

USA
TX

Texas

DRIVER LICENSE

4d DL 17465694 9 Class C
4a Iss 12/05/2013 4b Exp 01/18/2020

3 DOB 01/18/1979

1 PINEDA
2 MIGUEL ANTONIO

8 1906 HUNNINGTON DR
CONROE TX 77303-0000

12 Restrictions NONE 9a Evid NONE
16 Hgt 6-00 15 Sex M 16 Eyes BRO
5 DD 09211321121025907799



Miguel Antonio

MIGUEL A. PINEDA
MARISELA C. PINEDA
1906 HUNNINGTON DR.
CONROE, TEXAS 77303-1834

2447
37-65/1119 2341
1775123472

Pay to the
Order of

Date

\$

Dollars



Security
Features
Details on
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MP

For

1119006591 1775123472 02447

**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

OMB No. 1545-1500

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

Your name MICHAEL P. ALBERTA
Street address where you live 1906 HUNTINGTON DR.
City or town, state, and ZIP code COMING, TX
County WARRANT
Telephone number 936-828-1896
If you are under age 40, enter your date of birth (month, day, year) 01/18/1979

☐ 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

M. Alberta

Date

12/15/14

TAX CREDIT QUESTIONNAIRE

RETRO TAX
 Specialists in Tax Credit Administration

EMPLOYER SECTION:

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

EMPLOYEE SECTION:

Employee Name:	Street Address:	City/State:	Zip:
SS#: 622-80-9448	Age: 34	Have you worked for this company before? ☒ Yes ☐ No	If yes, location: COMAG, TX 77303
Date of Birth: 01/18/1979			

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

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.)	City: _____	County: _____	State: _____	Relationship to you: _____
☒ Yes ☐ No				
2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months?	City: _____	County: _____	State: _____	Relationship to you: _____
☒ 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.	City: _____	County: _____	State: _____	Relationship to you: _____
☒ 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) *If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.	City: _____	County: _____	State: _____	Relationship to you: _____
☒ 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: _____
☒ Yes ☐ No		
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: _____ / _____ / _____	State conviction? ☐ Federal or ☐ State conviction? If State - County: _____
☒ Yes ☐ No		

Additional Tax Credits	IEC (Native American): Are you or your spouse a member of a Native American Tribe? ☐ *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? ☐ Have you ever been convicted of a misdemeanor? ☐ Do you receive Family Independence Benefits? ☐ Do you receive Family Independence Benefits? ☐
	☒ Yes ☐ No

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. aka Retrotax), or the Department of Labor.

New Employee Signature: _____

Date: 12/15/14

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: M/ M/

Printed Name: MICHAEL P. MGA

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

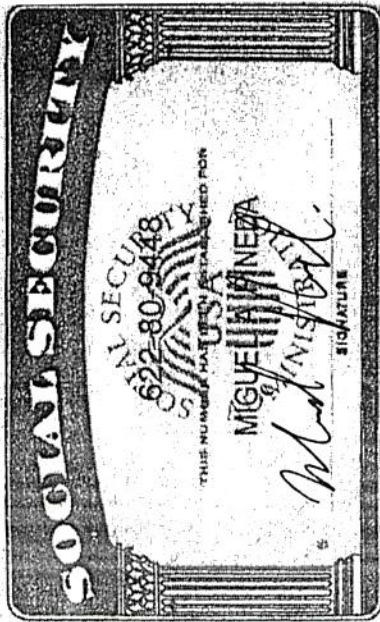
Si un cheque de pago se pierde (que falta, fuera de lugar, destruido, perdido en el correo, etc), usted debe notificar a su reclutador de personal que el cheque no se puede encontrar. Si se puede verificar que el cheque no ha sido cobrado, ESSG se detendrá el cheque de pago y reemitir el cheque a usted, 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): *Michael Pineda*

Signature/Firma: *Michael Pineda*



Serial No. 12/16/2014 08:31
AOED011008637
TC: 328037

Note TMR: Timer TX, POL: Polling, ORG: Original Size Setting, FME: Frame Erase TX,
MIX: Mixed Original TX, CALL: Manual TX, CSRC: CSRC, FWD: Forward, PC: PC-Fax,
BND: Double-Sided Binding Direction, SP: Special original, FCODE: F-code, RTX: Re-TX,
RLV: Relay, MBX: Confidential, BUL: Bulletin, SIP: SIP Fax, IPADR: IP Address Fax,
I-FAX: Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF, TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer, Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length Over, POVR:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error, DSN:DSN Response Error.

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 Michael A. Pineda SSN# (last 4 digits) 9448 Effective Date 12/15/14

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

T N U O C A	☒ Update Bank Account	Bank Name: <u>WELLS FARGO</u>	Routing#: <u>111900659</u>	Account#: <u>1775123472</u>	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				
	incur if the account number that I provide is incorrect.				

Initial M.P. Date 12/14/15

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 _____
 Street Address (PO BOX NOT ACCEPTABLE) _____
 Social Security# _____
 City _____ State _____ Zip _____
 Cell Phone (mobile) _____

GET TEXT ALERTS, when your paycheck is deposited on your card!

All we need to know your cell phone service provider and mobile number above!
☐ Yes, sign me up, for text alerts
☐ My mobile service provider is: _____

RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Routing # _____ Payroll Debit Card Account # _____

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: 12/15/14

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: MIKEP27 @ HOTMAIL.COM

this information will only be used to send your pay stubs electronically

Employee's Signature: _____

Date: 12/15/14

EMERGENCY CONTACT INFORMATION

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

Employee Name: MICHEL PINERA

Address: 1900 HUNTINGTON DR CONROE, TX, 77383

Home Phone: 936-828-1895

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

Contact #1 Name: <u>MARISCA PINERA</u> Relationship: <u>WIFE</u>	Home Phone: <u>936-828-1892</u> Cell Phone: <u>936-828-1892</u> Work Phone:
Contact #2 Name: Relationship:	Home Phone: Cell Phone: Work Phone:

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

This information will remain confidential and will only be used in the case of an emergency.

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.orange-treescreening.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.

New York and Maine applicants or employees only: 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.
New York applicants or employees only: 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.
Oregon applicants or employees only: 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.
Washington State applicants or employees only: 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.orange-treescreening.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: MIKEP27@HOTMAIL.COM)

Signature: Mr. M. M. M. Date: 12/15/14
Last Name: PINEDA First: MICHEL Middle: A
Other Names/Alia: 622-80-9448
Social Security #: 17465694
Driver's License #: TX
State of Driver's License: TX
Date of Birth (mm/dd/yyyy): 01/18/1979
Telephone # (Primary): 936-828-1895
Present Address: 1906 HUNTINGTON DR
City/State/Zip: CONROE, TX

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

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

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		B. Date of Hire (if applicable) (mm/dd/yyyy):
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Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
7301 OHMS LANE SUITE 405		EDINA	MN	55439
Last Name (Family Name)		First Name (Given Name)		
EMPLOYER SOLUTIONS STAFFING GROUP LLC		EMPLOYER SOLUTIONS STAFFING GROUP LLC		
Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		

The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions.)

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.

Certification

3-D Barcode Do Not Write in This Space	Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
	Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
	Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
	Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
	Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
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	Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
	Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):

Identity and Employment Authorization **OR** **List B** **AND** **List C** **Employment Authorization**

Employee Last Name, First Name and Middle Initial from Section 1:

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.)

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services



▶ **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) PINEDA		First Name (Given Name) MICHEL	
Middle Initial A		Other Names Used (if any)	
Address (Street Number and Name) 1906 HUMMINGTON DR		Apt. Number CONOC	City or Town CONOC
State TX		Zip Code 77303	
Date of Birth (mm/dd/yyyy) 01/18/1979		U.S. Social Security Number 622-80-9448	
E-mail Address MIKEP27@HOTMAIL.COM		Telephone Number 936-828-1895	

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 (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:

OR

1. Alien Registration Number/USCIS Number: _____
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: _____

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

Form W-4 (2013)

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 2013 expires February 17, 2014. 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 \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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

Personal Allowances Worksheet (Keep for your records.)

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 for information.

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 2013. 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.

A	Enter "1" for yourself if no one else can claim you as a dependent.	
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	
C	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.)	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).	
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit.	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	
H	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	
	• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.	
	• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child.	
	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	H
	• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	
	• 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 \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	
	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Employee's Withholding Allowance Certificate

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 MICHELLE	2	Your social security number 622-80-9448
3	Single ☒ Married ☐ Married, but with child at higher Single rate.	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. ☐
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6	Additional amount, if any, you want withheld from each paycheck
7	I claim exemption from withholding for 2013, 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.	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)

5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6	Additional amount, if any, you want withheld from each paycheck
7	I claim exemption from withholding for 2013, 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.	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)

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name FINEDA First Name MICHEL Middle Initial A
Street Address 1906 HUNTINGTON DR. Apt/Ste _____
City/State/Zip CONROE TX 77303
Phone Number 936-828-1895 Email Address MIKEP27@HOTMAIL.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 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 rehiring.
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) MICHEL FINEDA
Applicant's Signature [Signature]
Date 12/15/14

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

DOH _____		ROP _____		Work Site Loc. _____		WC Code _____	
For ESSG Client Use							
Emergency Contact Info _____		Background Release Form _____		Background Results _____		Unemployment Letter (if applicable) _____	
DOH _____		NHW _____		I-9 _____		8850 _____	
W4 _____		ESS Application _____					
For ESSG Office Use Only							



CONFIDENTIALITY & NONSOLICITATION AGREEMENT

This agreement made this 9th day of October, 2013 ("the Agreement"), is between Corporate Management Group Inc. ("CMG"), Employer Solutions Staffing Group LLC ("ESSG") *Miquec Pivara* ("Employee") (together "the Parties").

The Company is engaged in the business of Lighting and Electrical Distribution. The Company has employed Employee to perform services for it and Employee has accepted said employment.

In consideration of the foregoing and Employee's employment by the Company as good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

I. Confidentiality

- a. Definition of "Confidential Information." "Confidential Information" means all confidential business or financial information of the Company, including but not limited to any trade secrets, manufacturing plans, new product information, customer lists, or other information that is secret and of value.
- b. Employee's Use of Confidential Information. The Company owns certain trade secrets and confidential information in connection with its business, which are valuable assets of the Company. During the duration, and after the termination of this Agreement, Employee shall not, without the Company's prior written consent, directly or indirectly, use, disclose, or otherwise communicate any Confidential Information to any person or entity, except in performance of Employee's legitimate duties for the Company.
- c. Acknowledgment of Confidential Information. Employee acknowledges that Employee will have access to Confidential Information, made accessible to Employee only in strict confidence by the Company. Employee acknowledges that unauthorized disclosure will damage the Company's business and that Confidential Information could immediately be used by a competitor of the Company. The use and value of this Confidential Information depends on its continuing secrecy and the Company has taken appropriate steps to maintain this secrecy. Employee acknowledges that the restrictions contained in this section are reasonable and necessary for the protection of the Company's business.
- d. Definition of Company Property. Company Property is defined as, but not limited to, all documents or other records containing or reflecting Confidential Information prepared by or provided to Employee and all copies, in any medium, of such materials. Employee shall not copy or use any Company Property for any purpose not relating directly to Employee's work on the Company's behalf, or use, disclose, or sell any Company Property, except with the Company's prior written consent. Upon the termination of the employment relationship or upon the Company's request, Employee shall immediately deliver to the Company all Company Property. Employee may comply with any subpoena or court order, if Employee submits a copy of the subpoena or court order to the Company's President within three (3) working days of receipt.

c. Entire Agreement. This agreement contains all of the terms agreed upon by the parties and supersedes all prior agreements, arrangements, and communications between the parties on this subject, whether oral or written.

f. Survival. Employee's obligations under this agreement shall survive the termination of Employee's employment and shall be enforceable regardless of which party terminates the employment relationship and regardless of whether such termination is later claimed or found to be wrongful.

g. Governing Law and Forum. All disputes or issues arising from this agreement or the Company's relationship with Employee shall be governed by the internal laws of the State of Colorado. Any action arising from or relating in any way to this agreement or Employee's employment with the Company shall be tried only in the state or federal courts situated in Colorado. The parties consent to jurisdiction and venue in those courts to the greatest extent possible under law.

h. Severability. In the event any of the restrictions contained in this agreement are held to be unenforceable, the court so holding shall effect any change to the extent absolutely necessary to render the restrictions enforceable, while still maintaining the parties' expressed desire that the Company be protected to the greatest extent possible under the applicable law. Each of the terms and provisions of this agreement is severable in whole or in part, and any term or provision found to be invalid or illegal and unenforceable by the court shall be excised by the court, and the remaining terms and provisions shall not be affected and shall remain in full force and effect.

i. Modification and Waiver. The parties agree that this agreement cannot be modified or waived without a written agreement signed by both parties. The Company's waiver of the breach of any provision of this agreement by Employee shall not constitute a waiver of any subsequent breach.

j. Heirs and Assigns. This agreement shall be binding upon Employee's heirs, executors, administrators, or other legal representatives; shall inure to the benefit of the Company, its successors or assigns; and shall be freely assignable by the Company, but not by Employee.

k. Headings. Numbers and titles to the sections of this agreement are for information purposes only and, where inconsistent with the text, are to be disregarded.

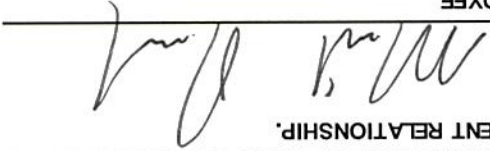
l. Acknowledgment of Employee Opportunity to Seek Counsel. Employee has been afforded the opportunity to read, reflect upon, and consider the terms of the agreement; has been afforded the opportunity to discuss this agreement with an attorney or other adviser; and has read this entire agreement, fully understands its terms, and has voluntarily executed this agreement.

m. AT-WILL EMPLOYMENT. THE PARTIES ACKNOWLEDGE THAT THIS AGREEMENT SHALL NOT ALTER THE AT-WILL NATURE OF THEIR EMPLOYMENT RELATIONSHIP.

DATE:

12/15/14

EMPLOYEE



CMG/ESSG REPRESENTATIVE

DATE:

BY

TITLE

STATEMENT OF CONFIDENTIALITY

This agreement made this 15 day of DECEMBER, 2014, 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