Employee + 1  
 \$186.99 Employee + Family  
 NO to MEC Wellness/Preventive Plan

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I am not entitled to any special enrollment rights. I am not making any benefit selections as a designation of coverage.

SIGNATURE Jordan Reed

Date 08/02/2015

MEMO 48803734070153

MEMO



Federal Reserve

DOLLARS

VOID

PAY TO THE ORDER OF

\$

JORDAN A REED 08-12  
5602 EAST MAIN RD.  
BROOKTON, NY 14716

DATE

10-4  
2009

163



**DISCLOSURE AND CONSENT CONCERNING CONSUMER  
AND INVESTIGATIVE CONSUMER REPORTS**

This form, which you should read carefully, has been provided to you because CMG may request Consumer Reports and/or Investigative Consumer Reports from a consumer reporting agency. The Company will use any such report(s) solely for employment-related purposes. Consumer Reports or Investigative Consumer Reports will be obtained from CSS Test, Inc. ("CSS Test") located at 400 Laurel Oak Road, Suite 102, Voorhees NJ, 08043. They can be contacted at 856-627-5600. Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws, I hereby authorize and permit CSS Test, Inc., to obtain a consumer report and/or an investigative consumer report which may include the following: Reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: credit reports, social security number, criminal records checks, public court records checks, including civil, driving records, educational records, verification of employment positions held, workers compensation records, personal and professional references, licensing, certification, etc. The information contained in these reports may be obtained by CSS Test from private or public record sources including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

**Additional State Law Notices:** If you live or are applying for a job in California, Maine, New York or Washington, please note:

**California** residents, under section 1786.22 of the California Civil Code, you may view the file maintained on you by CSS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at CSS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

**Maine:** You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

**New York:** You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

**Washington State:** If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

**CONSENT**

I have carefully read and understand this Disclosure and Consent form and, by my signature below, consent to the release of consumer and/or investigative consumer reports, as defined above, to the Company in conjunction with my application for employment. I further understand that any and all information contained in my job application or otherwise disclosed to the Company by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Company. I understand that if the Company hires me, it may request a consumer report and/or an investigative consumer report about me, as defined above, for employment-related purposes during the course of my employment. I understand that my consent will apply throughout my employment, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time. This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

Applicant Last Name Reed First Jordan Middle Andrew  
Social Security # 129828189 Date of Birth (for ID purposes only) 07 02 1994  
Drivers License Number and State of Issue 594157559 NY  
Present Address 5602 East Main Road  
City/State/Zip Brocton/ny/14716  
Applicant Signature *Jordan Reed* Date 05 01 2015  
Jordan Reed (May 1, 2015)

**CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS ONLY:**

I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report on me that is requested.

**CSS Inc.**

400 Laurel Oak Road, Suite 102, Voorhees, NJ 08043 Tel: 1-856-627-5600 Fax: 1-856-627-5699



**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. This 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 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.

<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.
<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.
<b>Oregon applicants or employees only:</b> Information describing your right 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.
<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.

**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/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.

(Just include email address: \_\_\_\_\_)

Signature: *Joshua Reed*

Date: 5/11/2015

**BACKGROUND INFORMATION**

Last Name: Reed First: Joshua Middle: J

Other Names/Alias: \_\_\_\_\_

Social Security #: 124-82-884 Date of Birth (mm/dd/yyyy)\*: 05/01/2015

Driver's License #: 54157259 State of Driver's License: NY

Present Address: 5602 East Main Rd. Telephone # (Primary): 716-841-716-8736

City/State/Zip: Roanoke NY 14716

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

# NEW YORK STATE

*John A. L...*  
Commissioner of Motor Vehicles



*Jordan, A. Reid*

## DRIVER LICENSE

ID: 594 157 559 CLASS D

REED  
JORDAN, ANDREW

5802 EAST MAIN ST  
BROCTON NY 14716

DOB: 07-02-94

SEX: M EYES: BL HT: 6-00  
HAIR: NONE

R: B

ISSUED: 08-09-13 EXPIRES: 07-02-16 404964ED07

New York State Department of Health  
**CERTIFICATE OF LIVE BIRTH**

Recording District  
 1461  
 Registrar Number  
 02010  
 TA Date of Birth

State File Number

1A. Sex <b>Male</b>	1B. If Not Single, Birth to <b>Reed &amp; Wanda of Birth</b>	1C. Medical Record No. <b>142136</b>	1D. Date of Birth <b>JULY 2, 1974</b>	1E. Hour <b>09:15 PM</b>
1F. Facility Name <b>BUFFALO MERCY HOSPITAL</b>	1G. County of Birth <b>Erie</b>	1H. Social Security No. <b>121-68-7042</b>		
1I. Residence, State <b>NY</b>	1J. City or Village, or Municipal Corporation, City or Village, County Name, if different from 1G. <b>Buffalo, NY</b>	1K. Medical Record No. <b>351905</b>		
1L. Street and Number of Residence <b>3045 James St., Apt. 4</b>	1M. Zip Code <b>14217</b>	1N. Social Security No. <b>075-68-4009</b>		
1O. Name <b>Patrick Reed</b>	1P. Date of Birth <b>03/07/1967</b>	1Q. Name of Certifier, if not Attendant <b>Conchita Ian</b>	1R. License Number <b>117656</b>	
1S. Attendant's Name <b>Charles &amp; Muehling III</b>	1T. Address <b>172 Slade Avenue West Seneca, NY</b>	1U. Zip Code <b>14224</b>	1V. Information Added or Amended <b>14224</b>	1W. Date Amended <b>10 7 94</b>

INFLUENZA  
 MOTHER  
 FATHER  
 ATTENDANT

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE COPY OF A RECORD ON FILE IN THE CITY CLERK'S OFFICE, VITAL STATISTICS BUREAU OF THE CITY OF BUFFALO, NEW YORK.

CITY CLERK  
 REGISTER OF VITAL STATISTICS  
 CHARLES MUEHLING III  
 (SEAL)

DOH-1983E (3/94)

**SENSITIVE BUT UNCLASSIFIED**

**Department of Homeland Security**  
**E-Verify**

**Report Prepared: 05/06/2015**  
**Page: 1 of 1**

**Case Verification Number: 2015126122015DB**

**Case Information:****Employee Information:**

Last Name:	Reed	First Name:	Jordan
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 8189	Date of Birth:	07/02/1994
Citizenship Status:	A citizen of the United States	Email Address:	

**Document Information:**

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	U.S. birth certificate (original or certified copy)
Document Name:	Driver's license	Document State:	New York
Driver's License or ID Card Number:		Document Expiration Date:	07/02/2016
Alien Number:		I-94 Number:	

**Additional Information:**

Hire Date:	05/03/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CSCH4411	Submitted On:	05/06/2015

**Initial Case Result:**

Case Result: Employment Authorized

**Employee Referred to SSA:**

Referred By: Referred On:

**Case Result from SSA (after SSA Tentative Nonconfirmation):**

Case Result: Response Date:

**Resubmitted to SSA (after Review and Update Employee Data):**

Last Name:		First Name:	
Middle Initial:		Other Names Used:	
Social Security Number:		Date of Birth:	
Resubmitted By:		Resubmitted On:	

**Case Result from SSA (after Resubmission):**

Case Result:

**Request Name Review:**

Comments:  
Submitted By: Submitted On:

**Case Result from DHS (after DHS Verification in Process):**

Case Result: Response Date:

**Employee Referred to DHS:**

Referred By: Referred On:

**Case Result from DHS (after DHS Tentative Nonconfirmation):**

Case Result: Response Date:

**Photo Matching Results:**

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Determination:

**Employee Referred to DHS (Additional):**

---

Referred By:

Referred On:

**Case Result from DHS (after Additional DHS Tentative Nonconfirmation):**

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Case Result:

Response Date:

**Case Closure:**

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Closure Statement:

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

Closed By:

CSCH4411

Closed On:

05/06/2015

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**SENSITIVE BUT UNCLASSIFIED**