

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	

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

Name (Print or type) Kurt's Bosin
 Applicant's Signature [Signature]
 Date 2/6/15

If hired, I agree to abide by the policies and procedures of ESSG.

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.

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 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.

Applicant Certification and Authorization

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

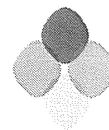
All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Company/Employer _____
 Phone Number 920-752-8650 Email Address Crazy ColoradoWolf@gmail.com
 City/State/Zip Boilder CO 80304
 Street Address 4869 Broadway St Apt/Ste _____
 Last Name Bosin First Name Kurt's Middle Initial M

Personal Data-- PLEASE PRINT LEGIBLY IN INK

New Hire Application

empoyer solutions staffing group
 Leveraging Resources in a Changing Market



7301 Ohms Lane Suite 405
 Edina, MN 55439
 Tel: 952.835.1288 • fax: 952.835.1255
 www.esgstaffingsolutions.com



Affirmation of Legal Work Status
Pursuant to § 8-2-122, Colorado Revised Statutes

Revision Date: 09/06/12
Expiration Date: 10/01/14

Employee Name: Bosin Kurtis Michael
Last First Middle
Date of Birth 5/27/88

Social Security Number: 376 - 08 - 0163 Date of Hire: (MM/DD/YYYY)

In accordance with § 8-2-122, C.R.S., within 20 days after hiring the new employee listed above, I affirm all four of the following by signing this form:

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

Print Name of Employer (or Designated Representative) _____
Official Title _____

Signature of Employer (or Designated Representative) _____
Date Signed by Employer (MM/DD/YYYY) _____

Business or Organization Name _____
Employer Phone Number _____

The provision of false or fraudulent information on this form may subject the employer to a significant fine and/or additional penalties.
This form and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.



Employer Completes Next Page



Address (Street Number and Name)		City or Town	State	Zip Code
Last Name (Family Name)		First Name (Given Name)		
Signature of Preparer or Translator:		Date (m/dd/yyyy):		

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

Signature of Employee:	Date (m/dd/yyyy):
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Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Country of Issuance: _____

Foreign Passport Number: _____

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

2. Form I-94 Admission Number: _____

OR

1. Alien Registration Number/USCIS Number: _____

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number.

(See instructions)

An alien authorized to work until (expiration date, if applicable, m/dd/yyyy) _____ . Some aliens may write "N/A" in this field.

A lawful permanent resident (Alien Registration Number/USCIS Number): _____

A noncitizen national of the United States (See instructions)

A citizen of the United States

I attest, under penalty of perjury, that I am (check one of the following):

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.

Date of Birth (m/dd/yyyy)		U.S. Social Security Number		E-mail Address		Telephone Number	
5/27/88		376-08-0163		crazycoloradovolff@gmail.com		720-732-8650	
Address (Street Number and Name)		Apt. Number	City or Town	State	Zip Code		
4469 Broadway St			Boulder	CO	80304		
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Bosin		Kurtis		/n			

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.)

ANTI-DISCRIMINATION NOTICE: Read instructions carefully before completing this form. The instructions must be available during completion of this form. 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.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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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.

Document Title:	Document Number:	Expiration Date (if any)(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.

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):
--

Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405	City or Town EDINA	State MN	Zip Code 55439
Last Name (Family Name) First Name (Given Name) EMPLOYER SOLUTIONS STAFFING GROUP LLC		Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC	
Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the employee is authorized to work in the United States.

Certification

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

3-D Barcode
Do Not Write in This Space

List A Identity and Employment Authorization	OR	List B Identity
List C Employment Authorization	AND	List B Identity

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

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.)

DISCLOSE 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.orange-treescreening.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.

<p>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.</p>
<p>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.</p>
<p>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 to you upon request.</p>
<p>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.</p>

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 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.orange-treescreening.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: _____)

BACKGROUND INFORMATION

Last Name: Bosin First: Kurtis Middle: Michael
 Other Names/Aliases: _____
 Social Security #: 396-05-0163
 Driver's License #: 08-162-0544
 Present Address: 4829 Broadway St
 City/State/Zip: Boulder CO 80304
 Telephone # (Primary): 720-732-4650
 State of Driver's License: Colorado
 Date of Birth (mm/dd/yyyy)*: 5/27/88

Signature: [Signature] Date: 2/13/15

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

EMERGENCY CONTACT INFORMATION

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

Employee Name: Kurt's Michael Basin

Address: 4469 Broadway St

Home Phone: 720-732-8650

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

<p>Home Phone:</p> <p>Cell Phone: <u>616-322-7552</u></p> <p>Work Phone:</p>	<p>Contact #1</p> <p>Name: <u>Deb Basin</u></p> <p>Relationship: <u>Mom</u></p>
<p>Home Phone:</p> <p>Cell Phone: <u>616-799-4534</u></p> <p>Work Phone:</p>	<p>Contact #2</p> <p>Name: <u>Sandy Kimble</u></p> <p>Relationship: <u>Grandma</u></p>

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

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: Kurt's Bosin SSN# (last 4 digits): 0143 Effective Date: 2/6/15

SECTION 2 PAYROLL ELECTION

Direct Deposit (Please complete Sections 3 and 5 below)
 Payroll Debit Card (Please complete Sections 4 and 5 below)

SECTION 3 DIRECT DEPOSIT

<input type="checkbox"/> Update Bank Account	Bank Name: <u>American Express Centurian Bank</u>
	Routing#: <u>124671829</u>
	Account#: <u>6216022282122</u>
	Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other

I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.

Initial: KB Date: 2/6/15

SECTION 4 PAYROLL DEBIT CARD (GLOBAL CASH 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)			
City	State	Zip	Cell Phone (mobile)

GET TEXT ALERTS, when your paycheck is deposited on your card! All we need to know your cell phone service provider and mobile number above!

Yes, sign me up, for text alerts
 My mobile service provider is:

RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Routing #: 122242597
 Payroll Debit Card Account #: _____

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: Crazy Colorado@aol.com @ gmail.com this information will only be used to send your paystubs electronically

Employee's Signature: [Signature] Date: 2/6/15

STATEMENT OF CONFIDENTIALITY

This agreement made this _____ day of _____, 201____, 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

OMB No. 1545-1500

See separate instructions.

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

Your name Kurt's Michael Bosin Social security number 376-08-0163
 Street address where you live 4869 Broadway Street
 City or town, state, and ZIP code Boulder CO 80304
 County Boulder Telephone number 720-732-8650
 If you are under age 40, enter your date of birth (month, day, year) 5/27/86

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 2/6/15

TAX CREDIT QUESTIONNAIRE



EMPLOYER SECTION:

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

EMPLOYEE SECTION:

Employee Name:	Street Address:	City/State:	Zip:
Michael Bosin	4869 Broadway St	Boulder CO	80304
SS#: 374-05-0143	Date of Birth: 5/27/88	Age: 26	Have you worked for this company before? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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.)

Name of the person receiving benefits: _____ County: _____ State: _____
 Relationship to you: _____

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.)

Name of the person receiving benefits: _____ County: _____ State: _____
 Relationship to you: _____

3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months? (If yes, please provide information below.)

Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits. *If you checked yes please provide a copy of your SSI documentation.

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.)

Vocational Rehabilitation Agency Dept. of Veterans Affairs Employment Network (Ticket to Work Program)

Name of Agency: _____ Phone #: _____
 County: _____ State: _____

*If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.

5. Are you a Veteran of the U.S. Military? *If yes, please provide a copy of your DD-214 and letter of separation. (If yes, please provide information below. If no, please continue to question #6.)

Dates of Service - From: _____ To: _____
 Branch of Service: _____

Are you entitled to or are you receiving compensation for a service-connected disability? Yes No

Have you been unemployed at any time during the last 12 months? Yes No

If yes, dates of unemployment - From: _____ To: _____
 Did you receive unemployment compensation at any point during your unemployment? Yes No

6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months? Yes No

Conviction Date: _____ / _____ / _____ Release Date: _____ / _____ / _____
 Was this a Federal or State conviction? If State - County: _____ State: _____

Additional Tax Credits

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

CA Residents: Are you the child of foster parents? Do you receive CalWorks? Workforce Investment Act? Are you a migrant or seasonal farm worker? Have you ever been convicted of a misdemeanor? Do you receive Family Independence Benefits? Do you receive Family Independence Benefits?

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: _____ Date: 2/6/15

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.

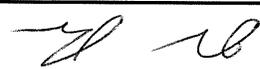
Report to work and perform physically suitable tasks as assigned. These may or may not be in your regular department. The work may or may not be on your usual shift.

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.

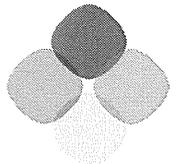
Notify your employer immediately of any new injuries or conditions that impact your physical condition.

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: Kurtis Bosin



Importante/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 policy 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): Kurtis Bosin

Signature/Firma: 

Employee Keeps This Form

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)



PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

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.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact **Employer Solutions Staffing Group LLC - 952-767-9519**

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.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Form W-4 (2013)

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 2013 expires February 17, 2014. 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 \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

Head of household. Generally, you 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.

Nonage income. If you have a large amount of nonage 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

Personal Allowances Worksheet (Keep for your records.)

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

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.

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.)

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

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

F Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit.

G **Child Tax Credit** (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details. If your total income will be less than \$65,000 (\$95,000 if married), enter "2" if you have seven or more eligible children. Enter "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.

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.)

• 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 \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.

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

Employee's Withholding Allowance Certificate

OMB No. 1545-0074 **2013** **W-4** Form of the Treasury Internal Revenue Service

1 Your first name and middle initial Kathy W Last name Bosin

Home address (number and street or rural route) 4829 Broadway Street City or town, state, and ZIP code Boulder CO 80504

3 Single Married Married, but withold at higher Single rate. Married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

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

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 1

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

7 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.

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. [Signature] (This form is not valid unless you sign it.)

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (EIN) 21615 Date 2/11/15

Colorado
Driver License



Photo taken on 04-13-2012

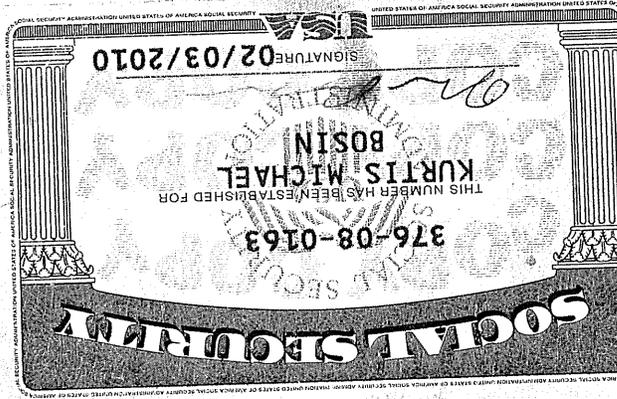
08-162-0544 Expires: **05-27-2015**
 Class: R Issued: **04-13-2012**
 End: DOB: **05-27-1988**
 Rest: V Previous Type: **A**
 Ht: **6'02"** Wt: **180** Eyes: **BLU** Sex: **M**
 Voter:

Kurtis Michael Bosin

KURTIS MICHAEL BOSIN
 941 E 91ST AVE
 THORNTON, CO 80229

UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION

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SOCIAL SECURITY

376-08-0163

KURTIS MICHAEL BOSIN

THIS NUMBER HAS BEEN ESTABLISHED FOR

SIGNATURE *Kurtis Michael Bosin*

02/03/2010

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Kurtis Bosin

Warehouse Person

Boulder, CO

crazycoloradowolf@gmail.com - 720-732-8650

WORK EXPERIENCE

Warehouse Person

Tompson Warehouse - Grand Rapids, MI - December 2011 to March 2014

- Mark load ticket for out of stock items
- Wrap pallet when pallet/load is finished
- Turn in paper work with order for check before loading and have truck checked
- Stage pallet and/or load into truck when ready
- Complete partial pallets and put away mixed pallets

Line Operator

Steelcase - Grand Rapids, MI - August 2008 to December 2011

Operator

- Load machine
- Package Product According to Company Guidelines
- Exceed Production Requirements
- Separate finished product and scrap
- Conduct in process visual inspections
- Report quality problems to necessary personnel

Machine Operator

PepsiCo - Grand Rapids, MI - June 2006 to August 2008

Operator

- Operate and monitor production line
- Ensure package and product quality
- Operate all manufacturing equipment
- Expedite repairs to line, working with maintenance as necessary
- Keep daily records of down time and machine operations

ADDITIONAL INFORMATION

* Basic Computer Skills Production

- * Shipping/Receiving Problem Solving
- * Inventory Management Quality Control
- * Customer Service Skills Safety Team
- * Machine Operation Experience
- * Equipment Maintenance

BACKGROUND INFORMATION FORM FOR BACKGROUND CHECK

BackTrack, Inc. is an employment screening company that conducts background checks on prospective employees for our clients as part of their standard hiring procedure. In order to perform this check, we need you to provide the following information. Please be sure to fill out this form completely and legibly.

Position Applying For: <u>Packaging</u> Expected Salary: <u>15.00</u>	
Last Name <u>Bosin</u> First Name <u>Kurtz</u> Middle Name _____ Maiden Name _____ Any Other Name(s) Used _____ Phone () _____	
Home Address <u>4869 Broadway Street</u> City <u>Boulder</u> State <u>CO</u> Zip <u>80304</u> County <u>Boulder</u> From Mth/Yr _____ To Mth/Yr _____	
Social Security Number * _____ Date of Birth * <u>5/27/88</u> Military Branch of Service _____ *For background screening purposes only <u>376-08-0163</u>	
Driver's License Number <u>08-162-0544</u> State License was Issued <u>CO</u>	
High School <u>Grandville</u> City/State Location <u>Grandville MI</u> Year Graduated <u>2006</u> Full Name Diploma Issued Under <u>Michael Kurtz</u>	
If GED received, in what State _____ City/State Location _____ Date Received _____ Name Used for GED <u>Bosin</u>	
College _____ City/State Location _____ Year Graduated _____ Degree Rec'd: _____ Bachelor <input type="checkbox"/> Associate <input type="checkbox"/> Master <input type="checkbox"/> Other <input type="checkbox"/> Student ID Number: _____ Full Name Used _____	
Last Previous Addresses (to cover last 7 years) _____ City/State _____ Zip _____	
County _____ From Mth/Yr _____ To Mth/Yr _____	
Address _____ City/State _____ Zip _____	

NOTE: The absence of any of the above information could result in a delay in processing your background. If necessary, a representative from BackTrack, Inc. will contact you for additional information in order to expedite the background process. Thank you for your assistance.

---FOR CLIENT USE ONLY - DO NOT WRITE BELOW THIS LINE---

CLIENT INFORMATION <input type="checkbox"/> SERVICES REQUESTED <input type="checkbox"/> RUSH ORDER (\$27 extra charge)	
PACKAGE: _____	
Name: _____ Title: _____ E-Mail Address: _____ Company Name: _____	
Address: _____ City/State/Zip: _____ If Applicable, Division or Code #: _____	
Credit Report <input type="checkbox"/> Criminal History (county) <input type="checkbox"/> Civil Litigation <input type="checkbox"/> Statewide Search (where available) <input type="checkbox"/> Federal District Search <input type="checkbox"/> Criminal History (county) <input type="checkbox"/> GlobalTrack (Patriot Act Search) <input type="checkbox"/>	
Employment History <input type="checkbox"/> Education <input type="checkbox"/> Driving Record <input type="checkbox"/> SSN Search <input type="checkbox"/> Workers' Comp. <input type="checkbox"/> Military <input type="checkbox"/> Credential <input type="checkbox"/> Bus/Personal Ref <input type="checkbox"/>	
Fax Number: _____ Phone Number: _____	

Printed Name Kathy's Boss Company Applying To 9/16/15
 Signature [Signature] Date 9/16/15

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run 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 is an employment history or verification. These searches will be conducted by BackTrack, Inc., 8850 Tyler Boulevard, Mentor, OH 44060, (800) 991-9694, www.backtracker.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Employer ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, workers compensation claims 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. Workers compensation will only be requested in compliance with the ADA and/or any other applicable laws.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION





8850 Tyler Blvd., Mentor, OH 44060 Phone 800-991-6994 Fax (440) 205-8355
Visit our website at: www.backtracker.com or email us at: btsearches@backtracker.com

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Employer 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, employer, or insurance company to furnish any and all background information requested by BackTrack, Inc., 8850 Tyler Boulevard, Mentor, OH 44060, (800) 991-6994, www.backtracker.com and/or the company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Washington State applicants 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.

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

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Printed Name Kurt's Bossin
Signature [Handwritten Signature]

Date 2/6/15
Company Applying To 2/6/15

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 02/06/2015
Page: 1 of 1

Case Verification Number: 201503715110YR

Case Information:

Employee Information:

Last Name: Bosin
Middle Initial:
Social Security Number: *** ** 0163
Citizenship Status: A citizen of the United States
Document Information:
Driver's license or ID card issued by a U.S. state or outlying possession
List B Document:
Document Name: Driver's license
Driver's License or ID Card Number:
Document Expiration Date: 05/27/2015
List C Document: Social Security Card
Document State: Colorado
I-94 Number: 05/27/2015

Additional Information:

Hire Date: 02/06/2015
Employer Case ID: EPOR4912
Three-Day Rule Reason: Submitted On: 02/06/2015

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By:
Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:
Middle Initial:
Social Security Number:
Resubmitted By:
First Name:
Other Names Used:
Date of Birth:
Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:
Submitted By:
Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result: Response Date:

Employee Referred to DHS:

Referred By:
Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date: