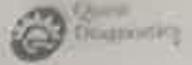


FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM



10187541 7518398 SPECIMEN ID NO.

LAB ACCESSION NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, ID No. _____ B. MRO Name, Address, Phone and Fax No. _____

C. Donor SSN or Employee ID No. _____

D. Donor Name: Last _____ First _____

E. Donor Verifiee Photo ID Emp Rep. 1/27/06

F. Reason for Test: Pre-employment (1) Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotional (22)
 Return to Duty (6) Follow-up (23) Other (specify) (99)

G. Drug Tests to be Performed: SAP W-20/200 W/AA (3419-A)

H. Collection Site Name: _____ Collection Site Code: _____
 Address: _____ Collector Phone No. _____
 City, State and Zip: _____ Collector Fax No. _____

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark _____

Specimen Collection: Split Single None Provided (Enter Remark) _____ Observed (Enter Remark) _____

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimens shown to me by the donor identified to the specific case on Cap. 1 of this form were collected, labeled, sealed, and returned to the Delivery Service as set in accordance with the applicable regulations.

Time of Collection: 1:15 PM
 Date (Mo., Day, Year): 1-27-06

Primary Collector's Name (Last, FI, MI, Last): _____

RECEIVED AT LAB: _____
 Name of Collector: _____ Date Rec'd: _____

SPECIMEN BOTTLE(S) RELEASED TO: Quest Diagnostics Courier FedEx Other _____
 Name of Delivery Service Transferring Specimen to Lab: _____

Primary Specimen Bottle Seal Intact: Yes No, Enter Remark _____

SPECIMEN BOTTLE(S) RELEASED TO: _____

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; and that the bottle used was well sealed with a tamper-evident seal at the time I provided it. I have provided the following information and that the information is true and correct on this form and is so affixed to each specimen bottle I collect:

_____ (Signature of Donor)
 (PRINT) Donor's Last, First, MI, Last: _____ Date of Birth: _____

Daytime Phone No. _____ Evening Phone No. _____ Date of Birth: _____

COPY 5-DONOR COPY

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Corporate Management Group, or any of its subsidiaries may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" conducted by a consumer reporting agency which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history (State and Federal records), social security verification, address trace, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any report conducted by a consumer reporting agency. Please be advised NationSearch.com, LLC (NationSearch)—11184 Huron St. Suite 13; Northglenn, CO 80234; (800)-827-9550—will be the consumer reporting agency conducting the background investigation. The scope of this notice and authorization is all encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reporting 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 report conducted by a consumer reporting agency.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, credit reporting agency, employer, to provide any and all background information requested by NationSearch.com, LLC—11184 Huron St. Suite 13; Northglenn, CO 80234 (800)-827-9550—another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Notice to California Applicants: Notice to California Applicants: Under section 1786.22 of California Civil Code, you have the right to request from NationSearch, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which NationSearch has previously furnished within the two-year period preceding your request. You may view the file maintained on you by contacting NationSearch during normal business hours. You may also obtain a copy of this report(s) upon submitting proper identification. Upon making a written request, you may receive a summary of your report.
New York applicants or employees only: You have the right to inspect and receive a copy of any report conducted by a consumer reporting agency and requested by the Company by contacting the consumer reporting agency identified above directly.
Notice to Maine Applicants: Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not a consumer report was requested. If such report was obtained, you may contact the consumer reporting agency, NationSearch, and request a copy of the report(s) compiled.
Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company:

Last Name: <i>Gómez Rivera</i>	First Name: <i>Karolie</i>	Middle Name: <i>_____</i>
Other Names Used:	SSN: <i>584-95-4124</i>	Date of Birth: (For Employment Purposes Only) <i>07-03-79</i>
Motor Vehicle Number & State of Issue: (Driver's License Number) <i>4178826 Puerto Rico</i>	Current Address: <i>Paseo Gales 500 Carr. 9189 Apt. 08 Guayabo, P.R. 00718</i>	

Signature: *[Signature]* Date: *October 5, 2015*

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

Kar



Government of Puerto Rico
Department of the Treasury
WITHHOLDING EXEMPTION CERTIFICATE

READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS WITHHOLDING EXEMPTION CERTIFICATE

Complete this form and submit it to your employer. Otherwise, the employer is required to withhold your income taxes without taking into consideration your personal exemption, exemption for dependents and allowance based on deductions, pursuant to the Internal Revenue Code for a New Puerto Rico (Code).

ANY CHANGES IN THE PERSONAL EXEMPTION, THE NUMBER OF DEPENDENTS OR THE ALLOWANCE BASED ON DEDUCTIONS, REQUIRE THE FILING OF AN AMENDED CERTIFICATE.

FOR EMPLOYEE'S USE ONLY

Employee's name <i>Karolie Gómez Rivera</i>	Employee's social security number <i>584-95 4124</i>
Spouse's name	Spouse's social security number
Home address	Postal address <i>PO Box 2017 PMB 419 Las Piedras, PR 00771-2017</i>

Check here if your annual gross wages do not exceed \$20,000. If you want your employer to withhold income taxes on your wages, complete Part D. Otherwise, proceed to sign this Certificate.

Check here if you choose the provisions of the Military Spouses Residency Relief Act. (See instructions)

Check here if you choose the optional computation of tax in the case of married individuals living together and filing a joint return. (See instructions)

A. PERSONAL EXEMPTION	Complete (less withholding)	Half	None (more withholding)
1. Individual taxpayer.....	<i>X</i>		
2. Married person			
3. Additional veterans personal exemption			

B. EXEMPTION FOR DEPENDENTS: Number of Dependents Complete Exemption Joint Custody

C. ALLOWANCE BASED ON DEDUCTIONS

1. ALLOWANCE BASED ON THE SPECIAL DEDUCTION FOR CERTAIN INDIVIDUALS (See instructions) Complete None

2. ALLOWANCE BASED ON DEDUCTIONS (OPTIONAL):

(a) Home mortgage interest	00
(b) Charitable contributions	00
(c) Medical expenses	00
(d) Interest paid on student loans at university level	00
(e) Contributions to governmental pension or retirement systems (See instructions)	00
(f) Contributions to Individual Retirement Accounts	00
(g) Educational Contributions Account	00
(h) Contributions to health savings accounts	00
(i) Casualty loss on your principal residence	00
(j) Loss of personal property as a result of certain casualties	00
(k) Total deductions	00

3. Number of allowances based on deductions (Divide line 2(k) by \$500)

4. Allowances that you want to claim (May be less or equal to line 3)

If you are a governmental employee, mark to indicate if you participate in any of the following programs (See instructions):

- Retirement Withholding Supplementary Plan
 Retirement Savings Accounts Program (Indicate the percentage that you elected as contribution _____ %)

D. ELECTION FOR ADDITIONAL WITHHOLDING

I authorize my employer to withhold in each payroll period the amount of \$ _____ or _____ % from my wages in **addition** to the tax required to be deducted and withheld according to the provisions of Section 1062.01 of the Code. (See instructions)

OATH

I declare under the penalty of perjury that I have examined this form, and to the best of my knowledge, the information contained herein is true, correct and complete. I also certify that the personal exemption, exemption for dependents and the allowance based on deductions claimed herein, for purposes of withholding of income tax on wages, do not exceed the amount that I am entitled to claim on the income tax return, according to the Code.

[Signature]
Employee's signature

18-05-15
Date

INSTRUCTIONS

The Withholding Exemption Certificate (Form 499 R-4.1) is the document used by the employee to notify his/her employer of the personal exemption, exemption for dependents and the allowance based on deductions. These three factors are considered to determine the income tax to be withheld from the employee's wages.

Complete the upper part of the form, indicating your name, social security number, postal and home address.

If your annual gross wages do not exceed \$20,000, the same will not be subject to withholding at source. Nevertheless, you may elect for the employer to make withholding of income tax according to the amount or percentage indicated in Part D of this Certificate.

Under the Military Spouses Residency Relief Act (MSRRS), if you are the spouse of an active service member that was transferred under military orders to a new military station in any of the states, possessions or territories of the United States or the District of Columbia, you can keep your original residence or domicile for tax purposes. Indicate if you elect this option so that the employer will not be required to withhold income tax for Puerto Rico. Nevertheless, you may be subject to the payment of federal estimated tax or from the state, possession or territory for which you elected to keep as your residence or the employer may withhold federal, local or state taxes, as applicable.

If you are married, include you spouse's name and social security number, and indicate if you choose the optional computation of tax in the case of married individuals living together and filing a joint return (*optional computation*), as provided by Section 1021.03 of the Internal Revenue Code for a New Puerto Rico (Code).

PART A - PERSONAL EXEMPTION

Indicate with an "X" your option regarding the personal exemption that your employer will consider to determine the income tax to be withheld.

Line 1 - An individual taxpayer (single person, married that granted prenuptial agreement of total separation of assets or married not living with spouse) may claim or not the personal exemption. If you want to claim the complete personal exemption, mark the column titled "Complete". On the other hand, if you choose to claim no exemption at all, you may do so by marking the column titled "None". An individual taxpayer cannot choose to consider "Half" of his/her personal exemption.

Line 2 - Married couples are entitled to only one personal exemption, therefore, each spouse cannot claim the complete personal exemption. If you are a married person, and both spouses receive wages subject to withholding, both of you should agree on how to claim the personal exemption and shall mark the corresponding column. If the married couple determines that only one of them will consider the complete personal exemption, such spouse shall mark the column titled "Complete". In such case, the other spouse shall mark the column titled "None". If you agreed with your spouse to divide the personal exemption in half, indicate so marking the column titled "Half". If you do not want to claim the personal exemption, mark the column titled "None".

If you are married and choose the *optional computation*, the personal exemption will be considered on a 50% basis for each spouse. Therefore, each spouse may choose to consider the complete personal exemption or no personal exemption at all regarding this 50%.

Line 3 - Every veteran is entitled to claim an additional personal exemption. The veteran may claim the complete additional personal exemption or may choose to claim no additional personal exemption at all.

PART B - EXEMPTION FOR DEPENDENTS

Indicate the number of dependents that will be considered for the withholding computation. It shall be the same as the number that you will claim as dependents on your income tax return. Indicate separately in the corresponding box, the children for which you are entitled to joint custody and have not released the claim to exemption. In these cases, only 50% of the exemption will be considered.

If you are an employee who elected the *optional computation*, your exemption for dependents will be 50% of the total amount provided by Section 1033.18(b) of the Code, since in such cases each spouse is entitled to claim only half of the exemption for dependents, as provided in Section 1021.03 of the Code.

The Code provides that every employer, who receives an exemption certificate from an employee in which the number of dependents claimed exceeds 8, shall submit a copy of such certificate to the Secretary of the Treasury, as well as a copy of any written statement received from the employee to support the information contained in the certificate.

PART C - ALLOWANCE BASED ON DEDUCTIONS

You are entitled to certain allowances based on deductions which your employer shall consider to determine the amount of income tax to be withheld.

Line 1 - The number of allowances under the special deduction for certain individuals is subject to the limitations and requirements provided by Section 1033.16 of the Code. This deduction shall be available to those individuals whose gross income does not exceed \$20,000, providing that for each dollar of gross income in excess of \$20,000, the allowable deduction shall be reduced by fifty cents until it is reduced to zero.

If you choose to consider the special deduction, mark the box titled "Complete". On the other hand, if you choose to claim no special deduction at all, you shall mark the box titled "None".

Line 2 - You have the option to consider in the withholding computation, the deductions that you will be able to claim on your income tax return. Such deductions will reduce the amount of tax that the employer will withhold on your wages. If you do not wish to consider these deductions in the computation, do not complete this line.

Enter on lines 2(a) through 2(j), the amount of these deductions that you estimate you will be entitled to claim on your return. Such deductions are subject to the limitations and requirements provided in Section 1033.15 of the Code.

If you are married and choose the *optional computation*, the number of allowances shall be determined by dividing the deductions among the spouses. In the case of home mortgage interest, charitable contributions, medical expenses, and loss on your principal residence or personal property as a result of certain casualties, include 50% of each deduction. In the case of contributions to governmental pension or retirement systems, Individual Retirement Accounts, Educational Contribution Accounts, Health Savings Accounts and interest paid on student loans at university level, include the amount that corresponds individually.

Line 2(e) - If you are a governmental employee, you shall consider the governmental pension or retirement plan to which you make contributions, if any:

- If you make contributions to the governmental pension or retirement plan, you shall consider 8.275% of your annual wages.
- If you elected the supplementary retirement plan, then, you shall consider 5.775% of your monthly wages up to \$550 and 8.275% of your monthly wages in excess of such amount (on an annual basis).
- On the other hand, if you are a governmental employee who makes contributions through the Retirement Savings Accounts Program, you shall consider 8.275%, 9%, 9.5%, or 10% (as elected) of your annual wages.

If you are a governmental employee, who works for an agency which payroll is processed by the Department of the Treasury, do not consider your contributions to the pension or retirement system on this line. This deduction will automatically be considered in the withholding computation.

Line 3 - Divide the amount figured on line 2(k) by \$500. Any fraction obtained as a result of the preceding division exceeding 50%, shall be considered as an additional allowance.

Line 4 - Indicate the allowances that you wish to claim, from the amount determined on line 3. If you file as a married person living with spouse and do not choose the *optional computation*, you and your spouse shall be allowed to divide the total allowances as you wish, but based on complete allowances. However, any allowance considered by one spouse cannot be claimed by the other spouse.

PART D - ELECTION FOR ADDITIONAL WITHHOLDING

Any employee may elect for his/her employer to withhold an amount in addition to the one required by Section 1062.01(e) of the Code. Under no circumstances, this option will be allowed for an amount less than the tax determined according to the withholding tables approved by the Secretary based on the tax rates provided by the Code. Also, this option may be exercised by every employee whose annual gross wages do not exceed \$20,000 and chooses for the withholding to be made on such wages.

OATH

You declare under penalty of perjury, that you have examined this form, and that to the best of your knowledge, the information contained therein is true, correct and complete.

SIGNATURE

This form must be signed and dated by the employee.

PENALTIES

Any employee required to submit a withholding exemption certificate to his/her employer, who willfully provides false or fraudulent information, or who willfully fails to provide information which would require an increase in the tax to be withheld, shall be guilty of a misdemeanor as provided in Section 6041.08 of the Code.

In the case of employees who elect to consider the allowance for deductions provided in Section 1062.01(c)(2)(A)(ii) of the Code, in addition to the criminal penalty mentioned in the above paragraph, if 70% of the tax attributable to income derived from wages subject to withholding exceeds the tax withheld at source on said income, there shall be added to the tax the smaller of: (1) an amount equal to such excess, or (2) an amount equal to 18% of the amount for which such tax so determined exceeds the tax withheld.

INSTRUCTIONS TO THE EMPLOYER

The employer shall consider the information provided by the employee on this Certificate with respect to the personal exemption, exemption for dependents and allowance based on deductions in order to make the withholding according to the Employer's Guide on the Withholding of Income Tax at Source on Wages for the corresponding taxable year.

If the employee's annual gross wages do not exceed \$20,000, such wages are not subject to withholding at source, unless the employee had completed the election, in Part D, for the additional withholding to be made.

If the employee elects the provisions of the MSRRS, no withholding of tax at source on wages shall be made for Puerto Rico purposes. Nevertheless, such wages may be subject to withholding of federal taxes according to the provisions of the Internal Revenue Service.

If the number of dependents exceeds 8, submit copy of this Certificate to the Fiscal Audit Bureau, as well as copy of any written statement received from the employee to support the information contained in the certificate.

ESTADO LIBRE ASOCIADO DE PUERTO RICO
(COMMONWEALTH OF PUERTO RICO)

DEPARTAMENTO DE SALUD
(DEPARTMENT OF HEALTH)
REGISTRO DEMOGRAFICO
(DEMOGRAPHIC REGISTRY)
CERTIFICACION DE NACIMIENTO
(CERTIFICATION OF BIRTH)

00961305

NUMERO DE CERTIFICADO (CERTIFICATE NUMBER)
152-1979-01534-036640-144038-01423175

NOMBRE DEL INSCRITO (NAME OF REGISTRANT)

KAROLIE GOMEZ RIVERA

DOMICILIO (DWELLING HOUSE)
YABUCOA, PUERTO RICO

FECHA NACIMIENTO (BIRTHDATE)
03 JUL 1979

FECHA INSCRIPCION (REGISTRATION DATE)
11 JUL 1979

LUGAR NACIMIENTO (BIRTHPLACE)
HUMACAO, PUERTO RICO

SEXO (SEX)
F

NOMBRE DEL PADRE (FATHER'S NAME)
PEDRO GOMEZ

EDAD (AGE)
27

LUGAR NACIMIENTO DEL PADRE (FATHER'S BIRTHPLACE)
YABUCOA, PUERTO RICO

NOMBRE DE LA MADRE (MOTHER'S NAME)
BENITA RIVERA

EDAD (AGE)
23

LUGAR NACIMIENTO DE LA MADRE (MOTHER'S BIRTHPLACE)
YABUCOA, PUERTO RICO

FECHA EXPEDICION (DATE ISSUED)
20 MAY 2005

ESTE ES UN RESUMEN DEL CERTIFICADO DE
NACIMIENTO ORIGINALMENTE DESCRITO EN EL
REGISTRO DEMOGRAFICO DE PUERTO RICO
BAJO LA AUTORIDAD CONFERIDA POR LA LEY N.
102 DE 19 DE ABRIL DE 1991

THIS IS AN ABSTRACT OF THE RECORDS FILED IN
THE DEMOGRAPHIC REGISTRY OF PUERTO RICO
ISSUED UNDER THE AUTHORITY OF LAW N.
102 OF APRIL 19, 1991

SECRETARIO DE SALUD
(SECRETARY OF HEALTH)

DIRECTOR REGISTRO DEMOGRAFICO
(STATE REGISTRAR)



Estado Libre Asociado de Puerto Rico
Departamento de Salud

ADVERTENCIA: Cualquier alteración o borradora cancela esta certificación.



WARNING: Any alteration or erasure cancels this certification.

Estado Libre Asociado de
Puerto Rico

Puerto Rico



Licencia de Conducir
Driver's License



5814 / 10189 / 5381 / 4

Karolie Gomez Rivera

Operator / Conductor 3

VALIDA 29jun2010

EXPIEX 03jul2016

NUMER/NUMERO 4178826

KAROLIE GOMEZ RIVERA
PASEO GALES
APT 2804
GURABO, PR 00778

SEX/SEX
F ♀
DOB/NAC

HGT/EST
5'02"
03jul/97W

WGT/PESO
115.55
CITIZENSHIP

EYES/OJOS
BRO
CITIZENSHIP



Ruben A. Hernandez Gregorat

Rubén A. Hernández Gregorat
Secretario DTCP





New Hire Application

Personal Data— PLEASE PRINT LEGIBLY IN INK

Last Name Gómez Rivera First Name Karolie Middle Initial _____

Street Address Paseo Gales 500 Carr. 9189 Apt. 68 Apt/Ste _____

City/State/Zip Gurabo, P.R. 00778

Phone Number (787) 234-3342 Email Address Karoliegr@gmail.com

Staffing Agency/Recruitment Partner _____

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.

Karolie Gómez Rivera
Name (Print or type)

[Signature]
Applicant's Signature

Oct. 5, 2015
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 _____	

Form W-4 (2015)

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 2015 expires February 16, 2016. 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 \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

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

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

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

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

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

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

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

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. 505 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. 505 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

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

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

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

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

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

F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (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 \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.
 • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child **G** _____

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

For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service		► 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.		2015	
1 Your first name and middle initial <i>Karlie</i>		Last name <i>Gomez Rivera</i>		2 Your social security number <i>584-95-4124</i>	
Home address (number and street or rural route) <i>Paseo Sales 500 Carr. 9189 Apt. 68</i>		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 <i>San Juan, P.R. 00778</i>		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			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I 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 (This form is not valid unless you sign it.) ► <i>[Signature]</i>		Date ► <i>10-05-15</i>			
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)	



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) <i>Gómez Rivera</i>		First Name (Given Name) <i>Karolie</i>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <i>Paseo Sales 500 Carr. 9189 Apt 68</i>			Apt. Number <i>Apt 68</i>	City or Town <i>Guayaso</i>		State <i>PR</i>
Date of Birth (mm/dd/yyyy) <i>07/03/1979</i>		U.S. Social Security Number <i>584-95-4124</i>		E-mail Address <i>Karolieg@gmail.com</i>		Zip Code <i>00778</i>
					Telephone Number <i>(81) 234-3342</i>	

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: _____

3-D Barcode
Do Not Write in This Space

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>[Signature]</i>	Date (mm/dd/yyyy): <i>10/05/2015</i>
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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

STOP Employer Completes Next Page **STOP**

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's <i>nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</i> 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p align="center">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

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: <i>Certification of Birth</i>		Document Title:
Issuing Authority:		Issuing Authority: <i>Departamento de Salud</i>		Issuing Authority:
Document Number:		Document Number: <i>152-1979-01534-036640-144038</i>		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <i>none</i>		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 <i>[Signature]</i>		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 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):
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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):
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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: <i>[Signature]</i>	Date (mm/dd/yyyy): <i>10-05-2015</i>	Print Name of Employer or Authorized Representative: <i>Karlie Gomez Rivera</i>
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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.

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 shall 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, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
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, 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.

(Must include email address: karoliegr@gmail.com)

Signature:  Date: 10/05/15

BACKGROUND INFORMATION

Last Name: Goimov Rivera First: Karolie Middle: —

Other Names/Alias: —

Social Security #*: 584-95-4124 Date of Birth (mm/dd/yyyy)*: 07/03/1979

Driver's License #: 4178826 State of Driver's License: Puerto Rico

Present Address: Paseo Sales 500 Carr. 9189 Apt 68 Telephone # (Primary): (787) 234-3342

City/State/Zip: Guayabo, PR. 00718

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

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies.

See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See: www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

EMERGENCY CONTACT INFORMATION

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

Employee Name: Karolie Gómez Rivera
Address: Paseo Gales 500 Carr. 9189 Apt 68 Guabo, PR. 0078
Home Phone: (787) 687-6669

EMERGENCY CONTACTS

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

Contact #1	
Name: <u>Josue M. Torres Rivera</u>	Home Phone: <u>(787) 687-6669</u>
Relationship: <u>Esposo</u>	Cell Phone: <u>(787) 226-0985</u>
	Work Phone: <u>(787) 759-8989</u>
Contact #2	
Name: <u>Benita Rivera de Jesús</u>	Home Phone: <u>(787) 733-3953</u>
Relationship:	Cell Phone: <u>(787) 218-7840</u>
	Work Phone: <u>N/A</u>

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

N/A



RECEIVE YOUR PAY WITHOUT DELAY



In order for you to continue to receive your pay each week without delay we are encouraging all employees to use direct deposit or Global Cash Card. **It is becoming more and more difficult for employees to cash checks without fees or delay due to increased security at all banks. Also, if your check is lost or stolen you will have to wait 3 days for another check.**

GLOBAL CASH CARD

If you don't have a bank account, computer access or don't want to use direct deposit you can use **Global Cash Card** which works like a Visa.

- There are **NO FEES** for the card for your first transaction as a cash withdrawal at an ATM or if you use it like a credit card (not debit) to make individual signature purchases.
- **If you don't have access to a computer you can receive TEXT notifications for your pay check amount on pay day as well as what the current balance is. You can also receive low balance notifications set to the dollar amount that you determine on the attached form.**
- You may call Customer Service 24 hours a day, 7 days a week, 365 days a year at 888-220-4477 for balance inquiries or other questions. (Para Español, apriete dos)
- You can pay bills with the GCC (by phone/internet/in person). You can also set up your online account to make automatic payments.

Please complete the attached form and turn it in to your manager as soon as possible indicating whether you would like direct deposit or Global Cash Card. Please make sure you include an email address.

Fill Out This Form!





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 <u>Karlie Gómez Rivera</u>	SSN# (last 4 digits) <u>4124</u>	Effective Date

SECTION 2 - PAYROLL ELECTION	
<input checked="" type="checkbox"/> Direct Deposit (Please complete Sections 3 and 5 below)	
<input type="checkbox"/> Payroll Debit Card (Please complete Sections 4 and 5 below)	

SECTION 3 - DIRECT DEPOSIT	
<input type="checkbox"/> Update Bank Account	<p>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.</p> <p>Initial <u>KGR</u> Date <u>10/05/15</u></p>
Bank Name: <u>Banco Popular</u>	
Routing# <u>021502011</u>	
Account# <u>044260423</u>	
Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	

- 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 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
Street Address (PO BOX NOT ACCEPTABLE)			Social Security#
City	State	Zip	Cell Phone (mobile)

RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)	
Payroll Debit Card Routing # <u>073972181</u>	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 included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature: _____ Date: _____

SECTION 5 - AUTHORIZATION

I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). *** E-mail is required for pay stub information.**

*E-mail: Karliegr@gmail.com

This information will only be used to send your paystubs electronically

Employee's Signature: [Signature] Date: 10/05/15



employer solutions staffing group^{llc}

Leveraging Resources in a Changing Market

STATEMENT OF CONFIDENTIALITY

This agreement made this 15 day of october, 2015, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and _____ hereafter referred to as "employee".

WITNESSETH:

For the duration of my employment and after resignation or termination of this employment with employer, for any reason whatsoever, the employee shall not use or disclose to any other person or company, and confidential or proprietary information or know-how related to the business of the employer.

In view of the difficulty of determining the amount of damages which may result to the employer from a violation of any of the provisions hereof, the employee agrees to pay to the employer the sum of \$10,000 as liquidated damages for every such violation; provided, however, that the payment of such amount as liquidated damages shall not be construed as a release or waiver by the employer of the right to prevent any such violation in equity or otherwise.

Employee Signature

Employer Solutions Staffing Group LLC, Representative

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

▶ See separate instructions.

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

Your name Karolie Gómez Rivera Social security number ▶ 584-95-4124

Street address where you live Paseo Sales 500 Carr. 9189 Apt. 68

City or town, state, and ZIP code Guabo, PR 00778

County Puerto Rico Telephone number (187) 234-3342

If you are under age 40, enter your date of birth (month, day, year) 07/03/79

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

- 2 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 ▶ 

Date 10-05-15



EMPLOYER SECTION:

ESG FEIN#:		ESG Client Name & State:	
Hiring Manager:		Position:	Starting Wage: \$

EMPLOYEE SECTION:

Employee Name: <i>Karolie Gómez Rivera</i>		Street Address: <i>Paseo Gales 502 Carr 9189 Apt 68</i>		City/State: <i>Gurabo, PR</i>	Zip: <i>00778</i>
SS#: <i>584-95-4124</i>	Date of Birth: <i>07/03/1979</i>	Age: <i>36</i>	Have you worked for this company before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, location: <i>NA</i>	

Please complete all questions, and sign and date the form.

	Yes	No
<p>1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997? (If yes, please provide information below.)</p> <p>Name of the person receiving benefits: _____ Relationship to you: _____ City: _____ County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months? (If yes, please provide information below.)</p> <p>Name of the person receiving benefits: _____ Relationship to you: _____ City: _____ County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>3. 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. <i>*If you checked yes please provide a copy of your SSI documentation.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>4. 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: <input type="checkbox"/> Vocational Rehabilitation Agency <input type="checkbox"/> Dept. of Veterans Affairs <input type="checkbox"/> Employment Network (Ticket to Work Program)</p> <p>Name of Agency: _____ Phone #: _____ City: _____ County: _____ State: _____ <i>*If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>5. Are you a Veteran of the U.S. Military? <i>*If yes, please provide a copy of your DD-214 and letter of separation.</i> (If yes, please provide information below. If no, please continue to question #6.)</p> <p>Dates of Service - From: ____/____/____ To: ____/____/____ Branch of Service: _____</p> <p>Are you entitled to or are you receiving compensation for a service-connected disability? <input type="checkbox"/></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Have you been unemployed at any time during the last 12 months? <input type="checkbox"/></p> <p>If yes, dates of unemployment - From: ____/____/____ To: ____/____/____</p> <p>Did you receive unemployment compensation at any point during your unemployment? <input type="checkbox"/></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months?</p> <p>Conviction Date: ____/____/____ Release Date: ____/____/____</p> <p>Was this a <input type="checkbox"/> Federal or <input type="checkbox"/> State conviction? If State - County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional Tax Credits		
IEC (Native American): Are you or your spouse a member of a Native American Tribe? <i>*If you checked yes please provide a copy of your CDIB card.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CA Residents: <input type="checkbox"/> Are you the child of foster parents? <input type="checkbox"/> Do you receive CalWorks? <input type="checkbox"/> Workforce Investment Act?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Are you a migrant or seasonal farm worker? <input type="checkbox"/> Have you ever been convicted of a misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
SC Residents: <input type="checkbox"/> Do you receive Family Independence Benefits?	<input type="checkbox"/>	<input type="checkbox"/>

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. dba Retrotax), or the Department of Labor.

New Employee Signature: *[Signature]* Date: *10-05-15*



employer solutions staffing group

Leveraging Resources in a Changing Market

INJURY MANAGEMENT PROGRAM

Injured Worker's Responsibilities

As your employer, we are concerned about your full recovery. Reasonable and necessary medical care will be paid for any compensable work injury. Medically authorized time away from work will be reimbursed in accordance with the **State of Minnesota workers' compensation laws**. Wherever possible light duty restrictions imposed as a result of your injury will be accommodated.

RESPONSIBILITIES OF THE INJURED WORKER:

Minnesota Rule Sec. 5221.0430, Subp. 1 requires that you choose one primary health care provider. Subpart 2 places limitations on your right to change primary health care providers. Discuss with your employer any change in health care provider.

Attend all scheduled appointments. While on physical limitations, visits should be a minimum of once every two weeks. Failure to have current medical support for disability may result in termination of benefits. Schedule your next appointment immediately after your doctor visit, before you leave the clinic if possible.

Obtain a Report of Workability from your physician at every appointment, a minimum of once every two weeks. M.R. 5221.0420 requires that your physician cooperate with return to work planning and that you be released to return to work at the earliest appropriate time.

Immediately following your appointment, provide a copy of the report to the designated employer representative. You should deliver this in person so that changes in work restrictions may be addressed and any questions answered.

Follow all physical restrictions at home and at work.

Report to work and perform physically suitable tasks as assigned. These may or may not be in your regular department. The work may or may not be on your usual shift.

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: 

Printed Name: Karolie Gómez Rivera



employer solutions staffing group^{LLC}

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): Karolie Gómez Rivera

Signature/Firma: 

Employee Keeps This Form

Healthcare Notice of Exchange

As your employer, we are required to provide you with the following information under Section 1512 of the Affordable Care Act:

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

*****The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area*****

If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information:

Employer Name: Employer Solutions Staffing Group, LLC			Employer FEIN: 20-8084369		
Employer Address: 7301 Ohms Lane Suite 405 Edina, MN 55439			Phone Number for Health Benefits Team: 952-767-9519		
Insurance Plans Available:	Who is Eligible?	Meets Minimum Value Standard?	Meets Minimum Essential Coverage?	When is it effective?	Will I be penalized if I only have this plan?
Fixed Indemnity Plan	Everyone	No	No	Available immediately – offered upon hire	Yes
MEC Plan	Everyone	No	Yes	Available immediately – offered upon hire	No
Major Medical Plan	Full time employees after 120 hours are met in 30 days	Yes	Yes	Within 60 days of being determined eligible	No

For more information about ESSG's Insurance options, contact:

The Health Benefits Team
Employer Solutions Staffing Group
952-767-9519 | health@employersolutionsgroup.com

Employee Keeps This Form

NOTICE: ESSG Electronic Pay Stubs

ATTENTION

ESSG provides employees with electronic pay stubs. You are able to view your pay stub by using either of the following methods:

1. You can view your check stub by logging into the employee portal at www.MyPayESG.com

Your username is the first four letters of your last name followed by the last four numbers of your SSN.
The log-in is case sensitive, so be sure that you capitalize the first letter of your last name.

For example: John Woods SSN: 111-22-3333 would have a username of Wood3333

Your password will initially be **Temp1234**, and you will be directed to change it when you first log in. Be sure to write down and keep your log-in information in a secure location. For support please email MyPayESG@MyPayESG.com

2. You can also receive your check stub **by email** by providing us with your email address on **page 1** of this packet.
**** Your check stub will come from payroll@MyPayESG.com, be sure to check spam folder.**

Empleado Toma Copiar

ATENCIÓN

ESSG proporciona a los empleados con los talones de pago electrónicos. Usted puede examinar su talon de pago utilizando cualquiera de los métodos siguientes:

1. Usted puede ver su talón de cheque por la tala en el portal electrónico del empleados en www.MyPayESG.com

Su nombre de usuario son las cuatro primeras letras de su apellido seguido por los cuatro últimos dígitos de su número de seguro social.

El portal es caso delicado, asegúrese de que la primera letra de su apellido sea mayúscula.

Por ejemplo: Juan Garcia SSN: 111-22-3333 tendría un nombre de usuario de Garc3333

Su contraseña inicialmente será **Temp1234**, y usted será dirigido a cambiarla la primera vez que inicie sesión. Asegúrese de anotar y guardar su información de registro en un lugar seguro. para apoyar email: MyPayESG@MyPayESG.com

2. También puede recibir su talón de cheque por correo electrónico , al proveir su correo electronico en la **pagina 1** de este paquete
**** Su talón de cheque vienen de payroll@MyPayESG.com, asegúrate de revisar la carpeta de spam**



Employee Safety Handbook



Rev 7 March 27, 2014

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Introduction

Storeroom Solutions' most valuable assets are the employees whose efforts have enabled us to achieve the level of success we enjoy today. Whether a permanent employee or member of a project team you are very valuable and ensuring your safety is paramount.

The safety and well being of each and every employee is the most important element in protecting that you, our most important asset. Accordingly, Storeroom Solutions is committed to equipping employees to perform their assigned tasks safely.

The safety program cannot be successful without active participation of all employees. As a valued employee, you should know your responsibilities so that if you see coworkers performing unsafe acts, you can remind them that safety is our top priority.

This "Employee Safety Handbook" gives you a quick glimpse of the many elements of the safety program. Although this handbook does not contain all requirements of our safety and health program, it does contain the many general rules that all employees must follow. For complete safety and health program requirements, refer to the "Safety Manual" that can be obtained through your Site Manager or Project Leader.

Employees are expected to follow all safety and health rules. Failure to follow the important rules in this handbook could result in injury to yourself or others or damage to company property. Disciplinary action could be taken in accordance with current practices, up to and including termination of employment.

***Every day when you arrive for work,
make sure safety is your top priority***

Important Phone Numbers

Outside Numbers

Fire, Police, Ambulance 911 **Insert Phone Number Here**

Police (non-emergency) **Insert Phone Number Here**

Hospital Non-Emergency **Insert Phone Number Here**

Emergency Room **Insert Phone Number Here**

Client's Main Office **Insert Phone Number Here**

Inside Numbers

Site Manager or Project Leader **Insert Name & Phone Number Here**

General Manager **Insert Name & Phone Number Here**

Regional/Program Manager **Insert Name & Phone Number Here**

Security **Insert Phone Number Here**

General Safety Conduct

- ◆ **If you see any unsafe conditions, take immediate corrective action. If corrective action is beyond your capabilities, report the unsafe condition to your supervisor.**
- ◆ **Report all unsafe work practices to your supervisor.**
- ◆ **Never bring firearms or other weapons on premises, including buildings, parking lots and vehicles.**
- ◆ **Aggressive behavior of any type will not be tolerated.**
- ◆ **Immediately report any disorderly conduct such as shouting, pushing, throwing of objects, threats to inflict bodily harm, intimidating presence or harassment of any type.**
- ◆ **Fascination with guns or other weapons may indicate an employee at risk for violent behavior. Carefully consider such situations and, if appropriate, report it to your supervisor.**
- ◆ **Abide by the safety rules and safe practices contained in this book, the Safety Manual and all supplemental safety and health rules and safe practices that may be distributed from time to time.**
- ◆ **You have the responsibility to correct or repair unsafe conditions in your work area by yourself or with the aid of others, up to your capabilities, regardless of your job or classification.**
- ◆ **Take advantage of all safety information available to you and learn to work safely.**
- ◆ **Failure to comply with any company safety rules or safe practices, or the act of engaging in unsafe practices or conduct not specifically covered in this handbook, may result in disciplinary action.**

Incident Reporting

1.1.1 Incident Reporting: In the event a work-related injury or illness occurs, the following procedure is to be followed:

- ◆ Attend to the injured/sick person.
- ◆ In the event of an emergency call 911 for assistance.
- ◆ If non-emergency medical care beyond first aid is required, find a preferred provider for your location through the insurance carrier's preferred provider networks. Providers can be found by referring to the "Reference Material" tab found on the following website: State specific information is also found there

<http://www.talispoint.com/htfd/external/>

- ◆ Notify the next level of management, Corporate Senior Director of Safety and Quality (610) 246-5028 and Corporate HR (610) 293-5563 (office) or (610) 246-7461 (mobile), within 8 hours of the injury or onset of illness.
- ◆ The individual's supervisor completes the Report of Injury or Illness (General Form 1-1) and forwards to: Corporate HR by email (MStones-West@storeroomsolutions.com) or fax (610.964.0372) and (safety@storeroomsolutions.com). The form can be found in the Safety Area of the SSI Employee Center or through contacting HR (HR@storeroomsolutions.com) or the Senior Director of Safety and Quality.
- ◆ Single person sites shall post their immediate supervisor's emergency contact information in their work area and ensure that key client personnel are aware of the contact information.
- ◆ Follow up with a phone call to HR (610) 293-5563 to verify receipt.
- ◆ Do not send this report to anyone outside SSI without discussing with Corporate HR. Note: ALL injuries must be reported to the supervisory chain of command, Director of Quality and Safety and to Corporate HR.
- ◆ Keep the original report in a locked/secure file.
- ◆ Conduct an Incident Investigation (1.7) and document it on the Report of Injury or Illness (General Form 1- 1 in Safety Manual) and send to each supervisory level up to and including the Senior Director of Safety and Quality and Corporate HR
- ◆ The Report of Injury and Illness Form is stored in the Employee Center accessible through the "Home" tab with Storeroom On-Site (SOS,

Anti-Violence/Security

Workplace violence has emerged as an important safety and health issue in the workplace. Although a specific workplace violence rule has not been adopted, Storeroom Solutions Inc. recognizes the impact workplace violence can have on its employees and intends to have a workplace that is secure and free from violence or potential violence.

- ◆ Only persons with legitimate reasons shall be allowed on premises and only with client permission.
- ◆ Visitors should report to the reception area before entering the facility.
- ◆ Report any unrecognized or suspicious visitors to your Site Manager or Project Leader.
- ◆ When moving to and from the parking lots, be aware of activities around you, and take care to avoid any unknown persons.
- ◆ After dark, leave the buildings in the presence of others, if possible.
- ◆ Acts of aggression, such as shouting, pushing, throwing objects, slamming doors, etc., will not be tolerated.
- ◆ Do not bring firearms or weapons of any type to work.
- ◆ Report any type of intimidation or harassment to your Supervisor, who will in turn inform the Safety Coordinator. If the Supervisor is the aggressor, inform the Safety Coordinator directly.

Emergency Action Plan (EAP)

In addition to the client's EAP these procedures are designed to help you in responding to potential emergencies such as fires, chemical spills and earthquakes.

You will be trained in the client's safe evacuation procedures and will know the parts of the evacuation plan that apply to you. You will receive update training as your responsibilities in the plan are changed.

Learn the best escape route(s) from the various area(s) in the building(s) where you work.

If evacuation is necessary, your Supervisor will inform you. Upon leaving the building during a formal evacuation, proceed immediately to the client's designated area so an accounting of all employees can be made.

In the Event of a Fire:

- ◆ Be familiar with locations of fire extinguishers in your work area. If you detect a fire, notify co-workers and your supervisor immediately.
- ◆ If the fire seems controllable, you may—*on a voluntary basis*—try to extinguish it as long as you can do so safely.
- ◆ Immediately sound the alarm and call 911 if it appears the fire cannot be easily controlled.

In the Event of an Earthquake:

- ◆ **If you are inside:** Stand in a doorway or crouch under a desk or table, away from windows or glass dividers. Stay away from tall objects, such as files or cabinets.
- ◆ **If you are outside:** Stand away from buildings, trees, telephone lines and electric lines.

When the Earthquake is over:

- ◆ Remain at your workstation unless it becomes obvious that doing so would expose you to additional hazards. As soon as practical, the Safety Coordinator will assess the situation and determine the need for evacuation. If evacuation is necessary, a **Describe Alarm** alarm will sound. All employees will immediately evacuate the building and assemble in the **Insert Location Here** for an accounting of employees.

Note: In some instances client or building manager procedures may require building evacuation after the event to allow damage assessment.

In the Event of a Hurricane:

- ◆ Know all evacuation routes if you live close to the coast.
- ◆ Have proper tools, supplies, and a first aid kit.
- ◆ Have plenty of batteries and flashlights
- ◆ Always have plenty of non-perishable foods on hand.

When a Watch or Warning is issued:

- ◆ Leave low lying areas.
- ◆ Protect windows with plywood boards, or storm shutters.
- ◆ Secure outside objects.
- ◆ Make sure you have plenty of fuel and water.
- ◆ Have several days supply of food and water for each family member.
- ◆ If called to evacuate, do so immediately.

Before the Storm:

- ◆ Be ready to put your plan and preparation into action.
- ◆ Pay attention to local weather reports on radio, television, or the internet.
- ◆ Have house boarded up, or have storm shutters in place.
- ◆ Have plenty of food and water.
- ◆ Make sure all your tools, supplies, and first aid kit available for use.
- ◆ Have a secure room available

During the Storm:

- ◆ Stay in Secure Room.
 - ◆ Stay away from windows.
 - ◆ Do not use the phone, or candles.
 - ◆ Monitor Weather and Civil Service Bulletins on either regular or NOAA radio.
 - ◆ Have supplies on hand.
 - ◆ Remain indoors when the eye moves over your area because the storm will resume shortly.
- After the Storm:**

After the Storm:

- ◆ Make sure that all is definitely clear outside, and the storm has completely passed before going out.
- ◆ Report downed power lines, and stay away from them.
- ◆ Use stored water and food.

- ◆ Be patient. Things will take a while before they get back to normal.

Ergonomics—Repetitive Motion Injuries (RMI)

Many of the tasks you will perform are repetitive in nature. If these tasks are not performed properly, repetitive motion injuries may result.

Repetitive motion injuries result from performing the same motion(s) over and over and can occur regardless of the task(s).

- ◆ Use workstations, where possible, that have proper lighting, correctly arranged computer equipment and comfortable desks and chairs.
- ◆ Organize the work area so that tasks can be performed in the most efficient manner and with the least physical strain from repetitive motion.
- ◆ Minimize repetitive stretching, bending, or sitting in the same position for long periods.
- ◆ Take periodic breaks to relieve stress do to repeating motions.
- ◆ Do not attempt to perform physical tasks that are beyond your physical capabilities.
- ◆ Report any tasks or situations where you believe repetitive motions may be contributing to pains you experience as the task(s) is being performed.

This program is designed to provide information to you so that you can work with and around hazardous chemicals safely. This program is also called "The Right-To-Know" Program.

- ◆ A "right-to-know" station, which includes hazardous chemical information, is located in the [Enter Location Here](#)

- ◆ Be familiar with the hazardous chemicals used or stored in your work area and know how to protect yourself from the hazards they represent.

- ◆ Do not use hazardous chemicals unless you have been trained to do so safely.

- ◆ Safety Data Sheets (SDS)/Material Safety Data Sheets (MSDSs) are located [Enter Location Here](#)

- ◆ Follow all safety instructions indicated by the SDS/ MSDS and labels attached to containers.

- ◆ Never use a chemical in an unmarked container unless the contents are known specifically to you or a co-worker.

- ◆ Report all spills of hazardous chemicals to your Supervisor.

- ◆ Advise contract employees of chemical hazards they may encounter while on the premises and the location of SDS/MSDS.

- ◆ Review safety procedures before undertaking any new and/or non-routine task.

Occupational Noise Exposure

Storeroom Solutions is committed to conserving the hearing of all employees by encouraging and requiring employees

to practice safe habits related to hearing conservation and to comply with all pertinent noise control and hearing conservation regulations. All employees working in areas of excessive noise shall wear hearing protection devices, have an annual audiogram and receive annual training.

Hazardous Noise Area: A hazardous noise area is any area where the continuous sound pressure level is greater than or equal to 90 dBA or where impulse or impact noise is greater than or equal to 140 dB.

The Client Safety Officer is normally responsible for coordinating and administering the Noise and Hearing Conservation Program for your facility. If it is determined that your work area is a Hazardous Noise Area:

- ◆ Always wear hearing protection in designated, posted areas.
- ◆ Never share hearing protection devices with other employees.
- ◆ Do not expose yourself to an excess of 90 dBA without appropriate hearing protection.
- ◆ Follow the Noise Control and Hearing Conservation Program outlined in the Safety Manual.

All records created as part of the Noise Control Program, will be kept in accordance with 29 CFR 1910.1020, Access to Medical and Exposure Records, describe elsewhere in this handbook.

Personal Protective Equipment

In addition to client PPE requirements tasks performed by Storeroom Solutions' personnel have been assessed for the need of personal protective equipment and guidelines for their use have been written. Full details are included in the Safety Manual.

- ◆ Required personal protective devices shall be provided, repaired, cleaned and maintained by Storeroom Solutions with the exception of steel-toed shoes.

- ◆ Personal protective equipment is not to be removed from the premises.

- ◆ Eye protection suitable for the procedure performed will be worn in all areas of the facility where potential eye injury exists.

- ◆ *SSI storerooms are assessed to have a potential for foot injuries due to heavy bulky materials that have to be moved. Therefore all Storeroom Solutions Inc. (SSI) employees that work in a storeroom environment are required to wear shoes with a non-slip sole and steel toe or non-metallic polycarbonate safety toe, or style required by the client. SSI employees who visit storerooms are encouraged to wear safety shoes. If you are a full-time SSI employee and work in or visit a storeroom, SSI will provide or reimburse for one pair of conforming safety shoes, purchased from our preferred vendor, Shoes for Crews, or will reimburse for shoes purchased elsewhere up to \$65. Storeroom Solutions will purchase replacements every five years for those who only visit storerooms and every year for those who work in storerooms.*

- ◆ *Storeroom Solutions storerooms are assessed to have a potential for hand injuries as result of using box cutters and handling sharp or rough edged parts. Protective gloves must be worn while handling box cutters and other sharp cutting instruments. Attendants or other employees must always wear gloves when handling parts during work hours because of the potential for cuts. Gloves with mesh lining resist penetration and cuts.*

- ◆ *Some Storeroom Solutions storerooms are assessed to have the potential for hearing damage due to the noisy environment of the facilities they are located in. Personnel working where the time weighted average (TWA) (average over an 8hr period) is 90db or louder will wear hearing protection. When TWA averages exceed 85db a hearing conservation program is required. OSHA has very specific guidance for Hearing Conservation Programs which includes baseline and annual hearing testing. Contact the Senior Director of Safety and Quality safety@storeroomsolutions.com if you need specifics on the hearing conservation program requirements or if your work environment noise levels need to be tested.*

Ladder Safety Policy

This policy applies to all employees who use ladders at work and describes how portable ladders are to be selected, used, inspected, and maintained.

Ladder Selection

- ◆ Different ladders are made for specific uses. For a given task, you must select the right ladder to ensure your safety. Prior to purchasing a ladder, check with Safety Department for specifications. New ladders must meet or exceed ANSI Type I-A specifications, with preference to fiberglass construction.
 - Step Ladders are self-supporting ladders with flat steps and hinged backs. They may be constructed of aluminum, fiberglass, or wood, and they must have a metal spreader that locks the ladder open. They should only be used on firm and level surfaces. The maximum allowable length for a step ladder is 20 feet. These must never be used as a straight-type ladder (leaned up against a wall for use), as the footing was not designed for safe use in this manner. Never stand or sit on the top two steps of a step ladder! A longer ladder may be required to safely perform a given task.
 - Straight-type Ladders are not self-supporting ladders. They must be leaned against a stable surface, with a 1:4 scope (1 foot away from the wall for every 4 feet in height). They may be constructed of aluminum, fiberglass, or wood, in either single or extendable lengths. The maximum allowable length for a single ladder is 30 feet, while extension ladders may reach up to 72 feet. Both should be placed on firm, stable footings, or utilize leg extensions or non-slip feet. Straight-type ladders should extend at least 3 feet above the accessed area, and they must be tied off to a secure anchor point if they are to be used repeatedly in the same spot.
 - Rolling Ladders are self-supporting stair-type ladders exist primarily in warehouse environments where rolling surfaces are smooth and level. They have integral handrails and usually have locking devices for stability. Most rolling ladders are constructed of steel, so be aware of conductivity risks when working near electrical equipment.

Helpful Hints for Ladder Safety

- ◆ Never use a ladder unless you have been trained.
- ◆ Always use three points of contact when using ladders (e.g.: two feet and one hand in contact with the ladder).
- ◆ Portable ladders are to be used by only one person at a time, unless specifically designed otherwise.
- ◆ Protect the base of ladders in high traffic areas. If you must close an area due to safety concerns, barricade access routes and post alternatives, as appropriate. If you cannot close an area, you must have another employee guard the ladder base.
- ◆ Make sure ladder treads are clear of mud and debris before using. Employees may only use a contractor-owned ladder with the contractor's permission and only after assessing the ladders' condition.

Never

- ◆ Carry awkward loads while using a ladder. Use ropes to haul heavy items up once you have reached your working height or surface.
- ◆ Place tools or supplies on ladders steps if they could fall. Many injuries are caused by falling objects.
- ◆ Use wood or metal ladders around exposed, energized electrical equipment. Ladders can provide energy an easy path to ground.
- ◆ Paint a ladder. Paint conceals defects and can cover rating labels.
- ◆ Reach far out from or turn excessively while on a ladder. These actions risk destabilizing the ladder.
- ◆ Store a ladder in the rain or direct sun. These shorten ladder service lives.
- ◆ Lean a ladder on windows, unsecured surfaces, or other unstable support. Your support point must be as stable as your base.
- Use a defective ladder. Report these to the Safety Department for repair or disposal.

Ladder Inspection

- ◆ The safety of ladders must be assessed by the user prior to each use. Only ladders in good condition are to be used.
- ◆ Unsafe ladders must be clearly marked or tagged as unsafe (e.g.: Do Not Use or Damaged). The Safety Department can help determine repair or disposal needs.

Lifting Safety Policy

Unassisted Lifting

General

- ◆ No one individual is allowed to lift in excess of 40 lbs
- ◆ Two people may jointly lift weights up to 80 lbs
- ◆ Any item weighing 100 lbs or more will not be lifted without the assistance of a lifting device



Preparing for a Lift Guidelines:

- ◆ Think before you lift
 - Can handling aids be used?
 - Is this an assisted lift situation e.g. item exceeds 40 lbs, bulky item or requires lifting from an awkward position
 - Inspect the material for loose packing material, sharp edges, and grease or dirt that could cause slipping.
 - Wear gloves when lifting material with sharp edges.
 - The gloves should be made of cut-resistant material with slip resistant palms. There are many suitable varieties available
 - The gloves must be free of grease or other substances that could cause slipping.



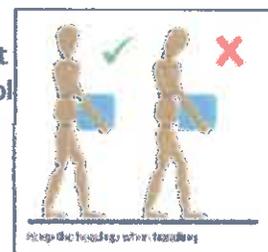
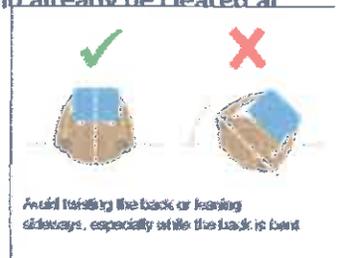
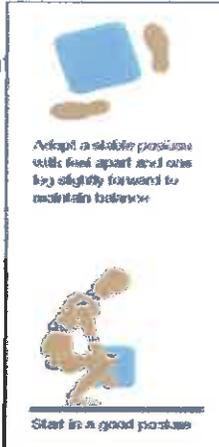
- Inspect the route which you will use to deliver the material, clear all obstacles, clean up any spills or wet areas, determine if there is an elevation change, and plan the route you will take.
- Consider the distance you will travel and understand that you will lose your grip over a longer distance and may want to plan a stopping point along the way.

General Lifting Risk Assessment Guidelines

- ◆ Assess the maximum weight being handled. If it is 40 lbs or less the lift is within the guidelines.
- ◆ The guideline weights assume that the material is easily grasped with both hands and that the lift takes place in reasonable working conditions with the lifter in a stable body position as
- ◆ Once you have determined that the lift is a single person manual lift proceed by using the proper lifting techniques:
 - **Keep the load close to your waist.**
Keep the load close to your body for as long as possible while lifting. Keep the heaviest side of the material next to your body. If a close to the body lift is not possible attempt to slide the material towards the body before attempting to lift



- **Adopt a stable position.** The feet should be apart with one leg slightly forward to maintain (alongside the material, if it is on the ground). The employee should be prepared to move their feet during the lift to maintain their stability. Avoid tight clothing and unsuitable footwear which will make this difficult.
- **Get a good hold.** Where possible the material should be held as close to the body as possible. This may be better than gripping tightly with hands only.
- **Start in a good posture.** At the start of the lift slight bending of the back, hips, and knees is preferable to bending over with the back only.
- **Don't flex the back any further while lifting.**
This can happen if the legs are straightened before starting to raise the material.
- **Avoid twisting the back any further while lifting.**
This is especially true while the back is bent. Shoulders should be kept level and facing in the same direction as the hips. Turning by moving the feet is better than twisting at the same time.
- **Keep the head up when lifting.** Look ahead, not down at the route – it should already be cleared at this point.
- **Move smoothly.**
The material should not be jerked or snatched as this can make it harder to maintain control and increases the risk of injury.
- **Don't lift or handle more than can be easily managed.**
There is a difference between what people can lift and what they can lift and manage safely. If you are in doubt seek help or advice from a supervisor.
- **Put down and then adjust.**
If precise positioning of the material is required or you begin to lose your grip put it down immediately. Re-position the material and continue; do not try to adjust while holding material.



Good handling techniques for pushing or pulling

Here are some practical points to remember when material is pushed or pulled:

- ◆ Material handling equipment should have handle heights that are between the shoulder and waist.
- ◆ Equipment should be well maintained with wheels that turn smoothly. When purchasing material handling equipment is sure to purchase good quality equipment with the largest wheels possible for the particular piece of equipment.



- ◆ Employees should enlist help from another worker whenever necessary if they have to move material up or down a slope or ramp, as pushing or pulling forces can be very high and cause additional risk of injury.

Assisted Lifting Guidelines

Personnel shall adhere to the assisted lifting guidelines within this document to the fullest extent possible.

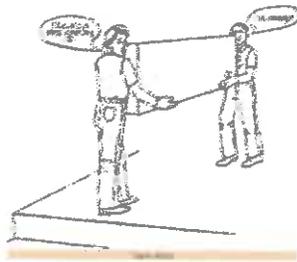
- ◆ **Using lifting devices can:**
 - Avoid injury
 - Avoid pain, suffering and stress for you and your family
 - Prevent loss/reduction in earnings.

- ◆ **If you are injured it may affect:**
 - Your lifestyle
 - Leisure activities
 - Ability to sleep
 - Ability to do your job

- ◆ **Multiple-Person Lift**
 - All persons should be about the same height
 - One person takes charge of the lift so you are working together, not against each other
 - Lift together, walk in step and lower the load together

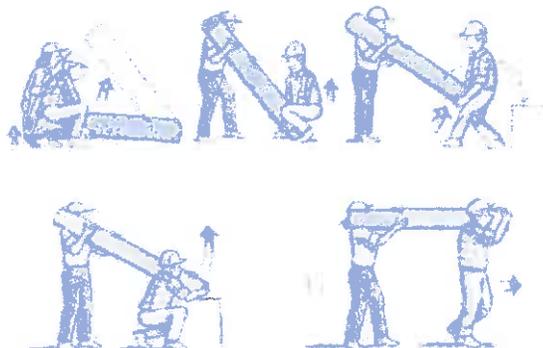
Assisted Lifting Risk Assessment Guidelines

- ◆ Can you see over and around the load? If not an assisted lift is required regardless of weight.
- ◆ Is the item easily grasped and not too bulky to lift alone? If not an assisted lift is required regardless of weight. If the item is too bulky for multiple people, lifting equipment must be used.
- ◆ If the item weighs less than 200 lbs are sufficient people available to lift the item without exceeding the 40lbs per person limit?
- ◆ If the item weighs over 100 lbs is proper equipment available to make the lift?
- ◆ Is the intended lifting equipment rated for the planned lift?
- ◆ Are the people intending to perform a multiple-person lift approximately the same height?
- ◆ Has the leader of a multiple-person lift been decided?

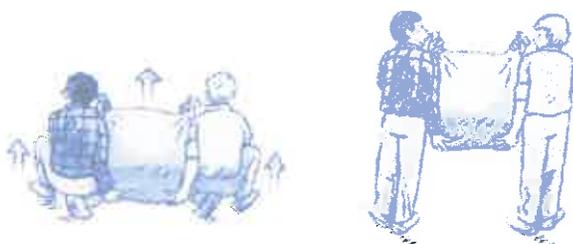


◆ Two-Person Lift for Long Loads

- Extra care is required as long loads are difficult to control.
- One lifter takes charge of the lift.
- Both lifters start at the heavier end of the load.
- Bring one end of the load up to shoulder height.
- One lifter takes the weight on his/her shoulder, while the second goes to the opposite end and lifts it onto a platform and then onto his/her shoulder.

**◆ Two-Person Lift for Sacks**

- Standing on each side of the upright sack.
- One person takes charge.
- Grasp the bottom corner with one hand, and the upper corner with the other.
- Get a good grip.
- Lift together.
- Use your legs and thigh muscles, not your back.



Material Handling Equipment Safety Policy

Forklifts

- ◆ Forklifts and powered industrial trucks are governed by Occupational Safety & Health Administration (OSHA) regulation 29CFR-1910-178. The information within this manual is extracted from, but is not all of the information contained within those documents. Please refer to those documents or contact the Director of Quality and Safety if you have further questions.

29CFR (Safety and Health Standards)

1910 (General Industry)

178 (Powered Industrial Trucks)

Forklifts are also governed by American National Standards Association (ANSI) ANSI - B56-1983

Forklifts must be inspected prior to use (See Safety Manual Section Form 4-2 Forklift Inspection Checklist). Unless the client does not desire the checklist should be kept on the vehicle. Use of a client inspection is acceptable as long it meets the minimum requirements of the manual. Contact the Director of Quality & Safety safety@storeroomsolutions.com if you have any questions or concerns

- ◆ All forklift operators must possess certification meeting OSHA requirements
- ◆ Remove unsafe or defective trucks from service until the defect is properly repaired
- ◆ Do not handle loads that are heavier than the weight capacity of the forklift
- ◆ Follow the truck manufacturer's operational requirements.
- ◆ Ensure that the operator wears a seatbelt installed by the manufacturer.
- ◆ Never drive up to a person standing in front of a fixed object such as a wall or stacked materials.
- ◆ Drive safely, never exceeding 5 mph and slowdown in congested areas or those with slippery surfaces
- ◆ Drive forklifts or other mechanical handling devices slowly on docks and dock plates
- ◆ Keep clear of dock edges and never back up forklifts to the dock's edge.
- ◆ Center the load on the forks as close to the mast as possible to minimize the potential for the truck tipping over or the load from falling.
- ◆ Avoid overloading a lift truck because it impairs control and causes tipping over.
- ◆ Do not place extra weight on the rear of a counterbalanced forklift to allow an overload.
- ◆ Adjust the load to the lowest position when traveling.
- ◆ Pile and cross-tier all stacked loads correctly when possible

Lift Tables and Scissor Lifts

- ◆ Lift tables and scissor lifts are tabletop devices that employ a scissors mechanism, hydraulic cylinder or similar device to raise or lower materials in such a way as to provide ergonomic positioning for operators. Common types of these devices include:
 - Scissor lifts are raised on linked folding supports that draw together to lift.
 - Screw lifts lift using screw like threads.
 - Rack and pinion lifts utilize a pinion that drives a straight-toothed rack.
 - Telescoping lifts have multiple overlapping sections that move into and out of one another.
- ◆ Lifts must be inspected prior to use (See Section Form 4-3 Lift and Dolly Inspection Checklist). Unless the client does not desire the checklist should be kept on the vehicle. Use of a client inspection checklist is acceptable as long it meets the minimum requirements of the manual. Contact the Director of Quality & Safety if you have questions regarding a client checklist.

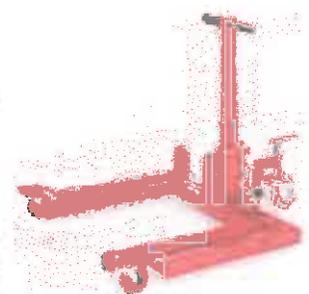


Dollies

- ◆ **Dollies** are often used to move heavy items in lieu of lifting and carrying them.
 - A **4-wheel dolly** also known as or a **caster board** is a wheeled platform, usually without handles used to move medium heavy loads. It usually has four wheels or casters and a platform (or open frame) of wood, metal or plastic.
 - The **2-wheel dolly** is another term for a hand-truck, an L-shaped cart with 2 wheels on a common axle. A **luggage dolly** is a lightweight 2-wheel dolly that collapses and/or folds into a package of approximately briefcase size; a **refrigerator dolly** is a large, heavy-duty, 2-wheel dolly that frequently has an integral system for strapping the load to itself.
- ◆ Dollies should be visually inspected prior to use to ensure wheels, handles and other attached hardware is intact. See Section Form 4-3 Lift and Dolly Inspection Checklist. Remove from use and tag all unserviceable dollies (See General form 1-3).



Antique 2-wheel Dolly



Modern Day Dollies

End of Booklet