



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 Duke-Hubert First Name Tulie Middle Initial L
 Street Address 3183A Broadway Ave Apt/Site _____
 City/State/Zip EVANSVILLE, IN 47712
 Phone Number 912-549-0756 Email Address mhubert123@gmail.com
 Staffing Agency/Resurment Partner Corporate Management Group

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Are you legally authorized to work in the United States of America? YES NO

Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous dates, 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 regulators 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) Tulie L. Duke-Hubert Applicant's Signature Tulie L. Duke-Hubert Date 5-3-15

A copy of 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 _____	I9 _____	8850 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Unemployment Letter (if applicable) _____
For ESSG Client Use			
DOH _____	ROP _____	Work Site Loc. _____	W/C Code _____

ESSG - CMG_SSI_NonKaufman

Rev. 11/2013

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. You must file Form W-4 with your employer 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 on October 15, 2015. See page 2 for more information. **Head of household.** If you are a head of household, you can claim an exemption from withholding if you are a dependent on his or her tax return, you cannot claim an exemption from withholding on more than \$3,000 of unearned income for yourself, yourself and a dependent, or you are a dependent on his or her tax return. **Exemptions.** An employee may be able to claim an exemption from withholding if the employee is a dependent on his or her tax return, or you are a dependent on his or her tax return. **Will claim adjustments to income, tax credits, or refundable deductions on his or her tax return.**

The instructions 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 instructions on page 2 further explain your deductions, credit credits, adjustments to income, or two-earner/multiple jobs situations. **Completed your worksheet that applies.** However, you may claim an exemption from withholding. If you are a dependent on his or her tax return, you are a dependent on his or her tax return, or you are a dependent on his or her tax return, you are a dependent on his or her tax return. **Head of household.** Generally, you can claim head of household if you are a head of household and you are unmarried and you own or lease more than 50% of the home for the year. **Two-earner/multiple jobs situations.** See the instructions for information on filing information for information. **Tax credits.** You can also request tax credits into account in figuring your allowable amount of withholding allowances. **Credits for child or dependent care expenses and the child tax credit.** See the instructions for information on filing information for information. **Child Tax Credit.** See Pub. 972, Child Tax Credit, for more information.

Personal Allowances Worksheet (Keep for your records).

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

B Enter "1" if:
 • You are single and have only one job; or
 • Your wages from a second job or your spouse's wages (for 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 2

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

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 \$85,000 (\$100,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$85,000 and \$110,000 (\$100,000 and \$115,000 if married), enter "1" for each eligible child.
 • If your total income will be more than \$110,000 (\$115,000 if married), enter "0" for each eligible child. G 4

H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) H 7

Heading: Income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1042-ES. Estimated tax for nonwage income. Otherwise, you may want to make estimated tax payments. See Pub. 505 for more information. **Two-earner or multiple jobs.** If you have a second job or your spouse has a second job, you may want to make estimated tax payments. See Pub. 505 for more information. **W-4.** Your withholding usually will be correct for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details. **Nonresident alien.** If you are a nonresident alien, see Notice 2002-58 (supplemental Form W-4 instructions) for more information. **Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are withholding compares to your projected total tax liability. See Pub. 505 for more information. **Future developments.** Information about any future changes affecting Form W-4 is available at www.irs.gov/formw4. Check the "What's New" section of www.irs.gov/formw4 for more information.

For accuracy,
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions** section on page 2.
 • If you are single and have only one job, or are married and you and your spouse both work and the combined earnings from all sources are \$50,000 (\$25,000 if married), see the **Two-Earner/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Employee's Withholding Allowance Certificate

OMB No. 1545-0072
2015

Form **W-4** Department of the Treasury **Whatver 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 (For first name and middle initial) Last name **Duke-Hubert** 2 Your social security number **304-08-3167**

Home address (number and street or rural route) **3133A Broadway Ave** 3 Single Married Married, but withheld at higher single rate.
 Note: If married, legally separated, or spouse is a nonresident alien, check the "Single" box.

City or town, state, and ZIP code **EVANSVILLE, IN 47112** 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 \$ **8**

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

8 Claim exemption from withholding for 2015, 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 **Duke J. Hubert-Hubert** Date **5-3-15**

(This form is not valid unless you sign it.)
 8 Employer's name and address (Employer's complete name and address) **10** Employer identification number (EIN) **10**

For Privacy Act and Paperwork Reduction Act Notice, see page 2. **CAI No. 102200 Form W-4 (2015)**

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

OMB No. 1545-1500

▶ See separate instructions.

▶ See separate instructions.

Your name Julie L. Duke-Hubert Social security number 304-02-3167

Street address where you live 3133A Broadway Ave

City or town, state, and ZIP code Evansville, IN 47712

County Vanderburgh Telephone number 812-544-0756

If you are under age 40, enter your date of birth (month, day, year) 03/06/1977

Check here if you received a conditional certification from the state workforce agency (SNA) 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 unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months, or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature — All Applicants Must Sign

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

Job applicant's signature ▶ Julie L. Duke-Hubert

Date 5/3/15



employer solutions staffing group
Leveraging Resources in a Changing Market

STATEMENT OF CONFIDENTIALITY

This agreement made this 3rd day of May, 2015, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Stella L. Duke-Hubert 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.

Stella L. Duke-Hubert
Employee Signature

Employer Solutions Staffing Group LLC, Representative



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) Duke-Hubert		First Name (Given Name) Julie		Middle Initial L.	Other Names Used (if any) Julie L. Duke	
Address (Street Number and Name) 31234 Broadway Ave			Apt. Number	City or Town EVANSVILLE	State IN	Zip Code 47712
Date of Birth (mm/dd/yyyy) 03/06/1977	U.S. Social Security Number 304 63 3167	E-mail Address Mhubert123@gmail.com		Telephone Number 812-549-0756		

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 non-citizen 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 _____
 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: <i>Julie J. Duke-Hubert</i>	Date (mm/dd/yyyy): 05/03/2015
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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
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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: <u>Driver's License</u>		Document Title: <u>Social Security Card</u>
Issuing Authority:		Issuing Authority: <u>State of Indiana</u>		Issuing Authority: <u>Social Security Administration</u>
Document Number:		Document Number: <u>1380-03-1468</u>		Document Number: <u>304-02-3167</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>03/06/2018</u>		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				3-D Barcode 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): 05/03/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Caitlin Scholl</u>		Date (mm/dd/yyyy) <u>05/04/2015</u>	Title of Employer or Authorized Representative <u>Administrative Assistant</u>	
Last Name (Family Name) <u>Scholl</u>		First Name (Given Name) <u>Caitlin</u>		Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC
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:

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 information may be 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, 7775 Ohms Lane, Minneapolis, MN 55439. Tel: 800-886-4777 or 952-941-9040. Fax: 800-886-4774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING's website is at www.OrangeTreeScreening.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

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

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7775 Ohms Lane, Minneapolis, MN 55439. Tel: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING's website is at: www.OrangeTreeScreening.com, another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

I want to include email address _____

Signature: *Duke J. Hubert* Date: 5/3/15
 Last Name: Duke Hubert FIRST: Tulie MIDDLE: L.
BACKGROUND INFORMATION

Other Names/Aliases: Duke
 Social Security #: 304-03-3167 Date of Birth (mm/dd/yyyy): 03/06/1971

Driver's License #: 1380-03-1468 State of Driver's License: IN

Present Address: 31234 Broadway Ave Telephone # (Primary): 812-549-0756
 City/State/Zip: EVANSVILLE, IN 47712

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

EMERGENCY CONTACT INFORMATION

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

Employee Name: Julie L. Duke-Hubert
Address: 3123A Broadway Ave, Evansville IN 47712
Home Phone: 812-549-0756

EMERGENCY CONTACTS	
Please list two people (in priority order) who could be contacted in case of an emergency	
Contact #1	Home Phone:
Name: <u>Matt Hubert</u>	Cell Phone: <u>812-266-6166</u>
Relationship: <u>Husband</u>	Work Phone: <u>812-429-0900</u>
Contact #2	Home Phone:
Name: <u>Sharon Duke</u>	Cell Phone: <u>812-619-1251</u>
Relationship: <u>Mother</u>	Work Phone: <u>812-547-7041</u>

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

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



employer solutions staffing group
Leveraging Resources in a Changing Market
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: Julie L. Duke-Hubert
SSN# (last 4 digits): 3167
Effective Date: 5-4-15

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
A Bank Name: Diamond Valley Federal
C Credit Union
Routing#: 286377890
N Account#: 6794109
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: JHH Date: 5-3-15

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

SECTION 4: PAYROLL DEBIT CARD (OPTIONAL CHECK CARD)

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

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

CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)
First Name: M.I. Last Name: Date of Birth: Social Security#

Street Address (no box or apartment #): City: State: Zip: Cell Phone (optional)

RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)
Payroll Debit Card Routing#: 03572181
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 attached 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.

Employer's Signature: _____ Date: _____

SECTION 5: AUTHORIZATION

I authorize ESSG to directly deposit my periodic wage/premium payments, and 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: Mhubert123 @ gmail.com
Employees Signature: Julie L. Duke-Hubert Date: 5-3-15

Julie L Duke-Hubert
3152A Riverwood Ave
Crownsville, IN 47726

089
77982663

PAY TO THE
ORDER OF

Diamond Valley Federal Credit Union
5020 University Dr
Evansville, IN 47712

Have A Great Day!

DOLLARS



FOR
: 28637890: 6794109# 0089

REPORT # 000000

TAX CREDIT QUESTIONNAIRE



EMPLOYER SECTION:

ESG FEIN#: _____ ESG Client Name & State: _____

Hiring Manager: _____ Position: _____ Starting Wage: \$ _____

EMPLOYEE SECTION:

Employee Name: Julie L. Duke-Hubert Street Address: 31334 Broadway Ave City/State: Evansville IN Zip: 47712

SSN: 304-02-3167 Date of Birth: 03/06/1977 Age: 38 Have you worked for this company before? Yes No If yes, location: NA

Please complete all questions, and sign and date the form. Yes No

- Have you or has anyone hiring with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997? (If yes, please provide information below.)
 Name of the person receiving benefits: Julie L. Duke-Hubert Relationship to you: myself
 City: Tell City County: Perry State: IN
 Yes No
- Have you or has anyone hiring with you received Food Stamps (SNAP) at any time during the past 15 months? (If yes, please provide information below.)
 Name of the person receiving benefits: _____ Relationship to you: _____
 City: _____ County: _____ State: _____
 Yes No
- Have you received Supplemental Security Income (SSI) at any time within the past 3 months? Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits. *If you checked yes please provide a copy of your SSI documentation.*
 Yes No
- Have you received any type of vocational rehabilitation services within the past two years? If yes, please indicate which type of agency you worked with and provide their location information below:
 Vocational Rehabilitation Agency Dept. of Veterans Affairs Employment Network (linked to Work Program)
 Name of Agency: _____ Phone #: _____
 City: _____ County: _____ State: _____
If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.
 Yes No
- Are you a Veteran of the U.S. Military? *If yes, please provide a copy of your DD-214 and letter of separation.* (If yes, please provide information below. If no, please continue to question #6.)
 Dates of Service - From: _____ To: _____
 Branch of Service: _____
 Are you entitled to or are you receiving compensation for a service-connected disability? Yes No
 Have you been unemployed at any time during the last 12 months? Yes No
 If yes, dates of unemployment - From: _____ To: _____
 Did you receive unemployment compensation at any point during your unemployment? Yes No
- Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months?
 Conviction Date: _____ / _____ / _____ Release Date: _____ / _____ / _____
 Was this a Federal or State conviction? If State - County: _____ State: _____
 Yes No

Additional Tax Credits

IEC (Native American): Are you or your spouse a member of a Native American Tribe? Yes No
If you checked yes please provide a copy of your CIA card.

CA Residents: Are you the child of foster parents? Do you receive CAW works? Workforce Investment Act? Yes No
 Are you a migrant or seasonal farm worker? Have you ever been convicted of a misdemeanor? Yes No
 SC Residents: Do you receive Family Independence Benefits? Yes No

PLEASE READ, SIGN AND DATE:
 Under penalties of perjury, I declare the information above to be true and accurate to the best of my knowledge, and I hereby authorize any agency, organization or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative (Associated Consultants Inc, the Registrar) or the Department of Labor.

New Employee Signature: Julie L. Duke-Hubert Date: 5/3/15



employer solutions staffing group
Leveraging Resources in a Changing Market

Important/Importante

LOST OR STOLEN PAYCHECKS

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

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

CHEQUES DE PAGO PERDIDOS O ROBADOS

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

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

AGREED/SE ACUERDA—

Name/Nombre (con letra de molde): Julie L. Duke-Hubert

Signature/Firma:

Julie L. Duke-Hubert

Maintain regular, weekly, communication with your employer if you are unable to return to work. Contact your employer a minimum of after every visit with your primary health care provider. Keep the claims representative advised of your status.

Notify your employer immediately of any new injuries or conditions that impact your physical condition.

If it is necessary to miss scheduled work due to a work injury, you must be seen by your primary health care provider the same day in order to receive compensation for the time away from work. The physician must complete a Report of Workability.

I have read my responsibilities and agree to abide by these guidelines.

Signed:

Julie L. Duke-Hubert

Printed Name:

Julie L. Duke-Hubert



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AGREED/SE ACUERDA—

Name/Nombre (con letra de molde): Julie L. Duke-Hubert

Signature/Firma:

Julie L. Duke-Hubert

EMPLOYEE INFORMATION - PLAN 2 PLEASE CHECK FOR BENEFITS ONLY
 (ESC GEN/AV/SAD) P21110

MUST BE FILLED OUT

Social Security Number: 304083167
 Date of Birth: 0310611977 Sex: M F
 Name: Julie L. Duke-Hubert
 Street Address: 31231 Broadway Ave
 City: EVANSVILLE State: IN Zip: 47712
 Home Phone: 212-549-0756

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 WELSH BATES

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
 YES \$0.90 Employee + One
 NO \$1.80 Employee + Family

SHORT-TERM DISABILITY 

YES \$4.20 Employee Only
 NO

REQUIRED DEPENDENT INFORMATION

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.

Name: Matt Hubert
 Social Security Number: 305908070
 Date of Birth: 0510711975 Sex: M F
 Relationship: Spouse Child Domestic Partner

Name: Valeska Hubert
 Social Security Number: 500153099
 Date of Birth: 1010411999 Sex: M F
 Relationship: Spouse Child Domestic Partner

Name: Drake Hubert
 Social Security Number: 307271760
 Date of Birth: 0711812003 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: Matt Hubert
 RELATIONSHIP: Husband
 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: Julie L. Duke-Hubert
 Date: 0510312015

DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF BACKGROUND REPORTS

It is recognized and understood that the Fair Credit Reporting Act provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses" shall be fined not more than \$2,500 or imprisoned not more than a year, or both.

In connection with my application for EMPLOYMENT (including contract for services), I understand that investigative background inquiries are to be made on me which may include criminal convictions, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences. *If I include a current employer for verification, I may jeopardize my position within that company.* I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from BACKGROUND SOURCE INT'L and/or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract).

Applicant Signature: Julie L. Duke-Hubert
Julie L. Duke-Hubert (May 1, 2015) **Date:** 05/01/2015

Please PRINT clearly: Position applied for: Data Entry Specialist

Name: Julie L Duke-Hubert Maiden / AKA: Duke
First Middle Last

Soc. Sec. #: 304023167 *Sex: F *Race: C *Date of Birth: 03/06/1977

Current Address: 3123A Broadway Ave County: Vanderburgh

City: Evansville State: IN Zip: 47712 How long: Nov. 2011 to Present

Previous Address: 321 Avenida Las Brisas County: Vanderburgh

City: Evansville State: IN Zip: 47712 How long: Feb. 2011 to Nov. 2011

Motor Vehicle Report Fax to: (208)769-7282

Name as it appears: Julie Lyn Duke-Hubert License #: 1380-03-1468 State held: IN

*Responses to these are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the event we discover adverse information during our background investigation. 03/06/01

INDIANA
OPERATOR LICENSE

IDEN 1380-03-1465
 EXP 02/08/02
 CLASS 1
 JULIE HUBERT
 JULIE LN
 3123 BROADWAY AVE AT A
 EVANSVILLE, IN 47712

SEX F HT 5-00
 HA BRN EYES BRN
 HAIR BRN
 EYES BRN
 SEX F HT 5-00
 HA BRN EYES BRN
 HAIR BRN
 EYES BRN

JOHN L. LARSEN
 JOHN L. LARSEN
 JOHN L. LARSEN

SOCIAL SECURITY

3066253167
 THIS NUMBER HAS BEEN ASSIGNED FOR
 JULIE LYNN HUBERT-HUBERT
 JULIE LYNN HUBERT-HUBERT
 JULIE LYNN HUBERT-HUBERT

JOHN L. LARSEN
 JOHN L. LARSEN
 JOHN L. LARSEN

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 05/04/2015
Page: 1 of 1

Case Verification Number: 2015124120633FJ

Case Information:**Employee Information:**

Last Name:	Duke-Hubert	First Name:	Julie
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 3167	Date of Birth:	03/06/1977
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:	Social Security Card
Document Name:	Driver's license	Document State:	Indiana
Driver's License or ID Card Number:		Document Expiration Date:	03/06/2018
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:	05/04/2015

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:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

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

Case Result:

Response Date:

Case Closure:

Closure Statement:

Closed By:

Closed On:

SENSITIVE BUT UNCLASSIFIED