

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 06/02/2011
Page: 1 of 1

Case Verification Number: 2011153104640FM

Initial Verification:

Last Name:	Hernandez	First Name:	Jesus
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 2857	Date of Birth:	07/27/1979
Hire Date:	06/02/2011	Citizenship Status:	A citizen of the United States
Alien Number:		I-94 Number:	
Document Type:	List B and C Documents	Doc. Expiration Date:	
Submitted By:	KSIK1977	Submitted On:	06/02/2011

Initial Verification Results:

Initial Eligibility: Employment Authorized

SSA Referral:

Referral By: Referral Date:

Verification Response:

Eligibility: Response Date:

SSA Resubmittal:

Last Name:	First Name:
Middle Initial:	Maiden Name:
Social Security Number:	Date of Birth:
Submitted By:	Submitted On:

Resubmittal Verification Results:

Eligibility:

Additional Verification:

Comments:
Submitted By: Submitted On:

Verification Response:

Eligibility: Response Date:

DHS Referral:

Referral By: Referral Date:

DHS Referral Results:

Eligibility: Response Date:

Photo Matching Results:

Determination:

Additional DHS Referral:

Referral By: Referral Date:

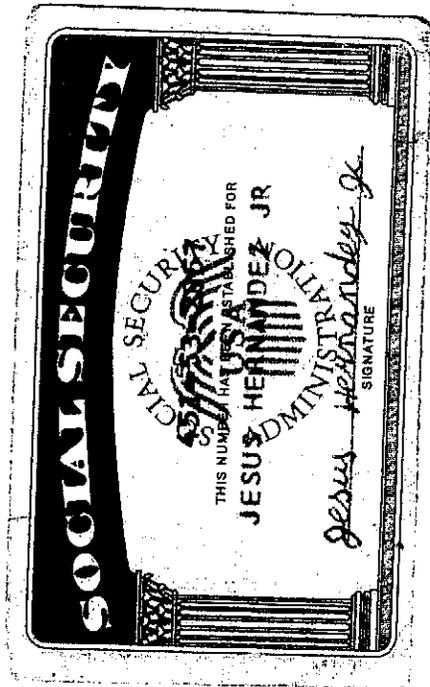
Additional DHS Referral Results:

Eligibility: Response Date:

Case Resolution:

Resolve Option:	The employee continues to work for the employer after receiving an Employment Authorized result.		
Resolved By:	KSIK1977	Resolved On:	06/02/2011

SENSITIVE BUT UNCLASSIFIED





Employer Solutions Staffing Group LLC *New Hire Application*

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

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Hernandez First Name Jesus Middle Initial Jr
 Street Address 917 17TH AVE NE
 City/State/Zip Rochester, MN 55906
 Home Phone 507 206 3584 Cell / Message Phone 612 245 6711
 Company/Employer Reichel / ESSG

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.

Jesus Hernandez Name (Print or type) Jesus Hernandez Applicant's Signature 5-26-2011 Date

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

For ESSG Office Use Only

DOH _____	NHW _____	I-9 _____	8850 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	5 Day Letter _____	ESC Application _____



STATEMENT OF CONFIDENTIALITY

This agreement made this 26 day of May, 2010, 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.

Jesus Hernandez
Employee Signature

Kelsey Adelheit
Employer Solutions Staffing Group LLC, Representative

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

Name: Jesús Hernández

Address: 917 17th AVE NE Rochester MN 55906

Home Phone: 507 206 3584

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

1. Name: Roxana Macias

Phone (work): 507 206 3584

Phone (home): 612 245 6711

2. Name: _____

Phone (work): _____

Phone (home): _____

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

Form W-4 (2011)

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 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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 may 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. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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 \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children	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 <u>5</u> 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 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.		

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2011
1 Type or print your first name and middle initial. <u>Jesus</u>		Last name <u>Hernandez</u>		2 Your social security number <u>481-53-2857</u>
Home address (number and street or rural route) <u>917 17th Ave NE</u>		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code <u>Rochester MN 55906</u>		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. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>5</u>		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____		
7 I claim exemption from withholding for 2011, 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 (This form is not valid unless you sign it.) ▶ <u>Jesus Hernandez</u>		Date ▶ <u>5-26-11</u>		
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)

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

Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last <u>Hernandez Jr.</u>	First <u>Jesus</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>917 17th Ave NE</u>		Apt. #	Date of Birth (month/day/year) <u>7-27-79</u>
City <u>Rochester</u>	State <u>MN</u>	Zip Code <u>55906</u>	Social Security # <u>451-53-2857</u>

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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature [Signature] Date (month/day/year) 5-26-11

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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		<u>MO Drivers License</u>		<u>SS Card</u>
Issuing authority: _____		<u>St of MO</u>		<u>SS Admin</u>
Document #: _____		<u>W206629015</u>		<u>451-53-2857</u>
Expiration Date (if any): _____		<u>1-27-10</u>		
Document #: _____				
Expiration Date (if any): _____				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 5-26-11 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>[Signature]</u>	Print Name <u>Kelsey A. Sikkink</u>	Title <u>On-Site Rep</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>ESSG 7301 Ohms Lane, Suite 405 Edina, MN 55439</u>		Date (month/day/year) <u>5-26-11</u>

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title:	Document #:	Expiration Date (if any):
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 (month/day/year)

Background Investigation Information Release Form

Please read this form carefully and be aware that by allowing Employer Solutions Staffing Group LLC to investigate your background with state and federal agencies, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal and driving record background check and review.

I understand that a successful criminal and driving record background investigation is a condition of my employment by Employer Solutions Staffing Group LLC to work at facilities of

Reichel Foods.

and, further, that Employer Solutions Staffing Group may, at its discretion, conduct periodic criminal and driving record background investigations on me during the course of my employment with Employer Solutions Staffing Group.

I agree to waive and relinquish all claims I may have against Employer Solutions Staffing Group LLC and its officers, agents, servants and employees as a result of my participation in any criminal and driving record background investigation.

I do hereby fully release and discharge Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims from damages that I may have or that may accrue to me on account of the results of any aspect of any criminal and driving record background investigation.

I further agree to indemnify and hold harmless and defend Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims resulting from damages sustained by me or arising out of, connected with, or in any way associated with, any of the activities of any criminal and driving record background investigation and review.

I have read and fully understand this Waiver and Release of All Claims.

Employee Full Legal Name (PRINTED)	Last	First	Middle
	<u>Hernandez</u>	<u>Jesus</u>	<u>JR</u>
Maiden Name			
Minnesota Driver's License Number	Date of Birth (mm/dd/yyyy)	Social Security #	
	<u>1-27-79</u>	<u>451532857</u>	

Signature: Jesus Hernandez

Date Signed: 5-26-11



Notification of Minnesota Law Requirement – Unemployment Acknowledgement

According to Minnesota Statute section 268.095, subdivision 2, paragraph (d), an applicant who, within five calendar days after completion of a suitable job assignment from a staffing service, (1) fails without good cause to affirmatively request an additional suitable job assignment, (2) refuses without good cause an additional suitable job assignment offered, or (3) accepts employment with the client of the staffing service, is considered to have quit employment.

It is your responsibility to contact ESSG (for instance, by calling (507) 398.4567 or using any other form of contact) for additional assignments. If you fail to do so, it may affect your unemployment benefits.

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

Jesus Hernandez
Employee Signature:

5-26-11
Date:

Jesus Hernandez
Employee (please print your name here)

Kelsey Adickert
ESSG Representative Signature

5.26.11
Date:

Kelsey A. Sikkink
ESSG Representative Signature (printed name)

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 Jesus Hernandez Social security number ▶ 451 53 2857
Street address where you live 917 17 AVE NE
City or town, state, and ZIP code Rochester MN 55906
County USA Telephone number (507) 206-3584
If you are under age 40, enter your date of birth (month, day, year) 1/27/11

- 1 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.
- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 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.
- 4 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.
- 5 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 ▶ Jesus Hernandez

Date 5/12/11

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

Nombre Jesús Hernández
Dirección 917 17 AVE NE
Ciudad Rochester Estado mn Código Postal 55906
Número del Seguro Social 481-53-28-57 Fecha de nacimiento 1-27-79 Edad 31

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

- 1. ¿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
- 2. ¿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
- 3. ¿Ha recibido usted o algún miembro de su domicilio Ingreso por Seguro Suplemental (SSI) durante los últimos sesenta (60) días? Sí No
- 4. ¿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: Septiembre Hasta: febrero

¿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 libertar: _____
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 admitado 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 Jesús Hernández FECHA 5-26-11

El jefe debe responder a las siguientes preguntas
Questions below to be completed by manager
Starting Wage \$ 50 Position Production
Has employee worked for this company before? no If yes, date _____

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

Instrucciones: Esta forma debe ser completada, debidamente firmada, y fechada por el joven empleado nuevo en o antes del día en que el patrono le hizo la oferta de trabajo. El patrono o su representante deberá enviar esta Auto-Juramentación o Declaración Personal junto con la "IRS Form 8850" dentro de los primeros 28 días después de la fecha en que el joven comenzó a trabajar.

Nombre del Empleado: Jesus Hernandez

Numero de Seguro Social: 451 83 2857 Fecha de Nacimiento: 9-27-79

Nombre del Patrono ESSG

Numero o ID Federal (EIN) del Patrono: 26-2726508

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 más de 6 meses y no he asistido ni he sido aceptado en una escuela técnica o de estudios post secundarios. Tampoco he tenido 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: Jesus Hernandez Fecha: 5-26-11

"Public Burden Statement (Declaración):" Las personas no están obligadas a proveer la información que esta forma pide a menos que dicha forma despliegue 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).

El RECONOCIMIENTO

La guía fue revisada conmigo, y he recibido mi copia personal. Reconozco también que he sido dado la oportunidad de hacer preguntas y expresar preocupaciones durante mi orientación. Adicionalmente, entiendo y sostengo lo siguiente:

1. Esta guía es pensada como una guía y **no** un acuerdo de empleo que crea una relación contractual, y que la relación del empleo puede ser terminada a voluntad por cualquier partido en tiempo.
2. Las necesidades cambiantes del negocio requerirán la modificación en el método, en las prácticas y las políticas, y la compañía revisará unilateralmente, como sea necesario, para encontrar estas necesidades cambiantes.
3. Conuerdo **en notificar** mi Consultor del ESSG **inmediatamente** de cualquier cambio en mis datos personales tales como el número de teléfono, la dirección, la notificación de la emergencia, etc.
4. Soy responsable de la información proporcionada en esto y, sobre mi separación, volveré esta guía a mi Consultor del ESSG.

La fecha: 5.26.11

La Firma del Socio Jesús Hernández

El Nombre Impreso del socio: Jesús Hernández

La orientación proporcionada por: Kelsey Adikit

EI RECIBO DE GUIA de EMPLEADO Y EMPLEO EN HACE la DECLARACION

Esto es de reconocer que he leído el Guía del Empleado el Employer Solutions Staffing Group LLC y entiendo que expone los términos y las condiciones de mi empleo así como los deberes, responsabilidades y obligaciones de mi empleo con la compañía. Entiendo y concuerdo que es mi responsabilidad de respetar las reglas, políticas y estándares adelante en la Guía.

Reconozco también que mi empleo con el ESSG no es por un espacio de tiempo especificado y puede ser terminado en tiempo para ninguna razón, con ni sin la causa ni la nota, por mí ni por la compañía. Reconozco que ningunas declaraciones ni representaciones orales ni escrita con respecto a mi empleo pueden alterar el renunciar. Reconozco también que ningún encargado ni el empleado tiene la autoridad para entrar en un acuerdo del empleo, expresar o implicó, previendo el empleo de otra manera que a voluntad.

Reconozco también eso, menos la política del empleo a voluntad, el ESSG reserva el derecho de revisar, borrar y añadir a las provisiones de esta Guía de Empleado. Todo tales revisiones, las supresiones o las adiciones deben estar en la escritura y deben ser firmadas por el director general de la compañía. Ningunas declaraciones ni las representaciones orales pueden cambiar las provisiones de esta Guía. Reconozco también eso, menos la política del empleo a voluntad, los términos y las condiciones del empleo con la compañía pueden ser modificados en la única discreción de la compañía, con o sin la causa o la nota, en alguno tiempo. Ningún contrato tácito con respecto a cualquier decisión con respecto a mi empleo, el término del empleo ni la condición del empleo puede ser establecido por cualquier otra declaración, el conducto, la política ni la práctica.

Entiendo que el acuerdo que renuncia con respecto a mi posición del empleo de a voluntad y el derecho de compañía para determinar y modificar los términos y las condiciones del empleo constituyen el acuerdo entero entre mí y el ESSG con respecto a la duración de mi empleo, las circunstancias bajo que mi empleo puede ser terminado y las circunstancias bajo que los términos y las condiciones de mi empleo pueden cambiar. Entiendo aún más que este acuerdo desbanca todo acuerdos previos, las comprensiones y las representaciones con respecto a mi empleo con la compañía.

Si tengo las preguntas con respecto al contenido o interpretación de esta Guía, yo los traeré a la atención del ESSG.

FECHE 5-26-11

EI EMPLEADO
NAME Jessie Hernandez

PQR FAVOR IMPRIME a EMPLEADO
Jessie Hernandez

ESSG
REPRESENTATIVE Kelsey Adelstein

El reconocimiento de la Política de Recibo Contra Acoso/Hostigamiento

Certifico que he recibido una copia de la Política del Contra Acoso/Hostigamiento de Employer Solutions Staffing Group, LLC (ESSG). Entiendo que soy mi responsabilidad de leer esta política y preguntar a mi supervisor, un miembro de la administración o para telefonar Employer Solutions Staffing Group (ESSG) en 952.835.1288/1.866.496.7573 con cualquiera pregunta puedo tener acerca de esta política. Conuerdo en conformarse con la política de la Compañía en Contra Hostigamiento y entender que el fracaso para obedecer es el motivo para la acción disciplinaria, hasta e inclusive la terminación.

Conuerdo también que si en tiempo durante mi asociado que soy implicado en cualquier disputa del asociado o soy sujeto a cualquier tipo de la discriminación, inclusive la discriminación a causa de mi raza, el color, el credo, la religión, el origen nacional, el sexo, el estado civil, la posición con respecto a la ayuda estatal, la asociación o la actividad en una comisión local, la incapacidad/ discapacidad, la orientación de una sexualidad de persona o el veterano, o si soy sujeto a cualquier tipo del acoso inclusive el acoso sexual, yo contactaré inmediatamente a mi supervisor, el director, el director o el Departamento Humano de Recurso de ESSG 952.835.1288/1.866.496.7573 para obtener ayuda en la resolución de tales asuntos.

El Nombre del empleo (por favor Impresión):

Jesus Hernandez

El Número de la Seguridad social del asociado:

451532857

La Firma del empleo:

Jesus Hernandez

Fecha: 5-26-11

**DRUG AND ALCOHOL
TESTING CONSENT FORM**

1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.

2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events as described in the policy may result in adverse personnel action, including my termination from employment with ESSG. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.

4. I hereby voluntarily consent to ESSG, or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath, or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by ESSG may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to ESSG of the results of my drug and/or alcohol test and other information related to the test.

Jesus Hernandez
Individual's Name

5-26-11
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6