

Name: Chandra Pitts /DOH: 12/9/11 PT/FT

Phone  
Number: 303 421-7959 /CLIENT: BC DAY/NIGHT

NEW HIRE APPLICATION

1. I-9
2. Affirmation of Legal Work Status
3. W-4
4. Application
5. 8850 Pre Screen
6. Youth Self-Attestation Form
7. Work Opportunity Tax Credit
8. Background Release Form
9. Injury Management Program release form
10. Emergency Contact
11. Unemployment Acknowledgement
12. Direct Deposit Form
13. Stop Payment Check Fee Release
14. Health Insurance

OFFICE USE ONLY:

1. E-Verify
2. Scan info. send / Kristin
3. Scan Ins. Form / Valerie
4. Scan attach/CMG Time
5. Drug Screen Auth.
6. Background Auth.
7. Mail originals/ESG



**Employer Solutions Staffing Group LLC** *New Hire Application*

7301 Ohms Lane / Suite 405  
Edina, MN 55439  
T:952.835.1288 / F:952.835.4881

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Pitts First Name Chandra Middle Initial N  
 Street Address 6863 W. 169th Ave  
 City/State/Zip Arvada Colorado 80003  
 Home Phone 3/421-7959 Cell / Message Phone 7/327-2861  
 Company/Employer \_\_\_\_\_

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

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

**Applicant Certification and Authorization**

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

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

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

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

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

Chandra Pitts

Name (Print or type)

Chandra Pitts

Applicant's Signature

12/9/11

Date

A copy or facsimile will be considered the same as an original signature.

**For ESSG Office Use Only**

DOH _____	NHW _____	I-9 _____	8850 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	5 Day Letter (If applicable) _____	ESC Application _____



## APPLICATION FOR EMPLOYMENT

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**PLEASE COMPLETE PAGES 1-5** DATE 12/9/11

Name De Pitts Chandra N  
Last First Middle Maiden

Present address 6863 W. 69<sup>th</sup> Ave Arvada Co 80003  
Number Street City State Zip

How long over 20 yrs Social Security No. 522 - 75 - 0099

Telephone (303) 421-7959 E-Mail Chanhoops35@msn.com

If under 18, please list age \_\_\_\_\_ Referred by Marita

Position applied for (1) Call Center Days/hours available to work  
 and salary desired (2) 10.00/hr  
 (Be specific)   
 No Pref \_\_\_\_\_ Thur X  
 Mon X Fri X  
 Tue X Sat X  
 Wed X Sun \_\_\_\_\_

How many hours can you work weekly? 30-40 Can you work nights? If needed but prefer mornings

Employment desired \_\_\_\_\_ FULL-TIME ONLY \_\_\_\_\_ PART-TIME ONLY X FULL- OR PART-TIME

When available for work? As soon as possible

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  
 No \_\_\_\_\_ Yes If so, please explain \_\_\_\_\_

Do you anticipate any absences from work on a regular basis?  
 No \_\_\_\_\_ Yes If so, please explain \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Arvada High School	66 <sup>th</sup> Wadsworth	4	Diploma
College	Heritage College	74 <sup>th</sup> Attalan	2	Associates Degree
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No \_\_\_\_\_ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. Have Pending charges dismissed

12/9/11 with Marita  
 said I got into a fight while walking - Misd. per Chandra

I have worked at several jobs using phones in board & outbound calling as well as entering data into specific data bases.

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Name Julia Agazio Retired  
 Position N/A  
 Company 88th + Rosemary  
 Address \_\_\_\_\_  
 Telephone (303) 810-6282

Name Ramona Torres Dispatcher  
 Position USA  
 Company USA  
 Address 5391 E 53rd Ave Denver Co  
 Telephone (720) 374-2017

Please list two references other than relatives or previous employers.

**OFFICE USE ONLY**

Typing Yes \_\_\_ No \_\_\_ WPM \_\_\_\_\_  
 Personal Computer Yes \_\_\_ No \_\_\_ PC \_\_\_ Mac \_\_\_  
 Word Processing Yes \_\_\_ No \_\_\_ WPM \_\_\_\_\_  
 Other Skills \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?  Yes \_\_\_ No \_\_\_

What is your means of transportation to work? My car

Driver's license number DL-173-1061 State of issue Colorado

Operator  Commercial (CDL) \_\_\_ Chauffeur \_\_\_  
 Expiration date 07-12-2013

Have you had any accidents during the past three years? Yes  No \_\_\_  
 If so, how many? \_\_\_\_\_

Have you had any moving violations during the past three years? Yes  No \_\_\_  
 If so, how many? \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

**APPLICATION FOR EMPLOYMENT**

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**WORK EXPERIENCE**

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name <del>Jack America</del> <u>Charlie Pitts</u>		Position <u>Driver</u>		Company <u>Coach America</u>		Address <u>371 E 53rd Ave</u>		Telephone (720) <u>374-2017</u>	
Supervisor name <u>Ronnie Vance</u>		Employment dates		Pay or salary		Your last job title <u>Driver</u>		Reason for leaving (be specific) <u>Voluntarily Resigned</u>	
From <u>8/2010</u>		Start <u>11.00/hr</u>		Final <u>11.44/hr</u>		To <u>8/2011</u>		List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.	
I drove a bus for Access a ride. Assisted customers on a aft bus. Tied wheelchair's etc. down. I kept track of driving distance, time and locations.		Employment dates		Pay or salary		Your last job title <u>Penetration Rep</u>		Reason for leaving (be specific) <u>Personal</u>	
From <u>01/2009</u>		Start <u>11.00/hr</u>		Final <u>11.00/hr</u>		To <u>04/2010</u>		List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.	
Name <del>West Coast</del> <u>Charlz Pitts</u>		Position <u>Customer Service Retention Rep</u>		Company <u>Livest! Corp</u>		Address <u>7719 W 92nd Ave</u>		Telephone (720) <u>524-4452</u>	
Supervisor name <u>Tommy</u>		Employment dates		Pay or salary		Your last job title <u>Penetration Rep</u>		List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.	
Makings changes or disconnections cable. Entered all call data into data base used.		Employment dates		Pay or salary		Your last job title <u>Penetration Rep</u>		Reason for leaving (be specific) <u>Personal</u>	

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name <u>Chandra PHS</u> Position <u>Endorsement Clerk</u> Company <u>United Housing Services</u> Address <u>1670 Broadway</u> Denver Co Telephone ( ) <u>Not Available</u>		Reason for leaving (be specific) <u>Personal</u>
Supervisor name <u>Natasha Greenhaw</u>	Employment dates From <u>2/07</u> To <u>7/08</u>	List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. <u>Checked through Mortgages to make sure all information was there. Filed &amp; sent out files to companies.</u>
Pay or salary Start <u>11.00/hr</u> Final <u>11.00/hr</u>	Your last job title <u>Endorsement Clerk</u>	

Name <u>Chandra PHS</u> Position <u>Customer Service Rep</u> Company <u>Jefferson County Services</u> Address <u>100 Jefferson City Plaza</u> Golden Co Telephone (303) <u>871-8100</u> <u>1st floor</u>		Reason for leaving (be specific) <u>Job Ended</u>
Supervisor name <u>Cindy Rose</u>	Employment dates From <u>7/04</u> To <u>3/07</u>	List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. <u>Registered voters, entered information into computers. Assisted customers on phone with any questions and counted votes -</u>
Pay or salary Start <u>11.00/hr</u> Final <u>11.00/hr</u>	Your last job title <u>Customer Service Rep</u>	

Who were you referred by? Marta

May we contact your present employer? Yes  No

Did you complete this application yourself? Yes  No

If not, who did? \_\_\_\_\_

**PLEASE READ CAREFULLY  
APPLICATION FORM WAIVER**

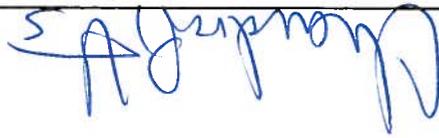
In exchange for the consideration of my job application by Corporate Management Group, Inc., (hereinafter called "the Company"),

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and Corporate Management Group, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact. I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant



Date:

12/9/11

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 documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)**

Print Name: Last Fitts First Chandice Middle Initial N

Address (Street Name and Number) 4863 W. 69th Ave City Arvada State Colorado Zip Code 80003

Date of Birth (month/day/year) 07/12/1985 Social Security # 522-75-0999

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 #)
- An alien authorized to work (Alien # or Admission #)

Employee's Signature Chandice Fitts Date (month/day/year) 12/5/11

**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.**

Preparer's/Translator's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)**

Document title:	Issuing authority:	Document #:	Expiration Date (if any):
List A	State of Colorado	01-173-1061	7/12/13
OR			
List B	SS Card	DHS	522 75 0999
AND			
List C			

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 12/1/11 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative [Signature] Print Name MARITA FORNEY Title Marketing Mgr.

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) 7301 OHMS LANE, SUITE 405 Employers Solutions Staffing Group

**Section 3. Updating and Reverification (To be completed and signed by Employer.)**

A. New Name (if applicable) \_\_\_\_\_ B. Date of Rehire (month/day/year) (if applicable) \_\_\_\_\_

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

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 (month/day/year) \_\_\_\_\_



SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security Report Prepared: 12/09/2011 E-Verify Page: 1 of 1

Case Verification Number: 2011343184457MF

Case Information:

Employee Information: Last Name: PTTN, Middle Initial: N, Social Security Number: \*\*\* \*\* 0099, Citizenship Status: A citizen of the United States

Employee Information: First Name: CHANDRA, Maiden Name: CHANDRA, Date of Birth: 07/12/1985

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

Document Information: List C Document: Social Security Card, Document State: Colorado, Document Expiration Date: 07/12/2013

Additional Information: Hire Date: 12/09/2011, Three-Day Rule Reason: MFON4558, Alien Number: [blank], Number: [blank]

Initial 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: Maiden Name: Date of Birth: Resubmitted On:

Middle Initial: Social Security Number: Resubmitted By: Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments: Submitted By: Submitted On:

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

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):



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

Employee Name: P.H.S. Chandr N  
Last First Middle  
Social Security Number: 522-75-0099  
Date of Hire: 12/9/11  
Date of Birth: 07/12/1985

In accordance with § 8-2-122, C.R.S., within twenty days after hiring the new employee listed above,

I affirm all four of the following:

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.

MARITA FORNEY  
Print Name of Employer (or Designated Representative)  
[Signature]  
Signature of Employer (or Designated Representative)  
Edna, MN 55439  
7301 Chrms Lane, Suite 405  
Employer Solutions Staffing Group, LLC  
Business or Organization Name  
303 920-1425  
Employer Phone Number  
12/9/11  
Date Signed  
[Signature]  
Official Title  
303 920-1425  
Employer Phone Number

§ 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.

This affirmation 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.

This affirmation is provided as a courtesy by the Colorado Division of Labor.

# Form W-4 (2011)

**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 2011 expires February 16, 2012. 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 \$950 and includes more than \$300 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.

## 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.
- E** Enter "1" if you will file as head of household (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. (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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
  - If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six 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 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.

## Employee's Withholding Allowance Certificate

Form W-4  
Department of the Treasury  
Internal Revenue Service

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.

OMB No. 1545-0074  
2011

1	Type or print your first name and middle initial. <b>Chandra N</b>
2	Your social security number <b>583-75-0035</b>
3	Married status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
4	If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <b>Arvada</b>
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) <b>1</b>
6	Additional amount, if any, you want withheld from each paycheck <b>\$</b>
7	Claim exemption from withholding for 2011, 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.
8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) <b>Chandra P.H.S.</b>
9	Office code (optional)
10	Employer identification number (EIN)
Date <b>12/9/11</b>	

Employee's signature  
**Chandra P.H.S.**

(This form is not valid unless you sign it.)

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.

**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 Chandur Pitts Social security number 522-75-0095  
 Street address where you live 4843 W. 69th Ave  
 City or town, state, and ZIP code Arvada CO 80003  
 County Jefferson City Telephone number (303) 421-7959  
 If you are under age 40, enter your date of birth (month, day, year) 07/12/1985

1 Check here if you are completing this form before August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.

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

3 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.

4 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 discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.  
 I am at least age 16 but not age 25 or older, and:

a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and  
 b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, and  
 c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.  
 Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:

4 Discharged or released from active duty in the U.S. Armed Forces, or  
 Unemployed for a period or periods totaling at least 6 months.  
 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 Chandur Pitts  
 Date 12/9/11

WORK OPPORTUNITY TAX CREDIT

Form A (revised 07/09)

PLEASE CHECK "YES" OR "NO" AND ANSWER ALL QUESTIONS

Name: Charlene Pitts Address: 1683 W. 69th Ave City: Arvada State: CO Zip: 80003 Social Security #: 522-75-0099 Date of Birth: 07/21/55 Age: 53

Please CHECK ONE ANSWER for each of the following questions, and complete question #5:

1. Have you or any family member living with you received Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) during the past 24 months? Yes  No

2. Have you or any family member living with you received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) at any time during the past fifteen (15) months? Yes  No

3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days? Yes  No

4. Are you part of the Ticket to Work program? Yes  No

5. Name of person who received benefits \_\_\_\_\_ Relationship \_\_\_\_\_ City & State where benefits received \_\_\_\_\_

6. Are you a veteran? Yes  No  and Disabled due to service? Yes  No  Service Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Branch: \_\_\_\_\_

7. Have you been unemployed at any time during the last 12 months? Yes  No  If yes, dates of unemployment: From: 8/2011 To: 12/9/11 Present Did you receive unemployment compensation at any point during your unemployment? Yes  No

8. Have you been convicted of a felony or released from prison in the last 12 months? Yes  No  Date of Conviction: \_\_\_\_\_ Date of Release: \_\_\_\_\_ Parole Officer's Name: \_\_\_\_\_ Parole Officer's Phone #: \_\_\_\_\_

9. Have you received rehabilitation services from a State approved or Department of Veterans Affairs approved Vocational rehabilitation agency? Yes  No  Name of Agency \_\_\_\_\_ Phone # \_\_\_\_\_ Address of Agency \_\_\_\_\_ Counselor's Name \_\_\_\_\_

10. Have you attended High School, College or Technical School for more than an average of 10 hours per week at any time during the last 6 months? Yes  No  11. Did you receive a high school diploma or GED? If yes, date received: 5/2003 Yes  No  Have you been employed or been admitted to technical school or college since then? Yes  No

12. How much in gross wages have you earned TOTAL in the past six months? \$ 1700

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, or the Department of Labor.

NEW HIRE SIGNATURE Charlene Pitts DATE 12/9/11

Questions below to be completed by manager Starting Wage \_\_\_\_\_ Position \_\_\_\_\_ Has employee worked for this company before? \_\_\_\_\_ If yes, date and location \_\_\_\_\_



U.S. Department of Labor  
Employment and Training Administration

OMB Control No. 1205-0371  
Expiration Date: November 30, 2011

### YOUTH SELF-ATTESTATION FORM Work Opportunity Tax Credit Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with Form ETA 9061 for each certification request filed.

New Hire Name: Chandra Pitts

Social Security Number: 532-75-0095 Date of Birth: 7/12/1985

Employer Name: Employer Solutions Staffing Group

Employer Federal ID (EIN) Number: \_\_\_\_\_

Please check all the statements that apply to you. Sign and date this form where indicated below.

In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations.

I do not have a High School Diploma or GED certificate.

I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school. I also have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

New Hire's Signature: Chandra Pitts Date: 12/4/11

**Privacy Act Notice:** The Internal Revenue Code of 1986, Section 51, as amended and its enabling legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form, including the Social Security Number, will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

**Public Burden Statement:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.

**Background Investigation Information Release Form**

Please read this form carefully and be aware that by allowing Employer Solutions Staffing Group LLC to investigate your background with state and federal agencies, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal and driving record background check and review.

I understand that a successful criminal and driving record background investigation is a condition of my employment by Employer Solutions Staffing Group LLC to work at facilities of:

**Corporate Management Group**

and, further, that Employer Solutions Staffing Group may, at its discretion, conduct periodic criminal and driving record background investigations on me during the course of my employment with Employer Solutions Staffing Group.

I agree to waive and relinquish all claims I may have against Employer Solutions Staffing Group LLC and its officers, agents, servants and employees as a result of my participation in any criminal and driving record background investigation.

I do hereby fully release and discharge Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims from damages that I may have or that may accrue to me on account of the results of any aspect of any criminal and driving record background investigation.

I further agree to indemnify and hold harmless and defend Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims resulting from damages sustained by me or arising out of, connected with, or in any way associated with, any of the activities of any criminal and driving record background investigation and review.

**I have read and fully understand this Waiver and Release of All Claims.**

Social Security Number  
522-75-0099

Driver's License No:  
01-173-1061

State  
Colorado  
M.I.  
N

Last Name  
Pitt  
First Name  
Chandra

Maiden and/or Other Last Names Used

Current Address  
4803 W 19th Ave  
City and County  
Aurora  
State and Zip Code  
Colorado 80005

Date of Birth  
07/21/1975  
Circle One:  
Male / Female  
Female

Signature: Chandra Pitts  
Date: 12/19/11

# 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 Colorado workers' compensation laws**. Wherever possible light duty restrictions imposed as a result of your injury will be accommodated.

## RESPONSIBILITIES OF THE INJURED WORKER:

- I have been hurt on the job, what do I do?

If you experience a life or limb threatening injury on the job, seek immediate medical attention at the nearest emergency room and then notify your supervisor in writing. A life or limb threatening injury means an injury that you believe threatens a portion of your body or your life in such a way that immediate medical care is needed to prevent your death or serious damage. In all other instances, notify your employer or supervisor that you have been injured before obtaining any medical care. All injuries, no matter how small, should be reported to your employer.

If your employer has designated a medical provider before or at the time of the injury, you will be required to see that provider for medical care. If you choose to seek your own medical care it may result in nonpayment of medical benefits and you may be liable for your medical costs. If your employer does not direct you to a medical provider, you may seek treatment from the provider of your choice.

By law, you must notify your employer in writing within four working days of an injury, even if you have advised them verbally. If you do not report your injury to your employer in writing within four working days, you may be penalized and lose up to one day's compensation for each day's delay, provided that your employer has posted a sign requiring four days' written notice. You may still file a claim for benefits even if you are late reporting the injury to your employer.

Your employer has the right in the first instance to designate the medical provider that injured employees must use. If your employer does not do so at the time of the injury, you may choose your own medical provider.

After the claim is filed, the insurance company may request that you be examined by another doctor of its choice, at its expense. If you do not go to this examination, the insurance company may ask the Division for permission to stop your benefits.

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. Colorado rules 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.

Printed Name: Charndra Pitts Signature: Charndra Pitts

DATE: 12/9/11

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

Name: Chandra PTT

Address: 1813 W. 69th Ave Arvada Co 80003

Home Phone: 3/421-7959

Person(s) to contact in case of an emergency on the job (in order of preference):

1. Name: Barbara Davis

Phone (work): 3/421-7959

Phone (home): 3/437-0751

2. Name: Kira Bigham

Phone (work): 7/298-3918

Phone (home): SAME

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

Allergic to Penicillin



## Notification of Colorado Law Requirement – Unemployment Acknowledgement

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

It is your responsibility to contact or notify ESSG once your assignment ends. If you fail to do so, it may affect your unemployment benefits.

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

Employee Signature: Chandrasekhar  
Employee (please print your name here) Chandra Rith  
Date: 12/9/11

**To:** All Employees  
**Quien:** Todos Empleados

**From:** Corporate Management Group & Employer Solutions Group  
**De:** Corporate Management Group Y Employer Solutions Group

**Re:** Stop Payment Check Fee  
**Re:** Tarifa de cheque parado

Effective immediately, to replace a lost or stolen check, \$50.00 will be deducted from the replacement check for a stop payment fee and for a reprocessing fee. Efectivo inmediatamente, para reemplazar un cheque de sueldo perdido o robado, \$50.00 de tarifa sera deducido de el cheque reemplazado para parar el cheque original y para procesarlo demuevo.

If you lose your check, we will first have to verify that it has not been processed through the bank. If it has not, a new check will be issued, minus the \$50.00 fee. Si usted pierde su cheque, tendremos que verificar que no ha sido procesado en el banco. Si no, un cheque nuevo sera processado, menos las tarifa de \$50.00.

If your check is stolen, we will first need a copy of the police report before a new check can be reissued. After we receive a copy of the police report, a new check will be issued following the same procedures as listed above. Si su cheque es robado, necesitaremos una copia de el reporte de policia antes de que un cheque nuevo sera procesado. Despues de obtener una copia del reporte de policia, un cheque nuevo sera procesado usando los mismos procedimientos mencionados arriba.

If you have any questions regarding this new policy, please contact your On-Site Representative or the Corporate Office (303-920-1425). Si usted tiene preguntas sobre esta poliza, por favor contacte a su representante de CMG o la oficina corporal al (303-920-1425)

Thank you for your continued dedication and hard work!

Gracias por su dedicacion continua!

By signing below you are confirming that you understand the above policy.  
Con su firma abajo usted esta confirmando que entiende la poliza descrita.

Signature/Firma:

*Charles Pitts*

Date/Fecha:

*12/11/11*

**EMPLOYEE INFORMATION** (Must Be Filled Out)

Social Security Number: 522-75-0099  
 Date of Birth: 07/12/1985 Sex:  M  F  
 Name: Chandan P. H.   
 Street Address: 10823 W. 19th Ave  
 City: Arvada State: CO Zip: 80003  
 Home Phone: 303-421-7959

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. \_\_\_\_\_  
 4. \_\_\_\_\_

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

**BENEFIT SELECTION** Weekly Rates

**MEDICAL**  
 \$20.91 Employee Only  
 \$42.44 Employee + 1  
 \$56.67 Employee + Family  
 NO to MEDICAL, TERM LIFE, and STD benefits.

**DENTAL**  
 \$5.99 Employee Only  
 \$11.98 Employee + 1  
 \$19.77 Employee + Family  
 NO

**TERM LIFE**  
 YES \$0.60 Employee Only  
 NO \$0.90 Employee + 1  
 YES \$4.20 Employee Only  
 NO

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

**BENEFICIARY INFORMATION**

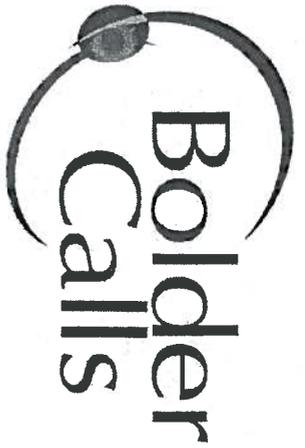
For Term Life and Accidental Death & Dismemberment please write in your Beneficiary information.

**NAME OF BENEFICIARY** \_\_\_\_\_  
**RELATIONSHIP** \_\_\_\_\_

Accidental Death & Dismemberment is part of the Medical 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: *Chandran P.H.*  
 Date: 12/09/2011



Innovative Telebusiness Solutions

## TSR Permanent Schedule

AM

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours	7-3	7-3	7-3	7-3	7-3	

Name (Printed):

Charlene Pitts

0119

Date:

12/9/11

TSR Signature:

*[Handwritten Signature]*

Date:

12/9/11

Supervisor Signature:

*[Handwritten Signature]*

Date:

12/9/11

### TSR Training Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date	12/12	12/13	12/14	12/15	12/16	12/17
Hours	8 <sup>30</sup> -3	9-3	9-3	9-3	9-3	Off

303 481-7987