



DOH		ROP	Work Site Loc.	WC Code
For ESSG Client Use				
Emergency Contact Info	Background Release Form	Background Results	Unemployment Letter (if applicable)	ESC Application
DOH	NHW	1-9	8850	WA
For ESSG Office Use Only				

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

Name (Print or type) ATWLO  
 Applicant's Signature [Signature]  
 Date 2/3/2015

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

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

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check. I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

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

**Applicant Certification and Authorization**

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

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

Staffing Agency/Recruitment Partner \_\_\_\_\_

Phone Number 820 405 9885  
 Email Address \_\_\_\_\_ @ \_\_\_\_\_

City/State/Zip 33044  
 Street Address 09A1A  
 Apt/Ste \_\_\_\_\_

Last Name ATWLO First Name CBANG Middle Initial AO

Personal Data - PLEASE PRINT LEGIBLY IN INK

**New Hire Application**

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

Levraging Resources in a Changing Market  
 employer solutions staffing group.



**Form W-4 (2014)**

The exemptions do not apply to supplemental wages greater than \$1,000.00.

**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 limited deductions, certain credits, adjustments to income, or two-earner/multiple jobs situations.

**Exemption from withholding.** If you are exempt, complete lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 509, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim an exemption from withholding even if the employee is a dependent, if the employee:

- is age 65 or older,
- is blind, or
- will claim adjustments to income tax credits; or

converted your other credits into withholding allowances. **Future developments.** Information about any future developments affecting Form W-4 (such as registration affected after we release it) will be posted at [www.irs.gov/wf](http://www.irs.gov/wf).

**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. 509 for information on converting your other credits into withholding allowances.

**Nonresident alien.** If you are a nonresident alien, see Notice 1382, 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 2014. See Pub. 505, especially if your earnings exceed \$130,000 (single) or \$180,000 (married).

**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 your allowances are defined on the other. See Pub. 505 for details.

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

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

**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 (see conditions under **Head of household** above).

**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 \$2,000 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.)

**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.

**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.)

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, 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.

**For accuracy, complete all worksheets that apply.**

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

**W-4 Employee's Withholding Allowance Certificate**

OMB No. 1545-0074 2014

Department of the Treasury Form W-4

1 Your first name and middle initial: **HELENE**

2 Your social security number: **476-55-9094**

3  Single  Married  Married, but withheld at higher Single rate.  Married, but legally separated, or spouse is a nonresident alien, check the "Single" box. Note: If married, but withheld 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.  **ST CLAUD MN 56302**

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

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

7 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.  **7**

8 Employer's signature: **ATW**

9 Office code (optional) 10 Employer identification number (EIN)

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 the 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** (Employers must complete and sign Section 1 of Form I-9, regardless of the date of employment, but to be effective, employers must sign it on or before the date of hire.)

Last Name (Family Name) <b>OBANA</b>		First Name (Given Name) <b>AYUBO</b>		Middle Initial <b>OS</b>	Other Names Used (if any)	
Address (Street Number and Name) <b>1507 3th St N</b>		Apt. Number <b>1507</b>	City or Town <b>ST CLOUD</b>	State <b>MN</b>	Zip Code <b>56303</b>	
Date of Birth (mm/dd/yyyy) <b>01/01/1975</b>	U.S. Social Security Number <b>476-55-9109</b>	E-mail Address <b>320-405-9885</b>	Telephone Number <b>320-405-9885</b>			

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): **A 212-216-901**
- 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.

3-D Barcode  
Do Not Write in This Space

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: <b>AYUBO</b>	Date (mm/dd/yyyy): <b>2/3/2015</b>
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**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: _____



**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. This information 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](http://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.

<p><b>New York and Maine applicants or employees only:</b> You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.</p>
<p><b>New York applicants or employees only:</b> Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p><b>Oregon applicants or employees only:</b> Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.</p>
<p><b>Washington State applicants or employees only:</b> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>

**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](http://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)

**BACKGROUND INFORMATION**

Last Name: 0941A  
 First: AJWBO  
 Middle: 09ANE  
 Other Names/Aliases:  
 Social Security #: 1476-55-9091  
 Date of Birth (mm/dd/yyyy): 01/19/75  
 State of Driver's License: 3513131082226  
 Present Address: 1507 8th St N  
 Telephone # (Primary): 302-405-9805  
 City/State/Zip: St Cloud MN 56303  
 Signature: AJWBO 0941A  
 Date: 01/21/2015

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

**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: Aswed O'Connell, Danya

SSN# (last 4 digits): 01041

Effective Date: 2-3-15

**SECTION 2 PAYROLL ELECTION**

Direct Deposit (Please complete Sections 3 and 5 below)

Payroll Debit Card (Please complete Sections 4 and 5 below)

**SECTION 3 DIRECT DEPOSIT**

Update Bank Account

Bank Name: \_\_\_\_\_

Routing#: \_\_\_\_\_

Account#: \_\_\_\_\_

Account Type:  Checking  Savings  Other

I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4 PAYROLL DEBIT CARD (GLOBAL CARD)**

- To help us avoid making an error, please attach a copy of a voided check. (A deposit slip will not work)
- If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods.

**SECTION 5 AUTHORIZATION**

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 (no box, not accurate): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone (mobile): \_\_\_\_\_

Social Security#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**GET TEXT ALERTS**, when your paycheck is deposited on your card!  Yes, sign me up, for text alerts

All we need to know your cell phone service provider and mobile number above!

**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 #: 073972181

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: \_\_\_\_\_

**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: \_\_\_\_\_

This information will only be used to send your pay stubs electronically.

Employee's Signature: ATMCO 09/14

Date: 2/3/2015

**ENROLLMENT FORM**

BSC NAV+SAD P2M #15D

**REQUIRED EMPLOYEE INFORMATION**

PRINT USING BLACK or BLUE INK (Must Be Filled Out)

Social Security Number 476-5-0041

Date of Birth 01/01/1975 Sex  M  F

Name Alvaro Alvarez Asola

Street Address \_\_\_\_\_

City NY State NY Zip 56803

Home Phone 320-403-9885

Do you or any dependents have Medicare?  Yes  No  If Yes:

Medicare Health Insurance Claim Number (HICN) \_\_\_\_\_

Medicare Effective Date \_\_\_\_\_

Names of Covered Person(s) \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**REQUIRED DEPENDENT INFORMATION**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  M  F

Relationship:  Spouse  Child  Domestic Partner

**DEPENDENT INFORMATION**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  M  F

Relationship:  Spouse  Child  Domestic Partner

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Relationship:  Spouse  Child  Domestic Partner

**DEPENDENT INFORMATION**

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

**RELATIONSHIP**

NAME OF BENEFICIARY \_\_\_\_\_

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

**BENEFICIARY INFORMATION**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  M  F

Relationship:  Spouse  Child  Domestic Partner

**DEPENDENT INFORMATION**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

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Relationship:  Spouse  Child  Domestic Partner

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Relationship:  Spouse  Child  Domestic Partner

**DEPENDENT INFORMATION**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  M  F

Relationship:  Spouse  Child  Domestic Partner

**DEPENDENT INFORMATION**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  M  F

Relationship:  Spouse  Child  Domestic Partner

**DEPENDENT INFORMATION**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  M  F

Relationship:  Spouse  Child  Domestic Partner

**DEPENDENT INFORMATION**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Notification of Minnesota Law Requirement -  
 Unemployment Acknowledgement**

According to Minnesota Statute section 268.095, subdivision 2, paragraph (d), an applicant who, within five calendar days after completion of a suitable job assignment from a staffing service, (1) fails without good cause to affirmatively request an additional suitable job assignment, (2) refuses without good cause an additional suitable job assignment offered, or (3) accepts employment with the client of the staffing service, is considered to have quit employment. This paragraph applies only if, at the time of beginning of employment with the staffing service, the applicant signed and was provided a copy of a separate document written in clear and concise language that informed the applicant of this paragraph and that unemployment benefits may be affected.

It is your responsibility to contact ESSG (for instance, by calling 1-320-281-5617 or using any other form of contact) for additional assignments. If you fail to do so, it may affect your unemployment benefits. I understand by signing this form that I am responsible to contact ESSG within 5 calendar days once an assignment ends. I also acknowledge that I have received a separate copy of this form. AS (initial)

Employee Signature: Aswero Ogala  
 Employee (please print your name here) Aswero Ogala  
 Date: 9/3/15