



employer solutions staffing group LLC  
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 Maavel Pasillas SSN# (last 4 digits) 7380 Effective Date \_\_\_\_\_

**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**

A	<input type="checkbox"/> Update Bank Account	<p><b>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.</b></p> <p>Initial <u>M. P.</u> Date <u>05/29/15</u></p>
C	Bank Name: <u>Chase Bank</u>	
O	Routing# <u>102001017</u>	
U	Account# <u>1633752322</u>	
N	Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____	
T		

- 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)**

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 # _____
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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.

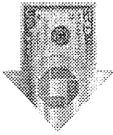
Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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: Maavel.Pasillas7@gmail.com  
this information will only be used to send your paystubs electronically

Employee's Signature: Maavel P. Date: 05/29/15



# Instrucciones para depósito directo

## Direct Deposit Instructions

**Para:** MANUEL PASILLAS  
**For:**  
**De:** JAMES DASCH  
**From:** Asesor bancario de Chase  
Chase Banker (303) 244-5620  
**Asunto:** **Solicitud de depósito directo**  
**Re:** **Direct Deposit request**

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### **INSTRUCCIONES PARA MANUEL PASILLAS**

Entregue de inmediato el formulario de información de depósito directo a su empleador (si el asesor bancario no lo presentó en su nombre el día de hoy). El formulario de información de depósito directo que aparece en la página siguiente proporciona la información necesaria que requiere el sistema de su empresa.  
¡Gracias!

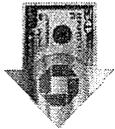
### **INSTRUCTIONS FOR MANUEL PASILLAS**

Deliver the Direct Deposit Set-up Information Form to your employer right away (if banker did not submit on your behalf today). The Direct Deposit Set-up Information Form on the next page provides the necessary information required by your company's system.

Thank you!

#### **Chase Banker Instructions:**

1. Make a copy of this Cover Sheet and Direct Deposit Set-up Information Form.
2. Help the customer save time by submitting the direct deposit on their behalf.
3. If unable to submit for the customer, instruct customer to give this Cover Sheet and Direct Deposit Set-up Information Form to the employer to activate direct deposit.
4. File a copy of this Cover Sheet and the completed Direct Deposit Set-up Information Form for follow-up. Once the deposit is confirmed, destroy the copy using sensitive trash guidelines.



# Formulario para establecer depósito directo Direct Deposit Set-Up Form

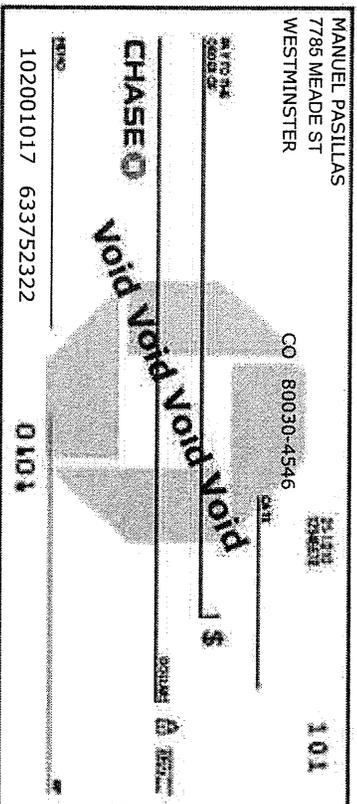
## INFORMACIÓN DEL EMPLEADO / EMPLOYEE INFORMATION

Empleado / Employee  
MANUEL PASILLAS  
Dirección / Address  
7785 MEADE ST  
Ciudad / City  
WESTMINSTER  
Estado / State  
CO  
Código postal / Zip  
80030-4546  
Ident. corporativa del empleado / Company Employee ID

## INFORMACIÓN DE LA CUENTA / ACCOUNT INFORMATION

Número de ruta de Chase  
Chase routing number  
102001017  
Número de cuenta  
Account number  
633752322

Depositar a:  
Deposit To:  
 Cuenta de cheques  
Checking  
 Cuenta de ahorros  
Savings



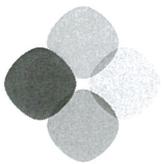
## CONTRATO DEL EMPLEADO / EMPLOYEE AGREEMENT

Autorizo a CMG para que deposite automáticamente el cheque de mi sueldo en mi cuenta que figura arriba. (Esto incluye la autorización para corregir cualquier información ingresada por error.) Esta autorización permanecerá vigente hasta que yo la cancele mediante un aviso por escrito.

I authorize CMG to automatically deposit my payroll check into my account listed above. (This includes authorization to correct any entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

Firma del empleado [Signature] Employee Signature 05/20/15 Fecha / Date

Empleado: Si tiene alguna pregunta, llame a: JAMES DASCH  
Employee: If there are any questions, please call: Asesor bancario de Chase (303) 244-5620  
Chase Banker



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**STATEMENT OF CONFIDENTIALITY**

This agreement made this 05 day of 08, 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**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

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

Your name Marcel Pasillas Zamora Social security number ▶ 730507380

Street address where you live 7785 Mycade ST

City or town, state, and ZIP code WESTMINSTER CO 80030

County adams Telephone number 720 8245892

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

- 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

05/29/15

TAX CREDIT QUESTIONNAIRE



EMPLOYER SECTION:

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

EMPLOYEE SECTION:

Employee Name: <i>Maurice Basillas Zamora</i>	Street Address: <i>7785 Meade ST</i>	City/State: <i>WESTMINSTER CO</i>	Zip: <i>80030</i>
SS#: <i>730-50-7380</i>	Date of Birth: <i>05/30/1972</i>	Age: <i>42</i>	If yes, location:
Have you worked for this company before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

Yes No

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.)  Yes  No  
 Name of the person receiving benefits: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_
  
2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months?  Yes  No  
 (If yes, please provide information below.)  
 Name of the person receiving benefits: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_
  
3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months?  Yes  No  
 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?  Yes  No  
 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 #: \_\_\_\_\_  
 City: \_\_\_\_\_ 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.*  Yes  No  
 (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

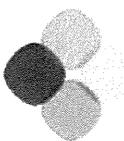
IEC (Native American): Are you or your spouse a member of a Native American Tribe?  Yes  No  
*\*If you checked yes please provide a copy of your CDIB card.*

CA Residents:  Are you the child of foster parents?  Do you receive CalWorks?  Workforce Investment Act?  Yes  No  
 Are you a migrant or seasonal farm worker?  Have you ever been convicted of a misdemeanor?  
 SC Residents:  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: *Maurice P.* Date: *05/29/15*



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## **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.

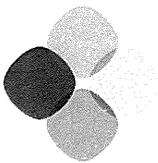
**I have read my responsibilities and agree to abide by these guidelines.**

Signed:

Manuel P.

Printed Name:

Manuel Pasillas



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# 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 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): \_\_\_\_\_

Signature/Firma: \_\_\_\_\_