



New Hire Application

Name Willis -Matthews First Name Louvenia Middle Initial D

Street Address 110 Spanish Oak Drive Apt/Ste _____

City/State/Zip Prattville, AL 36067

Phone Number 334-365-1475 Email Address coachm58@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

Louvenia D. Willis-Matthews
Name (Print or type)

Louvenia D. Willis-Matthews
Applicant's Signature

07/31/2015
Date



Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Part I – To be completed by the employee

EMPLOYEE NAME	<u>Louvenia D. Willis</u>	EMPLOYEE SOCIAL SECURITY NUMBER	<u>421-62-1048</u>
STREET ADDRESS	<u>110 Spanish Oak Drive</u>	CITY	<u>Prattville</u>
		STATE	<u>AL</u>
		ZIP CODE	<u>36067</u>

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

- If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0".
sign and date Form A4 and file it with your employer. 0
- If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed.
Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption _____
- If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed.
Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption H
- Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. See dependent qualification below. 2
- Additional amount, if any, you want deducted each pay period. \$ _____
- This line to be completed by your employer:** Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables) _____

Under penalties of perjury, I certify that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's Signature Louvenia D. Willis Date 7/31/2015

Part II – To be completed by the employer

EMPLOYER NAME	EMPLOYER IDENTIFICATION NUMBER (EIN)		
ADDRESS	CITY	STATE	ZIP CODE

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

DEPENDENTS: To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).

Form W-4 (2015)

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.

If no one else can claim you as a dependent **A** 1

If you are married, have only one job, and your spouse does not work, or **B** _____

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** 1

(other than your spouse or yourself) you will claim on your tax return **D** 2

above) **E** 1

for which you plan to claim a credit **F** 1

"1" if you

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** 4

This may be different from the number of exemptions you claim on your tax return.) ► **H** 10

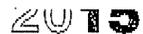
Deductions

married and you and your spouse both work and the combined **Two-Earners/Multiple Jobs Worksheet** on page 2 to



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.



1 Your first name and middle initial Louvenia		Last name Willis		2 Your social security number 421021048	
Home address (number and street or rural route) 110 Spanish Oak Drive			3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <i>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</i>		
City or town, state, and ZIP code Prattville, AL 36067			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				5 <u>10</u>	
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 • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►				7 <u>exempt</u>	

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.

(This form is not valid unless you sign it.) ►

Date ► **07/31/2015**

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)
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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) WILLIS-MATTHEWS		First Name (Given Name) LOUVENIA		Middle Initial D	Other Names Used (if any)	
Address (Street Number and Name) 110 SPANISH OAK DRIVE		Apt. Number	City or Town PRATTVILLE		State AL	Zip Code 36067
Date of Birth (mm/dd/yyyy) 02/01/1977	U.S. Social Security Number 4 2 1 0 2 1 0 4 8	E-mail Address coachm58@gmail.com			Telephone Number 3343651475	

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
- 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

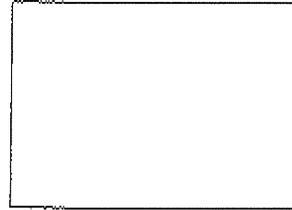
Form I-94 Admission Number: _____

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

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)



Signature of Employee: <i>Louvenia W. Willis Matthews</i>	Date (mm/dd/yyyy): 07/31/2015
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

STOP Employer Completes Next Page **STOP**

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: Willis, Louvenia D.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Drivers license</u>		Document Title: <u>Social Security Card</u>
Issuing Authority:		Issuing Authority: <u>Alabama</u>		Issuing Authority: <u>Social Security Administration</u>
Document Number:		Document Number: <u>0761980</u>		Document Number: <u>42-02-1048</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>03/06/2017</u>		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): 07/31/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Caitlin Scholl</u>		Date (mm/dd/yyyy) <u>07/31/2015</u>	Title of Employer or Authorized Representative <u>Administrative Assistant</u>	
Last Name (Family Name) <u>Scholl</u>		First Name (Given Name) <u>Caitlin</u>	Employer's Business or Organization Name <u>Employer Solutions Group LLC</u>	
Employer's Business or Organization Address (Street Number and Name) <u>7301 Ohms Lane Suite 405</u>			City or Town <u>Edina</u>	State <u>MN</u>
			Zip Code <u>55439</u>	

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

DRIVER LICENSE

ALABAMA

NO. 6761986 CLASS D
D.O.B. 02-01-1977 EXP 03-06-2017
LOUVENIA DENISE
WILLIS
NO SPANISH DRIVER
PRATTVILLE AL 36067
ENGAGEMENTS: 2 RESTRICTIONS: 1
ISS 02-28-2013 SEX: F HT 5-00 WT 110
EYES: BRN HAIR: BLK

Colonel Moore, McCull
Director of Public Safety

Louvenia D Willis

SOCIAL SECURITY

421-02-1048
THIS NUMBER HAS BEEN ESTABLISHED FOR
LOUVENIA D WILLIS

Louvenia D Willis
SIGNATURE

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 08/03/2015
Page: 1 of 1

Case Verification Number: 2015215155839VH

Case Information:**Employee Information:**

Last Name:	Willis	First Name:	Louvenia
Middle Initial:	D	Other Names Used:	
Social Security Number:	*** ** 1048	Date of Birth:	02/01/1977
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Social Security Card
Document Name:	Driver's license	Document State:	Alabama
Driver's License or ID Card Number:		Document Expiration Date:	03/06/2017
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	07/31/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CSCH4411	Submitted On:	08/03/2015

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

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

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

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:
 Submitted By: Submitted On:

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

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

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

Case Result:

Response Date:

Case Closure:

Closure Statement:

Closed By:

Closed On:

SENSITIVE BUT UNCLASSIFIED

advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment 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 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

this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state 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. 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: coachm58@gmailcom)

Signature: Louvenia W. Willis Matthews Date: 07/31/2015

BACKGROUND INFORMATION

Last Name: WILLIS-MATTHEWS First: LOUVENIA Middle: D

Other Names/Alias: _____

Social Security #: 421021048 Date of Birth (mm/dd/yyyy)*: 02/01/1977

Driver's License #: 6761986 State of Driver's License: AL

Home Address: 110 SPANISH OAK DRIVE Telephone # (Primary): 3343651475

City/State/Zip: PRATTVILLE, AL 36067

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

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

Employee Name: LOUVENIA WILLIS - MATT
Address: 110 SPANISH OAK DRIVE
Home Phone: 3343651475

EMERGENCY CONTACTS	
Please list two people (in priority order) who could be contacted in case of an emergency	
Contact #1 Name: GLENN MATTHEWS Relationship: HUSBAND	Home Phone: 3343651475 3342075556 Work Phone: 3343615534
Contact #2 Name: Relationship:	Home Phone: Work Phone:

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



employer solutions staffing group.

Leveraging Resources in a Changing Market

Direct Deposit/Payroll Debit Card Authorization

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card.
If you do not provide a written election, wages will be paid by Payroll Debit Card.

SECTION 1 BASIC INFORMATION

Employee Name	LOUVENIA WIL	SSN# (last 4 digits)	1048	Effective Date
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SECTION 2 PAYROLL ELECTION

Direct Deposit (Please complete Sections 3 and 5 below)

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

SECTION 3 DIRECT DEPOSIT

Update Bank Account

Bank Name: **GUARDIAN CREDIT UNION**

Routing# **262276410**

Account# **35019**

Account Type: Checking Savings Other

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 LDW Date 07/31/2015

- 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 (GLOBAL CASH CARD)

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 sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive.

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 # 073972181	Payroll Debit Card Account #
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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: coachm58@gmail.com

this information will only be used to send your paystubs electronically

Employee's Signature: Louvenia W. Matthews Date: 07/31/2015

8850

Your name LOUVENIA D. WILL Social security number ▶ 421021048
 Street address where you live 110 SPANISH OAK DRIVE
 City or town, state, and ZIP code PRATTVILLE, AL 36067
 County AUTAUGA Telephone number 3343651475
 If you are under age 40, enter your date of birth (month, day, year) 02/01/1977

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

Check here if
 • I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9

• 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.

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.

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.

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.

Check here if you are a member of a family that:
 • Received TANF payments for at least the past 18 months,
 • Received TANF payments for any 18 months beginning after August 5, 1997, after August 5, 1997, ended during the past 2 years,

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,

Job applicant's signature ▶ Louvenia D. Will Matthews Date 07/31/2015
 For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 22851L Form 8850 (Rev. 1-2012)

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

EMPLOYEE SECTION:

Employee Name: LOUVENIA D. WIL		Street Address: 110 SPANISH OAK DRIVE		City/State: PRATTVILLE36067	Zip:
SS#: 421021048	Date of Birth: 02/01/1977	Age: 38	Have you worked for this company before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, location:	

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

	Yes	No
<p>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: _____</p> <p>City: _____ County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>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: _____</p> <p>City: _____ County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Have you received Supplemental Security Income (SSI) at any time within the past 3 months?</p> <p>Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits.</p> <p><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?</p> <p>If yes, please indicate which type of agency you worked with and provide their location information below:</p> <p><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 #: _____</p> <p>City: _____ County: _____ State: _____</p> <p><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>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></p> <p>(If yes, please provide information below. If no, please continue to question #6.)</p> <p>Dates of Service - From: _____ To: _____</p> <p>Branch of Service: Select One</p> <p>Are you entitled to or are you receiving compensation for a service-connected disability?</p> <p>Have you been unemployed at any time during the last 12 months?</p> <p>If yes, dates of unemployment - From: _____ To: _____</p> <p>Did you receive unemployment compensation at any point during your unemployment?</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>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		Yes	No
<p>IEC (Native American): Are you or your spouse a member of a Native American Tribe?</p> <p><i>*If you checked yes please provide a copy of your CDIB card.</i></p>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>CA Residents:</p> <p><input type="checkbox"/> Are you the child of foster parents? <input type="checkbox"/> Do you receive CalWorks? <input type="checkbox"/> Workforce Investment Act?</p> <p><input type="checkbox"/> Are you a migrant or seasonal farm worker? <input type="checkbox"/> Have you ever been convicted of a misdemeanor?</p>			
<p>SC Residents:</p> <p><input type="checkbox"/> Do you receive Family Independence Benefits?</p>			

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, individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer Associated Consultants, Inc. dba Retrotax, or the Department of Labor.

New Employee Signature: Louvenia W. Wilts-Matthews Date: 07/31/2015