

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Mires First Name Douglas Middle Initial E
 Street Address 461 Peachtree rd Apt/Ste _____
 City/State/Zip MARLBANK TEXAS 75156
 Phone Number 903 519 5671 Email Address Dem49xxx@gmail.com
 Company/Employer Colorado Lighting

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.

Douglas EARL Mires Name (Print or type)
Douglas E Mires Applicant's Signature
 _____ Date

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 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Unemployment Letter (If applicable) _____	ESC Application _____

For ESSG Client Use

DOH _____	ROP _____	Work Site Loc. _____	WC Code _____
-----------	-----------	----------------------	---------------

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 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 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.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	1
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. }	B	1
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.)	C	0
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	0
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	0
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	0
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • 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	G	0
H	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	2
	For accuracy, complete all worksheets that apply. { • 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. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ 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.		2013
1 Your first name and middle initial Douglas Earl		Last name MIRPS		2 Your social security number
Home address (number and street or rural route) 461 Peachtree Rd		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code MARLBANK TEXAS 75156		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		2
6 Additional amount, if any, you want withheld from each paycheck		6 \$		0
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. 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.) ▶ Douglas Mirps		Date ▶ 11-7-14		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) Colorado Lighting		9 Office code (optional)	10 Employer identification number (EIN)	



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

Employee Name: Mires Douglas E 7-23-65
Last First Middle Date of Birth

Social Security Number: 460 - 47 - 3834 Date of Hire: 11-7-14 (MM/DD/YYYY)

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

Colorado Lighting
Print Name of Employer (or Designated Representative) Official Title

Signature of Employer (or Designated Representative) Date Signed by Employer (MM/DD/YYYY)

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.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
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) Mires		First Name (Given Name) Douglas		Middle Initial E	Other Names Used (if any) Doug	
Address (Street Number and Name) 461 Peachtree			Apt. Number	City or Town MARIETTA	State TX	Zip Code 75156
Date of Birth (mm/dd/yyyy) 7 23 65	U.S. Social Security Number 460-47-3834		E-mail Address Dem49xxx@gmail			Telephone Number 903 519 8671

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):

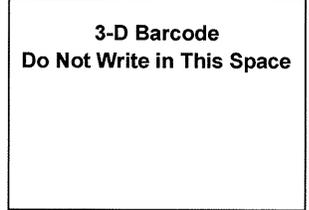
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field.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

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

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: Douglas E Mires	Date (mm/dd/yyyy): 11-7-14
--	--------------------------------------

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





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: <i>Drivers License</i>		Document Title: <i>SS Card</i>
Issuing Authority:		Issuing Authority: <i>TX</i>		Issuing Authority: <i>dept of health</i>
Document Number:		Document Number: <i>01867622</i>		Document Number: <i>460-47-3834</i>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <i>7.23.2018</i>		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): 11.11.14 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>[Signature]</i>		Date (mm/dd/yyyy) <i>11.11.14</i>	Title of Employer or Authorized Representative <i>Acct Mgr.</i>	
Last Name (Family Name) <i>hsol</i>		First Name (Given Name) <i>Tina</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):

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:

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 11/11/2014
Page: 1 of 1

Case Verification Number: 2014315152837VF

Case Information:

Employee Information:

Last Name:	Mires	First Name:	Douglas
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 3834	Date of Birth:	07/23/1965
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Social Security Card
Document Name:	Driver's license	Document State:	Texas
Driver's License or ID Card Number:		Document Expiration Date:	07/23/2018
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	11/11/2014	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CKRO8357	Submitted On:	11/11/2014

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:		First Name:	
Middle Initial:		Other Names Used:	
Social Security Number:		Date of Birth:	
Resubmitted By:		Resubmitted On:	

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments: Submitted On:
Submitted By:

Case Result from DHS (after DHS Verification in Process):

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

Closed By:

Closed On:

SENSITIVE BUT UNCLASSIFIED

USA TX

Texas

DRIVER LICENSE

4d DL 01867622 9 Class C
 4e Iss 11/07/2012 4b Exp 07/23/2018
 3 DOB 07/23/1965
 1 MIRES
 2 DOUGLAS EARL

8 162 LOWE DRIVE
 PAYNE SPRINGS TX 75156-0000

12 Restrictions NONE 9a End NONE
 16 Hgt 6-04 15 Sex M 18 Eyes BLU
 5 DD 14610231113017545168



SOCIAL SECURITY

460-47-3834

THIS NUMBER HAS BEEN ESTABLISHED FOR
 DOUGLAS EARL MIRES

Douglas E Mires
 SIGNATURE

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

_____, or any of its subsidiaries may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" conducted by a consumer reporting agency which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history (State and Federal records), social security verification, address trace, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any report conducted by a consumer reporting agency. Please be advised NationSearch.com, LLC (NationSearch) [11184 Huron St. Suite 13, Northglenn, CO 80234; (800)-827-9550] will be the consumer reporting agency conducting the background investigation. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reporting 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 report conducted by a consumer reporting agency.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, credit reporting agency, and employer to provide any and all background information requested by NationSearch.com, LLC [11184 Huron St. Suite 13, Northglenn, CO 80234; (800)-827-9550] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Notice to California Applicants: Under section 1786.22 of California Civil Code, you have the right to request from NationSearch, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which NationSearch has previously furnished within the two-year period preceding your request. You may view the file maintained on you by contacting NationSearch during normal business hours. You may also obtain a copy of this report(s) upon submitting proper identification. Upon making a written request, you may receive a summary of your report.
New York Applicants or Employees Only: You have the right to inspect and receive a copy of any report conducted by a consumer reporting agency and requested by the Company by contacting the consumer reporting agency identified above directly.
Notice to Maine Applicants: Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not a consumer report was requested. If such report was obtained, you may contact the consumer reporting agency, NationSearch, and request a copy of the report(s) compiled.
Minnesota and Oklahoma Applicants or Employees Only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>

Last Name: <i>Mires</i>	First Name: <i>Douglas</i>	Middle Name: <i>Earl</i>
Other Names Used: <i>Doug</i>	SSN: <i>460 47 3834</i>	Date of Birth: (For Employment Purposes Only) <i>7-23-65</i>
Motor Vehicle Number & State of Issue: (Driver's License Number and State of Issue) <i>TX 01867622</i>	Current Address: <i>461 Peachtree Rd MABANK TX 75156</i>	

Signature: *Douglas Mires* Date: *11-7-14*

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

EMERGENCY CONTACT INFORMATION

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

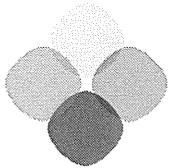
Employee Name: Douglas Mires
Address: 460 Peachtree Rd MarBank TX 75156
Home Phone: 903 - 519 - 5671

EMERGENCY CONTACTS

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

Contact #1 Name: <u>JANA Mires</u> Relationship: <u>Sister</u>	Home Phone: <u>903 802 4348</u> Cell Phone: <u>same</u> Work Phone: <u>same</u>
Contact #2 Name: <u>Steven Mires</u> Relationship: <u>son</u>	Home Phone: <u>469 471 1619</u> Cell Phone: Work Phone:

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



employer solutions staffing group^{LLC}

Leveraging Resources in a Changing Market

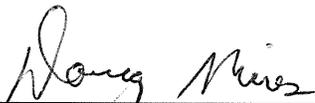
STATEMENT OF CONFIDENTIALITY

This agreement made this 7 day of November, 2014, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Douglas Mires 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

▶ See separate instructions.

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

Your name Douglas E Mires Social security number ▶ 460 473834
Street address where you live 461 PEACHTREE RD
City or town, state, and ZIP code MARLBANK TEXAS 75156
County US Telephone number 903 519 5671

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

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months, **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ Douglas Mires

Date 11-7-14

EMPLOYER SECTION:

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

EMPLOYEE SECTION:

Employee Name: <u>Douglas Mires</u>	Street Address: <u>461 Peachtree Rd</u>	City/State: <u>MABANK TX</u>	Zip: <u>75156</u>
SS#: <u>460 - 47 - 3434</u>	Date of Birth: <u>7 / 23 / 65</u>	Age: <u>49</u>	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
<p>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.)</p> <p>Name of the person receiving benefits: <u>Douglas Mires</u> Relationship to you: <u>me</u></p> <p>City: <u>MABANK</u> County: <u>HENDERSON</u> State: <u>TX</u></p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>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.)</p> <p>Name of the person receiving benefits: _____ Relationship to you: <u>me</u></p> <p>City: <u>MABANK</u> County: <u>HENDERSON</u> State: <u>TX</u></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>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: <input type="checkbox"/> Vocational Rehabilitation Agency <input type="checkbox"/> Dept. of Veterans Affairs <input type="checkbox"/> Employment Network (Ticket to Work Program)</p> <p>Name of Agency: _____ Phone #: _____</p> <p>City: _____ County: _____ State: _____</p> <p>*If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>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.)</p> <p>Dates of Service - From: ____/____/____ To: ____/____/____</p> <p>Branch of Service: _____</p> <p>Are you entitled to or are you receiving compensation for a service-connected disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Have you been unemployed at any time during the last 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, dates of unemployment - From: ____/____/____ To: ____/____/____</p> <p>Did you receive unemployment compensation at any point during your unemployment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months?</p> <p>Conviction Date: ____/____/____ Release Date: ____/____/____</p> <p>Was this a <input type="checkbox"/> Federal or <input type="checkbox"/> State conviction? If State - County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

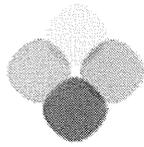
Additional Tax Credits

<p>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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>CA Residents: <input type="checkbox"/> Are you the child of foster parents? <input type="checkbox"/> Do you receive CalWorks? <input type="checkbox"/> Workforce Investment Act?</p> <p><input type="checkbox"/> Are you a migrant or seasonal farm worker? <input type="checkbox"/> Have you ever been convicted of a misdemeanor?</p> <p>SC Residents: <input type="checkbox"/> Do you receive Family Independence Benefits?</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
---	--------------------------	-------------------------------------

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: Douglas Mires Date: 11-7-14



employer solutions staffing groupsm
Leveraging Resources in a Changing Market

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.

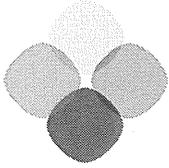
Notify your employer immediately of any new injuries or conditions that impact your physical condition.

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: Douglas Mires

Printed Name: DOUGLAS MIREs



employer solutions staffing group^{LLC}
Leveraging Resources in a Changing Market

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):

Douglas Mines
DOUGLAS MIREs

Signature/Firma:

Douglas Mines



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”) **Colorado Lighting Inc.** (“the Company”) and Douglas Mires (“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:

1. 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.

- e. Third-Parties' Confidential Information. Employee acknowledges that the Company has and will receive from third parties confidential or proprietary information, and that the Company must maintain the confidentiality of such information. Employee shall not use or disclose any such information, except as permitted by the Company or the third party to whom the information belongs.
- f. Employee's Former Employer's Confidential Information. Employee shall not, during Employee's employment with the Company, improperly use or disclose to the Company any proprietary information or trade secrets belonging to any former employer or any third party to whom Employee owes a duty of confidentiality.

2. Nonsolicitation

- a. Covenants. During the term of Employee's employment and for a period of 24 months after termination of Employee's employment, Employee shall not directly or indirectly:
 - (1) Solicit, recruit or attempt to persuade any person then an employee, agent or contractor of the Company or any Company affiliate to terminate such person's employment or relationship with the Company or Company affiliate.
 - (2) Solicit business from any customer or client with whom Employee had contact during the employment relationship with the Company.
- b. Waiver. The above prohibition may be waived only by the Company's prior written consent.
- c. Acknowledgment of Restriction. Employee acknowledges that the restrictions contained in this section are reasonable and necessary for the protection of the Company's business.

3. General Provisions

- a. Disclosure of Obligations. Employee shall make the terms and conditions of this agreement known to any business or employer in competition with the Company, with which Employee becomes associated during the term of this agreement. The Company shall have the right to make the terms of this agreement known to third persons.
- b. Conflict of Obligations. Employee states that Employee is not now under any legal or contractual obligation conflicting with this agreement and that entering this agreement will not breach any agreement to which Employee is now a party. Employee agrees to reimburse and hold the Company harmless for any costs, damages, or fees sustained or expended by the Company as a result of Employee's breach of warranties under this section.
- c. Remedies. Employee acknowledges that breach of this agreement will cause the Company to suffer immediate and irreparable harm and damage for which money alone cannot fully compensate the Company. Employee agrees that upon breach or threat of imminent breach of any obligation under this agreement, the Company shall be entitled to a temporary restraining order, preliminary injunction, permanent injunction, or other injunctive relief, without posting any bond or other security, and that Employee shall not oppose entry of any of these measures. This section shall not be construed as an election of any remedy, or as a waiver of any right available to the Company under this agreement or the Colorado law governing this agreement, including the right to seek damages from Employee.
- d. Attorney's Fees. In the event of any controversy, claim, or dispute between the parties affecting or relating to the performance of this agreement, the prevailing party shall be entitled to recover all of its attorney's fees and costs.

- e. 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.**

DATED 11-7-2014 
 EMPLOYEE

DATED: _____
 CMG/ESSG REPRESENTATIVE

BY _____

TITLE _____

EMPLOYEE INFORMATION
(Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

USE BLACK or BLUE INK ONLY
ESC CU(NAV*SAD) P2 v13.0

Social Security Number 460-47-3834
Date of Birth 7/23/1965 Sex M F
Name Douglas Mires
Street Address 461 Peachtree rd
City MA BANK State TX Zip 75156
Home Phone 903-519-5671

Do you or any dependents have Medicare?

Yes No If Yes:

Medicare Health Insurance Claim Number (HICN)

Medicare Effective Date ___/___/___

Names of Covered Person(s)

- 1. _____
- 2. _____
- 3. _____

BENEFIT SELECTION

Weekly Rates

MEDICAL



- \$20.91 Employee Only
- \$42.44 Employee + One
- \$56.67 Employee + Family
- NO to MEDICAL, TERM LIFE, and STD benefits.

DENTAL



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

TERM LIFE



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

SHORT-TERM DISABILITY



- YES \$4.20 Employee Only
- NO

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

You **MUST** enroll in the Medical Insurance Plan before adding Term Life or STD. Your coverage level for Term Life will be identical to your medical plan selection.

REQUIRED DEPENDENT INFORMATION

Name _____

Social Security Number _____

Date of Birth ___/___/___ Sex M F

Relationship: Spouse Child Domestic Partner

Name _____

Social Security Number _____

Date of Birth ___/___/___ Sex M F

Relationship: Spouse Child Domestic Partner

Name _____

Social Security Number _____

Date of Birth ___/___/___ Sex M F

Relationship: Spouse Child Domestic Partner

BENEFICIARY INFORMATION

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

NAME OF BENEFICIARY

JAWA MIREs

RELATIONSHIP

sister

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

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

► Signature

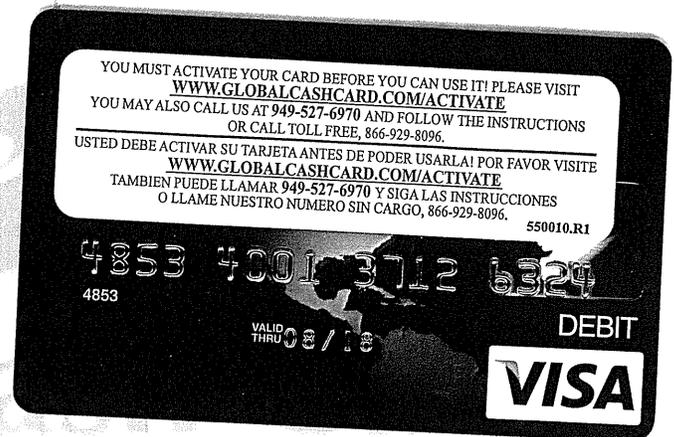
Douglas Mires

Date

11-7-2014

1. **Activate your card:** Online at www.globalcashcard.com/activate or by calling 866-929-8096.
2. **Use your card:** Sign the back of the paycard and start using it everywhere!
3. **Manage your card:** Manage your funds, your way! Go online to www.globalcashcard.com and click on  to manage your paycard account online.

**Congratulations! ACTIVATE YOUR
NEW Global Cash Card paycard!**



We make paycards easy

Your Card. Your Money. Right Now.

- **NO FEE purchases** - Pay retailers, restaurants, gas stations, online merchants, and more by using your paycard as a signature or credit type of purchase!
- **Get cash back** - Use your PIN for purchases and get cash back from merchants.
- **Get cash at ATMs** - Get cash at millions of ATM's worldwide.
- **Alert notifications** - Go to your online account at www.globalcashcard.com to set up text or e-mail alerts.



employer solutions staffing group.
Leveraging Resources in a Changing Market

PAYCARD ENROLLMENT FORM

You will be issued a temporary ATM Debit Card and a Debit MasterCard will be mailed to your home address within 7-10 days. Once you activate your Debit MasterCard, the funds from your temporary ATM Debit Card (please keep it as a back-up card) will automatically transfer to your Debit MasterCard.

Please attach a copy of your Social Security Card as a REQUIRED government-issued form of identification.

Please indicated if this is a NEW or REPLACEMENT card

Card Number:

4853 -- 4001 -- 3712 - 6324

Global Cash Card – Account Owner Information (Please Print Legibly)		
First Name: <u>Douglas</u>	M.I.: <u>E</u>	Last Name: <u>MIREs</u>
Street Address (No PO Box): <u>461 Peachtree rd</u>		Apartment #:
City: <u>MARSHAWK TX 75156</u>	State: <u>TX</u>	Zip Code: <u>75156</u>
Home Telephone: ()	Cell Number (Text Notification): (903) <u>519-5671</u>	
Date of Birth (MM/DD/YYYY): <u>7/23/65</u>	Social Security Number: -- -- <u>460 47 3834</u>	
Email Address: <u>Dem 49xxx @ gmail . com</u>		
Please initial <u>one</u> of the following:		
I would like to receive my paystub voucher printed: _____		
I would like to receive my paystub voucher by email each week, until further notice: <u>Dem</u>		
Employee Signature <u>Douglas Mires</u>		Date <u>11-7-14</u>

LOCATION INFORMATION (All fields must be completed by a company representative)	
ESSG Location: <u>CMG – Accellent</u>	Employee given Temporary Card & Date:

GCC: _____ / Dt: _____ ABD: _____ / Dt: _____ QB: _____ / Dt: _____