

**DISCLOSURE 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.orangetreescreening.com](http://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 right to request disclosure of the nature and scope of any investigative consumer report.

<b>New York and Maine applicants or employees only:</b> 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.
<b>New York applicants or employees only:</b> 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.
<b>Oregon applicants or employees only:</b> 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 is available to you upon request.
<b>Washington State applicants or employees only:</b> 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.

**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 agency, administrator, state or federal agency, institution, school or 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. ORANGE TREE EMPLOYMENT SCREENING's website is at: [www.orangetreescreening.com](http://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: \_\_\_\_\_)

**BACKGROUND INFORMATION**

Signature:  Date: 6/29/15

Last Name: Michael First: Christopher Middle: Thomas

Other Names/Alias: \_\_\_\_\_ Date of Birth (mm/dd/yyyy)\*: 03/31/1988

Social Security #\*: 040-86-1697

Driver's License #: 14-105-0380 State of Driver's License: Colorado

Present Address: 10350 Dover Street Apt 635 Telephone # (Primary): 7207854033

City/State/Zip: Westminster Co 80021

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



### Criminal Background Check Acknowledgement

Part of the selection process at Corporate Management Group includes a background check. The background check includes the applicant's criminal history. As part of this interview, we ask if the applicant has been convicted of any crime. Whether or not an applicant has been convicted of a crime does not determine applicant's eligibility for this position.

Applicant Name: Chris Michael Date of Interview: 06/29/15

Recruiter Name: \_\_\_\_\_

Have you ever been convicted of any crime, felony, misdemeanor, not including expunged records?

Yes 1 No \_\_\_\_\_

Is yes, when, where and what was the nature of this offense.

Misdemeanor N battery, Jefferson County CO, 9/21/14.  
- A neighbor called the police after a verbal argument between my fiancée and I.  
I have completed all probation requirements including classes 11 weeks early, and was moved to unsupervised probation in February.  
I have done everything in my power to make this situation right and have moved forward from it.

You will not be denied employment solely because you answer "Yes" above or because you have been convicted of a crime, felony or misdemeanor. The company considers many individualized factors in evaluating a job candidate, including but not limited to, with respect to criminal history, the nature and date of any offense, the surrounding circumstances, and the nature of the position for which you apply.

**By my signature below, I certify that the information provided above is true and complete that I have discussed the above with my interviewer as disclosed. I understand and agree that any misrepresentation by me will be sufficient cause to eliminate me from consideration for employment and/or terminate employment at any time if I have been employed.**

Applicant Signature: [Signature] Date: 6/29/15

VSI HR Manager Signature: \_\_\_\_\_ Eligible: \_\_\_ Ineligible: \_\_\_ Date: \_\_\_\_\_

# EMERGENCY CONTACT INFORMATION

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

Employee Name: Christopher Michaud

Address: 10350 Dore Street Apt 635

Home Phone: 707854033

### EMERGENCY CONTACTS

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

<b>Contact #1</b>	Home Phone: <u>3036531718</u>
Name: <u>Brittany Case</u>	Cell Phone: " "
Relationship: <u>friend</u>	Work Phone: " "
<b>Contact #2</b>	Home Phone: <u>860-593-6504</u>
Name: <u>Kent Michaud</u>	Cell Phone: " "
Relationship: <u>father</u>	Work Phone: " "

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

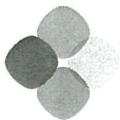
My dad lives in Connecticut..

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**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 Chris Michael SSN# (last 4 digits) 040-86-1697 Effective Date 6/29/15

**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**

Update Bank Account

Bank Name: Wells Fargo

Routing# 102000076

Account# 1571120516

Account Type:  Checking  Savings  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 CM Date 06/29/15

- 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, you do not submit a Direct Deposit Card to pay your wages. For verify your identity, except if transact then sign wages.

**SMOOPY by Everhart** 120 23-7/1020-1071 1571120516

CHRIS MICHAUD  
 BRITTANY A CASE  
 10255 Dover St Apt 327  
 Westminster, CO 80021-3985

Pay to the Order of VOID Date \_\_\_\_\_ Dollars \$ \_\_\_\_\_

*My Family, My Joy*

WELLS FARGO Colorado wells Fargo.com

City \_\_\_\_\_ Street A \_\_\_\_\_

Payroll Debit Card Routing # 073972181 Payroll Debit Card Account # \_\_\_\_\_

For 102000076 1571120516 00120

Handed Over: \_\_\_\_\_ SMOOPY by Everhart™

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**

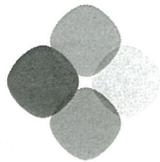
I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s).

**\* E-mail is required for pay stub information.**

\*E-mail: Christopher.f.michael@gmail.com

this information will only be used to send your paystubs electronically

Employee's Signature: [Signature] Date: 06/29/15



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STATEMENT OF CONFIDENTIALITY

This agreement made this 29<sup>th</sup> day of June, 2015, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Chris Michael 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

Chris Michael

Social security number ▶ 040-86-1697

Street address where you live

10350 Dorr Street Apt 635

City or town, state, and ZIP code

Westminster CO 80021

County

Jefferson

Telephone number

707854033

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

03/31/88

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 **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.

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, **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

06/28/15

TAX CREDIT QUESTIONNAIRE



**EMPLOYER SECTION:**

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

**EMPLOYEE SECTION:**

Employee Name: <i>Christopher Michael</i>	Street Address: <i>10380 Jones Street Apt 635</i>	City/State: <i>Weslminster CO</i>	Zip: <i>80021</i>
SS#: <i>040-86-1697</i>	Date of Birth: <i>03/31/1988</i>	Age: <i>27</i>	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

- 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: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Yes  No
- 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: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Yes  No
- 3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months?** 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.*

Yes  No
- 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 #: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

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

Yes  No
- 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?**

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

Yes  No

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.*

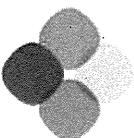
**CA Residents:**  Are you the child of foster parents?  Do you receive CalWorks?  Workforce Investment Act?  
 Are you a migrant or seasonal farm worker?  Have you ever been convicted of a misdemeanor?  
**SC Residents:**  Do you receive Family Independence Benefits?

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: \_\_\_\_\_

Date: *6/29/15*



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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.

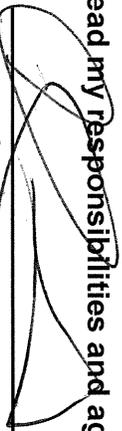
Maintain regular, weekly, communication with your employer if you are unable to return to work. Contact your employer a minimum of after every visit with your primary health care provider. Keep the claims representative advised of your status.

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.

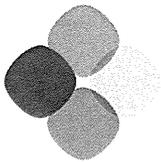
**I have read my responsibilities and agree to abide by these guidelines.**

**Signed:**



**Printed Name:**

Christopher Michael



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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):

*Christopher Michael*

Signature/Firma:



employer solutions staffing group <sup>LLC</sup>

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**Notification of Colorado Law Requirement –  
Unemployment Acknowledgement**

According to Colorado Statutes section 8-73-105.3. A temporary employee who is given a notice that the employee is required to contact or notify the employer upon completion of an assignment and to be available to work, as agreed upon at the time of hire, during a specified period of time, on specified dates, or upon call by the employer on an as-needed basis and who does not contact or notify the employer upon completion of an assignment in compliance with the notice and is not available to work at the agreed-upon times is deemed to have voluntarily terminated employment for the purpose of determining benefits pursuant to section 8-73-108 (5) (e). Also, a temporary employee who agrees to work on an as-needed basis and refuses all work within three separate pay periods when contacted by the employer is deemed to have voluntarily terminated employment for reasons that may or may not allow an award of benefits pursuant to section 8-73-108.

It is your responsibility to contact or notify ESSG (For example, by calling 303-920-1425, or using another means of contact) once your assignment ends. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact or notify ESSG once an assignment ends. I also acknowledge that I have received a separate copy of this form. CM (Initial)

Employee Signature:

Christopher Michael  
Employee (please print your name here)

Date:

06/29/15