



7301 Ohms Lane / Suite 405  
Edina, MN 55439  
T:952.835.1288 / F:952.835.4881

**New Hire Application**

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Octa First Name Joseph Middle Initial BJ  
 Street Address 250 N San Antonio Ave Apt 1  
 City/State/Zip Upland CA 91786  
 Home Phone 909 434 7387 Cell / Message Phone 909 284 6033  
 Company/Employer \_\_\_\_\_

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.

Joseph Octa \_\_\_\_\_ 12/12/14 \_\_\_\_\_  
 Name (Print or type) Applicant's Signature Date

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

For ESSG Office Use Only			
DOH _____	NHW _____	I-9 _____	8860 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	5 Day Letter (if applicable) _____
			ESC Application _____





WORK OPPORTUNITY TAX CREDIT

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

Name Joseph Ota
Address 250 N San Antonio Ave Apt 1
City Upland State CA Zip 91786 Social Security # 021-50-3966
Date of Birth 10/02/1991 Age 23

Please CHECK ONE ANSWER for each of the following questions, and complete question #5:

- 1. Have you or any family member living with you received Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) during the past 24 months? Yes [X] No [ ]
2. Have you or any family member living with you received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) at any time during the past fifteen (15) months? Yes [X] No [ ]
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days? Yes [ ] No [X]
4. Are you part of the Ticket to Work program? Yes [ ] No [X]

5. Name of person who received benefits MAURICIA MENDOZA
Relationship Girlfriend City & State where benefits received Upland CA

6. Are you a veteran? Yes [ ] No [X] and Disabled due to service? Yes [ ] No [X]
Service Dates: From: To: Branch:

7. Have you been unemployed at any time during the last 12 months? Yes [X] No [ ]
If yes, dates of unemployment: From 6/14 To: 8/14
Did you receive unemployment compensation at any point during your unemployment? Yes [ ] No [X]
If yes, dates received compensation: From: To:

8. Have you been convicted of a felony or released from prison in the last 12 months? Yes [ ] No [X]
Date of Conviction: Date of Release:
Parole Officer's Name: Parole Officer's Phone #

9. Have you received rehabilitation services from a State approved or Department of Veterans Affairs approved Vocational rehabilitation agency? Yes [ ] No [X]
Name of Agency Phone #
Address of Agency Counselor's Name

10. Have you attended High School, College or Technical School for more than an average of 10 hours per week at any time during the last 6 months? Yes [ ] No [X]

11. Did you receive a high school diploma or GED? If yes, date received: Yes [ ] No [X]
Have you been employed or been admitted to technical school or college since then? Yes [ ] No [X]

12. How much in gross wages have you earned TOTAL in the past six months? \$ 3,000

I hereby authorize any agency, organization, or individual to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative, or the Department of Labor.
NEW HIRE SIGNATURE [Signature] DATE 10/12/14

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

**POR FAVOR INDIQUE CON "SÍ" O "NO" Y COMPLETE EL RESTO DEL FORMULARIO**

Nombre \_\_\_\_\_  
Dirección \_\_\_\_\_  
Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código Postal \_\_\_\_\_ Edad \_\_\_\_\_  
Número del Seguro Social \_\_\_\_\_ Fecha de nacimiento \_\_\_\_\_

**Favor de marcar UNA RESPUESTA para cada pregunta y complete pregunta número cinco (5):**

- ¿Ha recibido usted o algún miembro de su domicilio Ayuda Provisional a Familias Necesitadas (TANF) o La Ayuda a las Familias con Hijos Dependientes (AFDC) durante los últimos veinticuatro (24) meses?  
Sí  No
- ¿Ha recibido usted o algún miembro de su domicilio las Estampillas para la Comida (SNAP) alguna vez durante los últimos quince (15) meses?  
Sí  No
- ¿Ha recibido usted Ingreso por Seguro Suplemental (SSI) durante los últimos sesenta (60) días?  
Sí  No
- ¿Es usted miembro del programa del Boleto para trabajar?  
Sí  No

5. Nombre del recipiente \_\_\_\_\_ Parentesco \_\_\_\_\_  
Ciudad y estado donde recibió los beneficios \_\_\_\_\_

6. ¿Es usted veterano? Sí  No  ¿y discapacitado? Sí  No   
Las fechas del servicio: De: \_\_\_\_\_ Hasta: \_\_\_\_\_ Rama: \_\_\_\_\_

7. ¿Ha estado usted desempleado alguna vez durante los últimos doce (12) meses?  
Sí  No   
Fechas de desempleo: De: \_\_\_\_\_ Hasta: \_\_\_\_\_

¿Ha recibido usted Compensación por desempleo?  
Sí  No   
Fechas que recibió Compensación por desempleo: De: \_\_\_\_\_ Hasta: \_\_\_\_\_

8. ¿Ha estado usted condenado de un crimen o ha estado usted liberado del cárcel en los últimos doce (12) meses?  
Sí  No   
Fecha de convicción: \_\_\_\_\_ Fecha de liberar: \_\_\_\_\_  
Nombre del oficial de libertad condicional bajo palabra: \_\_\_\_\_  
Número de teléfono del oficial de libertad condicional bajo palabra: \_\_\_\_\_

9. ¿Ha recibido usted ayuda de una agencia de rehabilitación vocacional/ aprobada por el estado o los veteranos?  
Sí  No   
Nombre de la agencia: \_\_\_\_\_ Número de teléfono: \_\_\_\_\_  
Dirección de la agencia: \_\_\_\_\_ Nombre del consejero: \_\_\_\_\_

10. ¿Ha asistido usted regularmente a un colegio o a una universidad para más que un promedio de diez (10) horas a la semana alguna vez durante los últimos seis (6) meses?  
Sí  No

11. ¿Ha recibido usted un bachillerato or GED?  
Sí  No   
Fecha cuando lo recibió: \_\_\_\_\_

¿Ha estado usted empleado o admitido a un colegio desde entonces?  
Sí  No

12. ¿Cuanto en sueldos brutos ha ganado usted EN TOTAL durante los últimos seis (6) meses? \$ \_\_\_\_\_

Yo por la presente autorizo cualquier agencia, organización, o individuos a suministrar tal comprobación o información necesaria para determinar elegibilidad del crédito tributario a mi empleador, a representante del empleador, o al Departamento de Trabajo.  
→ FIRMA DEL EMPLEADO \_\_\_\_\_ FECHA \_\_\_\_\_

El jefe debe responder a las siguientes preguntas  
Questions below to be completed by manager  
Starting Wage \_\_\_\_\_ Position \_\_\_\_\_  
Has employee worked for this company before? \_\_\_\_\_ if yes, date \_\_\_\_\_



U.S. Department of Labor  
Employment and Training Administration

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

### YOUTH SELF-ATTESTATION FORM Work Opportunity Tax Credit Program

**Instructions:** This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with Form ETA 9061 for each certification request filed.

New Hire Name: Joseph Osta  
Social Security Number: 601 50 3966 Date of Birth: 12/02/1991  
Employer Name: Employer Solutions Staffing Group  
Employer Federal ID (EIN) Number: \_\_\_\_\_

**Please check all the statements that apply to you. Sign and date this form where indicated below.**

- In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations.
- I do not have a High School Diploma or GED certificate.
- I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school. I also have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate.

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

New Hire's Signature: [Signature] Date 12/12/14

**Privacy Act Notice:**

The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form, including the Social Security Number, will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

**Public Burden Statement:**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project: 1205-0371). Please do not submit completed forms to this address.

**YOUTH SELF-ATTESTATION FORM**  
(Forma de Auto-Juramentación o Declaración Personal)  
"Work Opportunity Tax Credit Program"

Instrucciones: Esta forma debe ser completada, debidamente firmada, y fechada por el joven empleado. El patrón, o su representante, deberá enviar esta Auto-Juramentación o Declaración Personal junto con la forma ETA 9061 a la Agencia Estatal de Empleo o SWA.

Nombre del Empleado: \_\_\_\_\_  
Numero de Seguro Social: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_  
Nombre del Patrón: \_\_\_\_\_  
Numero o ID Federal (EIN) del Patrón: \_\_\_\_\_

Por favor marque todos los encasillados que le apliquen a Usted. Luego firme y feche esta forma en los blancos al final de la forma.

- En los últimos 6 meses, no he asistido a ninguna escuela secundaria o técnica, ni he cursado estudios post secundarios durante mas de un promedio de 10 horas por semana, sin contar los periodos durante los cuales la escuela esta cerrada por vacaciones programadas.
- No tengo ni un Diploma de Escuela Secundaria ni un Certificado GED.
- Tengo un Diploma de Escuela Secundaria o un Certificado GED otorgado hace mas de 6 meses y no he asistido ni he sido aceptado en una escuela técnica o de estudios post secundarios. Tampoco he tendido ningún empleo (excepto de vez en cuando) desde que recibí mi Diploma de Escuela Secundaria o mi Certificado de GED.

Bajo las sanciones o penalidades de perjurio, declaro que esta información es correcta y verdadera.

Firma del Empleado: \_\_\_\_\_ Fecha: \_\_\_\_\_

Privacy Act Notice (Aviso): El Código de Rentas Internas (Departamento del Tesoro de EUA) de 1986, Sección 51, como legislación enmendada, y P.L. No. 188, 1983, que la Agencia Estatal de Empleo es la única agencia gubernamental autorizada y responsable para administrar los procedimientos de certificación del programa WOTC. La información que usted ha proporcionado al llenar este formulario, incluyendo el Número de Seguro Social, será divulgada por su patrón a la Agencia Estatal de Empleo. La disposición de esta información es voluntaria; sin embargo la información se requiere para poder determinar la elegibilidad de su patrón para reclamar el WOTC o crédito de impuesto federal.

"Public Burden Statement (Declaración):" Las personas no están obligadas a proveer la información que esta forma pide a menos que dicha forma despegue o muestre un número de control valido de OMB. Las personas interesadas en obtener y mantener los beneficios que este programa ofrece tienen la obligación de responder a las preguntas en esta forma. (P.L. 111-5). El tiempo que toma contestar esta forma se ha estimado que toma un promedio de 5 minutos por cada contestación, incluyendo el tiempo para leer las instrucciones, reunir y mantener los datos necesarios y completar y revisar esta colección de información. Puede enviar comentarios sobre este estimado de tiempo al Departamento del Trabajo, División de Servicios a Personas Adultas (Division of Adult Services) Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).

# Form W-4 (2014)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

**Notes.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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

- is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

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

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

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

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

## Personal Allowances Worksheet (Keep for your records.)

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

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

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

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

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

F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit . . . . . **F**

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

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

• If your total income will be less than \$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 . . . . . **G**

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

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 \$60,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.

• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

<b>W-4</b> Form Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b>	OMB No. 1545-0074	<b>2014</b>
▶ 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.			

1 Your first name and middle initial Joseph Last name Oorta

2 Your social security number 621-50-3966

3  Single  Married  Married, but legally separated, or spouse is a nonresident alien, check the "Single" box. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

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

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

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

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

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

**Employee's signature** Joseph Oorta Date 12/2/14

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

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)

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

\_\_\_\_\_ or any of its subsidiaries may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history (State and Federal records), social security verification, address trace, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised NationSearch LLC, 11160 Huron St. Suite 100 Northglenn, Co 80234, (800)-827-9550 will be conducting the ICR or another outside organization. The scope of this notice and authorization is all encompassing, however, allowing the Company 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.

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 those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, credit reporting agency, employer, to provide any and all background information requested by NationSearch LLC, 11160 Huron St. Suite 100 Northglenn, CO 80234 (800)-827-9550, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

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

**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

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

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

Last Name: <i>Orta</i>	First: <i>Joseph</i>	SS# <i>621-50-3966</i>
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Other Names used:	Date of Birth: <i>12/02/1991</i> <small>For employment Purposes Only</small>
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Motor Vehicle Number and State of Issue: (Driver's License #, NOT License Plate #)
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Address: <i>250 n. san Antonio Ave Apt 1 Upland CA 91786</i>
---

Signature: *[Signature]* Date: *12/12/14*

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

*J.O.*



# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶ START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name) ORTA		First Name (Given Name) JOSEPH		Middle Initial G	Other Names Used (if any)	
Address (Street Number and Name) 250 N San Antonio Ave			Apt. Number 1	City or Town VPLAND	State CA	Zip Code 91786
Date of Birth (mm/dd/yyyy) 12/08/1991	U.S. Social Security Number 621-50-3966	E-mail Address Joseph-orta3@ya.hoo.com				
Telephone Number 909434-7387						

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:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

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

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

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

Country of Issuance: \_\_\_\_\_

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

Signature of Employee: *Joseph Orta* Date (mm/dd/yyyy): 12/12/14

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



**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 Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">                     3-D Barcode Do Not Write in This Space                 </div>		
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): \_\_\_\_\_ (See instructions for exemptions.)

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

**Section 3. Reverification and 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:	Expiration Date (if any)(mm/dd/yyyy):
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:
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**EMPLOYEE INFORMATION**  
(Must Be Filled Out)

**ENROLLMENT FORM - PLAN 2**

USE BLACK or BLUE INK ONLY  
FSC (U/NAV/SAD) P2-V13.0

Social Security Number 621-50-3966  
 Date of Birth 12/02/1991 Sex  F  
 Name Joseph Orita  
 Street Address 250 n San Antonio Ave Apt 11  
 City Upland State CA Zip 91786  
 Home Phone 909-434-7387

Do you or any dependents have Medicare?

Yes  No If Yes:

Medicare Health Insurance Claim Number (HICN) \_\_\_\_\_

Medicare Effective Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Names of Covered Person(s)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**BENEFIT SELECTION**

Weekly Rates

**MEDICAL**



- \$20.91 Employee Only
- \$42.44 Employee + One
- \$56.67 Employee + Family
- NO to MEDICAL, TERM LIFE, and STD benefits.

**DENTAL**



- \$ 5.99 Employee Only
- \$11.98 Employee + One
- \$19.77 Employee + Family
- NO

**TERM LIFE**



- YES \$0.60 Employee Only
- NO \$0.90 Employee + One
- \$1.80 Employee + Family

**SHORT-TERM DISABILITY**



- YES
- NO \$4.20 Employee Only

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

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

Signature Joseph Orita

Date 12/12/2014

You **MUST** enroll in the Medical Insurance Plan before adding Term Life or STD. Your coverage level for Term Life will be identical to your medical plan selection.

**REQUIRED DEPENDENT INFORMATION**

Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 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

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.

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

Name: Joseph Ortiz  
Address: 250 N San Antonio Ave Apt 1 Upland CA 91786  
Home Phone: 909 434 7387

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

1. Name: Mauricia Mendoza  
Phone (work): 909 284 6033  
Phone (home): \_\_\_\_\_
2. Name: Marie Gonzalez  
Phone (work): 909 933 0849  
Phone (home): \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8850**Form  
(Rev. August 2009)  
Department of the Treasury  
Internal Revenue Service**Pre-Screening Notice and Certification Request for  
the Work Opportunity Credit**

OMB No. 1545-1500

▶ See separate instructions.

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

Your name Joseph Octa Social security number ▶ 621-50-3966

Street address where you live 250 N San Antonio Ave Apt 1

City or town, state, and ZIP code Upland CA 91786

County San Bernardino Telephone number (909) 434-2387

If you are under age 40, enter your date of birth (month, day, year) 12/02/1991

Check here if you are completing this form before August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.

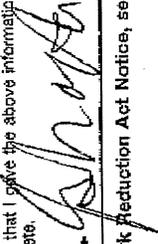
Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

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

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but not age 40 or older and I am a member of a family that:
    - a Received SNAP benefits (food stamps) for the past 6 months, or
    - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.
  - I am at least age 16 but not age 25 or older, and:
    - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and
    - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, and
  - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:
- Discharged or released from active duty in the U.S. Armed Forces, or
  - Unemployed for a period or periods totaling at least 6 months.
- Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months, or
  - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

**Signature—All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ Date 12/12/14

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

Cat. No. 22851L

Form **8850** (Rev. 6-2009)