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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

New Hire Application

Personal Data – PLEASE PRINT LEGIBLY IN INK

Last Name Rico Garcia First Name Hilda Middle Initial L
Street Address 1366 St. Charles Ave Apt 1 Apt/Ste _____
City/State/Zip St. Charles MN 55972
Phone Number (507) 319-1360 Email Address caddywomen@aol.com
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.

Hilda L Rico Garcia Name (Print or type)
Hilda Rico Applicant's Signature
5/9/14 Date

A copy or facsimile ("fax") will be considered the same as an original signature. Email will ONLY be used for employment correspondence

For ESSG Office Use Only				
DOH _____	NHW _____	I-9 _____	8850 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Unemployment Letter (If applicable) _____	ESC Application _____
For ESSG Client Use				
DOH _____	ROP _____	Work Site Loc. _____	WC Code _____	



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

Last Name (Family Name) Rico Garcia		First Name (Given Name) Hilda		Middle Initial L	Other Names Used (if any) Rico Carranza	
Address (Street Number and Name) 1366 St. Charles Ave			Apt. Number 1	City or Town St. Charles		State MN
Zip Code 55972		Date of Birth (mm/dd/yyyy) 12/15/1988	U.S. Social Security Number 635-03-1541		E-mail Address caddyromeo@aol.com	
Telephone Number (507)319-1360						

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):

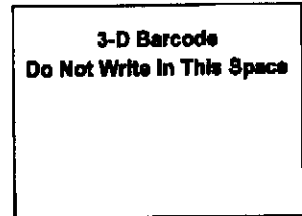
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (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: Hilda Garcia	Date (mm/dd/yyyy): 05/09/2014
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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





Section 2: Employer or Authorized Representative Review and Verification

(Employer or the authorized representative must complete and sign Section 2 when a business day of the employee's date of employment. You must physically examine the document(s) on a business day. Complete List A, List B, or List C as needed. Do not check more than one box. For each document, you review, include the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identify and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title:		Document Title:		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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write In This Space

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)		First Name (Given Name)	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC	
Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405		City or Town EDINA	State MN	Zip Code 55439

Section 3: Reverification and Rehire (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:
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DISCLOSURE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING's website is at www.orangetreescreening.com, 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.

Table with 4 rows of state-specific disclosure information: New York and Maine applicants, New York applicants, Oregon applicants, and Washington State applicants.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING's website is at: www.orangetreescreening.com, 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.

[X] (Must include email address: coddynromez@aol.com)

Signature: Hilda Garcia Date: 5/9/14

BACKGROUND INFORMATION

Last Name: Rico Garcia First: Hilda Middle: Lee
Other Names/Alias: Rico Carranza
Social Security #: 635-03-1541 Date of Birth (mm/dd/yyyy)*: 12/15/1988
Driver's License #: Z296231499517 State of Driver's License: MN
Present Address: 1366 St. Charles Ave Apt 1 Telephone # (Primary): (507) 319-1360
City/State/Zip: St. Charles, MN 55972

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



CMG APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED

PLEASE COMPLETE PAGES 1-5		DATE <u>5/9/14</u>
Name <u>Rico Garcia Hilda Lee</u> <small>Last First Middle Maiden</small>		
Present address <u>1366 St. Charles Ave Apt 1</u> <small>Number Street</small> <u>St. Charles</u> <u>MN</u> <u>55972</u> <small>City State Zip</small>		
Social Security No. <u>635-03-1541</u>		
Telephone <u>(507) 319-1360</u>		E-Mail <u>Caddynromeo@aol.com</u>
If under 18, please list age _____		Referred by _____
Position applied for (1) <u>cleaning</u> and salary desired (2) _____ (Be specific)		Shift available to work 1 st <input checked="" type="checkbox"/> _____ 2 nd <input checked="" type="checkbox"/> _____ 3 rd _____
How many hours can you work weekly? <u>40</u>		Can you work nights? _____
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input checked="" type="checkbox"/> FULL- OR PART-TIME		
When available for work? <u>5/26/14</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		
Do you anticipate any absences from work on a regular basis? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>St. Charles High</u>	<u>100 E 6th St. St. Charles MN</u>	<u>6</u>	<u>general / Diploma</u>
College				
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes ___ No

What is your means of transportation to work? CAR

Driver's license number Z296231499517 State of issue MN

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date _____

Have you had any accidents during the past three years? ___ Yes No

If so, how many? _____

Have you had any moving violations during the past three years? ___ Yes No

If so, how many? _____

Please list two references other than relatives or previous employers.

Name Jeff Newmann Name Missy Fahrman

Position Tax specialist Position Clinic assistant

Company HR Block Company Olmsted Medical Center

Address 906 Whitewater Ave Address 403 W 4th St.

St. Charles, MN 55972 St. Charles, MN 55972

Telephone (507) 273-7921 Telephone (507) 932-3810

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? Yes No

Branch _____ Specialty _____

Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name <u>Hilda Rico Garcia</u>		Supervisor name <u>Amanda Griggs</u>	
Position <u>Interpreter/fieldworker</u>		Employment dates	Pay or salary
Company <u>Featherstone Fruits and Veg. LLC</u>		From <u>01/07/14</u>	Start <u>\$11.00/hr</u>
Address <u>43090 City Park Rd</u>		To <u>present</u>	Final <u>11.49/hr.</u>
Telephone <u>(507) 864-2400</u>		Your last job title <u>Fieldworker/Interpreter</u>	
Reason for leaving (be specific) <u>commute distance - currently employed</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Assist team with farmwork such as field cleanup, planting, seeding. Help supervisors communicate with non-English speaking employees.</u>			

Name <u>Hilda Rico Garcia</u>		Supervisor name <u>Katie Van Eijl</u>	
Position <u>Interpreter</u>		Employment dates	Pay or salary
Company <u>Project Fine</u>		From <u>10/13</u>	Start <u>15.00/hr.</u>
Address <u>202 West 3rd St.</u>		To <u>present.</u>	Final <u>15.00/hr.</u>
Telephone <u>(507)</u>		Your last job title <u>Interpreter</u>	
Reason for leaving (be specific) <u>currently employed</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Interpret for Spanish speaking clients at local clinics and schools.</u>			

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name <u>Hilda Rico Garcia</u>	Supervisor name <u>Alyssa Humpal</u>	
Position <u>Bilingual Classroom Advocate</u>	Employment dates	Pay or salary
Company <u>Tri Valley Opportunity Council</u>	From <u>06/11</u>	Start <u>\$10.54/hr</u>
Address <u>102 N Broadway</u>	To <u>11/14</u>	Final <u>\$10.54/hr</u>
<u>Crookston MN 56716</u>	Your last job title <u>Bilingual Classroom Advocate</u>	
Telephone <u>(218) 281 5832</u>		

Reason for leaving (be specific) Seasonal

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Provide a healthy safe learning environment for Migrant Children while assisting them with daily activities such as feeding, diapering, naptime, etc..

Name <u>Hilda Rico Garcia</u>	Supervisor name <u>Vicky Pegel</u>	
Position <u>Aid</u>	Employment dates	Pay or salary
Company <u>St. Charles Child Care</u>	From <u>10/12</u>	Start <u>7.50/hr</u>
Address <u>343 Daycare Dr</u>	To <u>06/13</u>	Final <u>7.50/hr.</u>
<u>St. Charles MN 55922</u>	Your last job title <u>Aid</u>	
Telephone <u>(507) 932</u>		

Reason for leaving (be specific) went back to seasonal job at TVOC.

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Assisted lead teacher in infant room with tending to infants

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. 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 CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant

Wade Goni

Date:

5/9/14