

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

Name: Manuel Pasillas Zamora

Address: 7785 Meade ST Westminster CO 80030

Home Phone: 720 8295892

Person(s) to contact in case of an emergency on the job (in order of preference):

1. Name: Juavita Navarro

Phone (work): 720 9379843

Phone (home): Same

2. Name: Adriana Pasillas

Phone (work): 720 9379680

Phone (home): Same

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

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]
DISCLOSURE REGARDING BACKGROUND INVESTIGATION

_____ or any of its subsidiaries may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" 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 (State and Federal records), social security verification, address trace, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised NationSearch LLC, 11160 Huron St. Suite 100 Northglenn, CO 80234, (800)-827-9550 will be conducting the ICR or another outside organization. The scope of this notice and authorization is all encompassing, however, allowing the Company 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.

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 those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, credit reporting agency, employer, to provide any and all background information requested by NationSearch LLC, 11160 Huron St. Suite 100 Northglenn, CO 80234 (800)-827-9550, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Notice to California Applicants: Notice to California Applicants: Under section 1786.22 of California Civil Code, you have the right to request from NationSearch, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which NationSearch has previously furnished within the two-year period preceding your request. You may view the file maintained on you by contacting NationSearch during normal business hours. You may also obtain a copy of this report(s) upon submitting proper identification. Upon making a written request, you may receive a summary of your report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

Notice to Maine Applicants: Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency, NationSearch and request a copy of the report(s) compiled.

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

Last Name:	First:	SS#
<i>Pasillas Zamora</i>	<i>Manuel</i>	<i>730-507380</i>
Other Names used:	Date of Birth: For employment Purposes Only	<i>05/30/72</i>
Motor Vehicle Number and State of Issue: (Driver's License #, NOT License Plate #)	<i>CO 94-293-1179</i>	
Address:	<i>7785 Meade St Westminster CO 80030</i>	

Signature: *Manuel P.* Date: *05/29/15*

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

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security

Report Prepared: 05/29/2015

E-Verify

Page: 1 of 1

Case Verification Number: 2015149131548LM

Case Information:

Employee Information:	
Last Name:	Pastillas Zamora
Middle Initial:	
Social Security Number:	*** ** 7380
Citizenship Status:	A lawful permanent resident
Document Information:	
List A Document:	Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
Card Number:	MSC1391489779
Alien Number:	204893781
Additional Information:	
Hire Date:	05/29/2015
Three-Day Rule Reason:	
Submitted By:	CSCH1918
	Employer Case ID:
	Three-Day Rule - Other:
	Submitted On: 05/29/2015

Initial Case Result:

Last Name (in DHS records):	PASTILLAS ZAMORA	First Name (in DHS records):	MANUEL
Case Result:	 Employment Authorized	Document Expiration Date (in DHS records):	INDEFINITE

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 On:
Submitted By:

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

ENROLLMENT FORM

ESC NAV*SAD P2M v15.0

REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK or BLUE INK

(Must Be Filled Out)

Social Security Number 730-50-7380 Sex M F

Date of Birth 05/30/1972 Sex M F

Name Manuel Pasillas Zamora

Street Address 7785 Trade ST

City Westminster State CO Zip 80030

Home Phone 720-829-5892

Do you or any dependents have Medicare? _____

Yes No If Yes: _____

Medicare Health Insurance Claim Number (HICN) _____

Medicare Effective Date ____/____/____

Names of Covered Person(s)

1. _____
2. _____
3. _____

REQUIRED DEPENDENT INFORMATION

Name _____

Social Security Number _____

Date of Birth ____/____/____ Sex M F

Relationship: Spouse Child Domestic Partner

Name _____

Social Security Number _____

Date of Birth ____/____/____ Sex M F

Relationship: Spouse Child Domestic Partner

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.

NAME OF BENEFICIARY _____

RELATIONSHIP _____

Accidental Death & Dismemberment is part of the Term Life Benefit.

OPTION 1 FIXED INDEMNITY PLAN

Weekly Rates

You MUST enroll in the Indemnity Medical Insurance Plan before adding any additional Indemnity benefits, except Dental. Your coverage level for the Term Life will be identical to your medical plan selection.

FIXED INDEMNITY MEDICAL



- \$20.91 Employee Only
- \$42.44 Employee + 1
- \$56.67 Employee + Family
- NO to all Indemnity benefits.

This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

DENTAL



- \$5.99 Employee Only
- \$11.98 Employee + 1
- \$19.77 Employee + Family
- NO

TERM LIFE



- YES \$0.60 Employee Only
- YES \$0.90 Employee + 1
- NO \$1.80 Employee + Family

SHORT-TERM DISABILITY



- YES \$4.20 Employee Only
- NO

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

OPTION 2 MEC WELLNESS/PREVENTIVE PLAN

82193010-M-EMP Monthly Rates

- \$58.87 Employee Only
- \$87.73 Employee+ 1
- \$186.99 Employee + Family
- NO to MEC Wellness/Preventive Plan

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declaration of coverage.

Signature Manuel P. Zamora Date 05/29/1972

Xerox WorkCentre 5335

Transmission Report - Job Undelivered

Date & Time : 05/29/2015 12:25 PM
Page : 1 (Last Page)

The job was not sent. Pass this report to the sender.

Job Date & Time 05/29/2015 12:22 PM



employer solutions staffing group
Leveraging Resources in a Changing Market

7301 Owens Lane, Suite 405
Edina, MN 55439
Tel: 952.835.1288 • Fax: 952.835.1255
www.esgstaffing.com

New Hire Application

Personal Data - PLEASE PRINT LEGIBLY IN INK

Last Name PaSillos First Name Manuel Middle Initial _____
Street Address 2285 Micaela ST Apt/Site _____
City/State/Zip MICASTR
Phone Number 760 829 5892 Email Address manuel.pasillos@gmail.com
Staffing Agency/Recruitment Partner C.M.F

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

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

Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of any former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligible for rehire.
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to investigations of criminal and/or conviction records, driving records and/or a drug screen that as required by clients, government regulations or by ESSG policies.

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

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, the result of my termination.

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

Manuel PaSillos Applicant's Signature 05/29/15 Date
Name (Print or Type) _____

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

For ESSG Office Use Only			
DOH _____	NHW _____	I-9 _____	9880 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Employment Letter (if applicable) _____
For ESSG Client Use			
DOH _____	ROP _____	Work Site Loc. _____	W/C Code _____

ESSG • 4/2013 Rev. 1/2013

Date & Time Sent 05/29/2015 12:24 PM
Recipient Information Caitlin@compmgmgroup.com

Result Completed with an Error (016-766) : SMTP Server File e System Error