



employer solutions staffing group <sup>LLC</sup>  
Leveraging Resources in a Changing Market

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

# New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Michael First Name Christopher Middle Initial T  
 Street Address 10350 Dover Street Apt Apt/Ste G35  
 City/State/zip Westminster CO 80021 Social Security Last Four XXX-XX-1697  
 Phone Number 7107854033 Email Address christopher.t.michael@gmail.com  
 Staffing Agency/Recruitment Partner CMG

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

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

### Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

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

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

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

Name (Print or type) Chris Michael

Applicant's Signature

Date 6/29/15

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

For ESSG Office Use Only			
DOH _____	NHW _____	I-9 _____	8850 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Unemployment Letter (If applicable) _____
For ESSG Client Use			
DOH _____	ROP _____	Work Site Loc. _____	WC Code _____

# Form W-4 (2015)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

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

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

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

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

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

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES. Estimated tax for individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

## Personal Allowances Worksheet (Keep for your records.)

<p><b>A</b> Enter "1" for yourself if no one else can claim you as a dependent . . . . . <b>A</b> <u>1</u></p> <p><b>B</b> Enter "1" if: <span style="font-size: 2em;">}</span></p> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> </ul> <p>    Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. <span style="font-size: 2em;">}</span> . . . . . <b>B</b> <u>0</u></p> <p><b>C</b> 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) . . . . . <b>C</b> <u>0</u></p> <p><b>D</b> Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . <b>D</b> <u>1</u></p> <p><b>E</b> Enter "1" if you will file as head of household on your tax return (see conditions under <b>Head of household</b> above) . . . . . <b>E</b> <u>0</u></p> <p><b>F</b> Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit . . . . . <b>F</b> <u>    </u></p> <p><b>(Note.</b> Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</p> <p><b>G</b> <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> <li>• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.</li> <li>• 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 . . . . . <b>G</b> <u>2</u></li> </ul> <p><b>H</b> Add lines A through G and enter total here. (<b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶ <b>H</b> <u>4</u></p>	<p>For accuracy, complete all worksheets that apply.</p> <ul style="list-style-type: none"> <li>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul>
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Separate here and give Form W-4 to your employer. Keep the top part for your records.

## Employee's Withholding Allowance Certificate

<p>Form <b>W-4</b> Department of the Treasury Internal Revenue Service</p>	<p>OMB No. 1545-0074 <b>2015</b></p>	<p>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.</p>
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1 Your first name and middle initial <u>Christopher T</u>	Last name <u>Michael</u>	2 Your social security number <u>040-86-1697</u>
Home address (number and street or rural route) <u>10360 Dover Street Apt 635</u>		
City or town, state, and ZIP code <u>Westminster CO 80021</u>		
3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note: If 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. <input type="checkbox"/>		

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5 4

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

7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption.

- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here. 7     

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

**Employee's signature**  
(This form is not valid unless you sign it.) ▶

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)

Date ▶ 6/29/15

This form cannot be used for employees hired prior to September 1, 2014.

Revision Date: 09/01/14  
Expiration Date: 10/01/17



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

Employee Name: Michael Christophus T 03/31/88  
Last First Middle Date of Brth

Social Security Number: 040-86-1697 Date of Hire: 06/29/15 (MM/DD/YYYY)

In accordance with § 8-2-122, C.R.S., within 20 calendar 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.

Cassidy May Account Rep.  
Print Name of Employer (or Designated Representative) Official Title

[Signature] 10/29/15 (MM/DD/YYYY)  
Signature of Employer (or Designated Representative) Date Signed by Employer

Corporate Management Group 720.471.0014  
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. 1324a; 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.

**SENSITIVE BUT UNCLASSIFIED****Department of Homeland Security****Report Prepared: 07/01/2015****E-Verify****Page: 1 of 1****Case Verification Number: 2015182091108VM****Case Information:****Employee Information:**

Last Name: Michaud  
 Middle Initial: T  
 Social Security Number: \*\*\* \*\* 1697  
 Citizenship Status: A citizen of the United States

First Name: Christopher  
 Other Names Used:  
 Date of Birth: 03/31/1988  
 Email Address:

**Document Information:**

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession  
 Document Name: Driver's license  
 Driver's License or ID Card Number:

List C Document: Social Security Card  
 Document State: Colorado  
 Document Expiration Date: 04/17/2017

Alien Number:

I-94 Number:

**Additional Information:**

Hire Date: 06/29/2015  
 Three-Day Rule Reason:  
 Submitted By: CMA Y1017

Employer Case ID:  
 Three-Day Rule - Other:  
 Submitted On: 07/01/2015

**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:

**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:

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**SENSITIVE BUT UNCLASSIFIED**

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# Employment Eligibility Verification

USCIS

Form I-9

Department of Homeland Security

U.S. Citizenship and Immigration Services

OMB No. 1615-0047  
Expires 03/31/2016

**▶START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <b>Michael</b>		First Name (Given Name) <b>Christopher</b>		Middle Initial <b>F</b>	Other Names Used (if any)	
Address (Street Number and Name) <b>10350 Dover Street</b>			Apt. Number <b>G35</b>	City or Town <b>Washburnster</b>	State <b>CO</b>	Zip Code <b>80021</b>
Date of Birth (mm/dd/yyyy) <b>03/31/1988</b>	U.S. Social Security Number <b>090-86-1697</b>		E-mail Address <b>christopher.f.michael@email.com</b>		Telephone Number <b>7207854033</b>	

I am aware that federal law provides for imprisonment and/or fines for false statements of use of false documents in connection with the completion of this form.

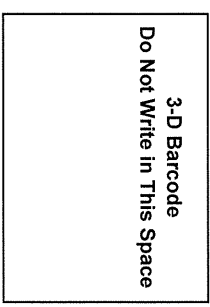
I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

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


- 1. Alien Registration Number/USCIS Number: \_\_\_\_\_
- OR
- 2. Form I-94 Admission Number: \_\_\_\_\_

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:  Date (mm/dd/yyyy): **06/29/15**

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

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

Signature of Preparer or Translator: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Last Name (Family Name) \_\_\_\_\_ First Name (Given Name) \_\_\_\_\_

Address (Street Number and Name) \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



Employer Completes Next Page



STOP

Employer Completes This 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:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		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): 6/29/15 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>[Signature]</i>	Date (mm/dd/yyyy) <u>6/29/15</u>	Title of Employer or Authorized Representative <i>Account Rep</i>
Last Name (Family Name) <i>Harty</i>	First Name (Given Name) <i>Osby</i>	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC
Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405	City or Town EDINA	State MN
		Zip Code 55439

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

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

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


Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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**Colorado** ★  
**Instruction Permit**

CHRISTOPHER THOMAS MICHAUD  
 10255 DOVER ST APT 327  
 WESTMINSTER, CO 80021



Class: R  
 Expires: 04-15-2017  
 Issued: 04-15-2014  
 End: 03-31-1998  
 Rest: A  
 Previous Type: A  
 Ht: 5'06" Wt: 140 Eyes: BRO Sex: M

**SOCIAL SECURITY**

THIS NUMBER HAS BEEN ESTABLISHED FOR  
 CHRISTOPHER MICHAUD  
 THOMAS

040986697

*Christopher Michaud*  
 SIGNATURE

10/30/2007

This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:

Social Security Administration  
P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for any business other than returning a found card you will not receive a response.

Social Security Administration  
Form SSA-3000 (10-2007)

**F24599831**



Class F: Any motor vehicle with a GVWR of less than 26,001 lbs. as a single unit or in combination, designed to carry 15 or fewer passengers, including the driver, and does not carry hazardous material.  
Restrictions: For more information on Organ & Tissue Donation:  
[www.donate lifescoloredo.org](http://www.donate lifescoloredo.org) or Call 888-256-4386

Address Change: \_\_\_\_\_

Endorsements: \_\_\_\_\_

