

New Hire Application

Personal Data – PLEASE PRINT LEGIBLY IN INK

Last Name Pohl First Name Brian Middle Initial L
 Street Address 1031 Garden Brook Dr. Apt/Ste _____
 City/State/Zip Stark Rapids, Mn. 56379
 Phone Number 320-296-2063 Email Address pohlley.bp@gmail.com
 Staffing Agency/Recruitment Partner CMG pohlley.bp@gmail.com

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

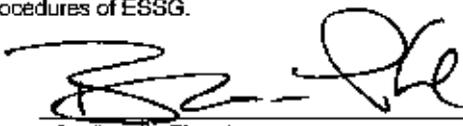
I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities,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

Brian Pohl  10/23/15
 Name (Print or type) 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 (2014)

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 2014 expires February 17, 2015. 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).

Exceptions. An employer may be able to claim 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 itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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 1992, 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).

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 | <u>1</u> |
| B | Enter "1" if: <ul style="list-style-type: none"> • 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 | <u>1</u> |
| 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 | <u>1</u> |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return | D | <u>2</u> |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) | E | <u>1</u> |
| 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.) | F | <u> </u> |
| G | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • 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 | <u>4</u> |
| 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 | <u>10</u> |

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 \$50,000 (\$20,000 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 | Employee's Withholding Allowance Certificate | OMB No. 1545-0074 |
| 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. | |
| 1 Your first name and middle initial <u>BRIAN L</u> | | Last name <u>Pohl</u> | |
| Home address (number and street or rural route) <u>1031 Garden Brook Dr</u> | | 2 Your social security number <u>472 178039</u> | |
| City or town, state, and ZIP code <u>San K Rapids, Mn 56379</u> | | 3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. | |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) | | 5 <u>10</u> | |
| 6 Additional amount, if any, you want withheld from each paycheck | | 6 \$ <u> </u> | |
| 7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 <u> </u> | |
| 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.) ▶ <u>Brian Pohl</u> | | Date ▶ <u>10/23/15</u> | |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) | | 9 Office code (optional) | |
| 10 Employer identification number (EIN) | | | |



employer solutions staffing group.

Leveraging Resources in a Changing Market

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 | Brian Pohl | SSN# (last 4 digits) | 8039 | |
| | | Effective Date | 10-23-15 | |
| SECTION 2 - PAYROLL ELECTION | | | | |
| <input checked="" type="checkbox"/> Direct Deposit (Please complete Sections 3 and 5 below) | | | | |
| <input type="checkbox"/> Payroll Debit Card (Please complete Sections 4 and 5 below) | | | | |
| SECTION 3 - DIRECT DEPOSIT | | | | |
| <input type="checkbox"/> Update Bank Account | | <p>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.</p> <p>Initial _____ Date _____</p> | | |
| Bank Name: | Breauner Bank | | | |
| Routing# | | | | |
| Account# | | | | |
| Account Type: | <input type="checkbox"/> Checking | | | <input type="checkbox"/> Savings |
| <ul style="list-style-type: none"> To help us avoid making an error, please attach a copy of a voided check. (a deposit slip will not work) If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods. | | | | |
| SECTION 4 - PAYROLL DEBIT CARD (GLOBAL CASH CARD) | | | | |
| <p>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.</p> <p>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.</p> | | | | |
| CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued) | | | | |
| First Name | M.I. | Last Name | Date of Birth | |
| Street Address (PO BOX NOT ACCEPTABLE) | | | Social Security# | |
| City | State | Zip | Cell Phone (mobile) | |
| GET TEXT ALERTS, when your paycheck is deposited on your card! All we need to know your cell phone service provider and mobile number above! | | | <input type="checkbox"/> Yes, sign me up, for text alerts My mobile service provider is: _____ | |
| RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card) | | | | |
| Payroll Debit Card Routing # | Payroll Debit Card Account # | | | |
| 073972181 | | | | |
| <p>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.</p> | | | | |
| Employee's Signature: _____ | | Date: _____ | | |
| SECTION 5 - AUTHORIZATION | | | | |
| <p>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.</p> | | | | |
| *E-mail: pohley.bp@gmail.com | | | | |
| this information will only be used to send your paystubs electronically | | | | |
| Employee's Signature: _____ | | Date: 10/23/15 | | |

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.)

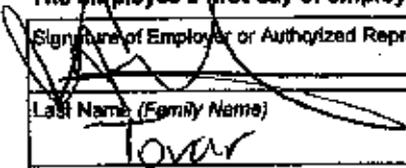
Employee Last Name, First Name and Middle Initial from Section 1: Pohl, Brian L.

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|--|----|--|-----|--|
| Document Title: <u>Identification Card</u> | | Document Title: <u>State of Minnesota</u> | | Document Title: <u>Social Security Card</u> |
| Issuing Authority: <u>State of Minnesota</u> | | Issuing Authority: <u>SSA</u> | | Issuing Authority: <u>SSA</u> |
| Document Number: <u>E275020465514</u> | | Document Number: <u>472-17-8039</u> | | Document Number: <u>472-17-8039</u> |
| Expiration Date (if any)(mm/dd/yyyy): <u>10/17/2015</u> | | Expiration Date (if any)(mm/dd/yyyy): <u>10/17/2015</u> | | Expiration Date (if any)(mm/dd/yyyy): <u>10/17/2015</u> |
| 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): 11/14/2014 (See instructions for exemptions.)

| | | |
|---|--|--|
| Signature of Employer or Authorized Representative  | Date (mm/dd/yyyy) <u>11/14/2014</u> | Title of Employer or Authorized Representative <u>Office Support</u> |
| Last Name (Family Name) <u>Lovar</u> | First Name (Given Name) <u>Samantha</u> | Employer's Business or Organization Name <u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u> |
| Employer's Business or Organization Address (Street Number and Name) <u>7301 ORMS LANE SUITE 405</u> | City or Town <u>EDINA</u> | State <u>MN</u> |
| | | Zip Code <u>55439</u> |

Section 3: Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Hire (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: |
|---|--------------------|--|

MINNESOTA

SALES TAXPAYER'S RECEIPT

Date of Sale: 08/20/11

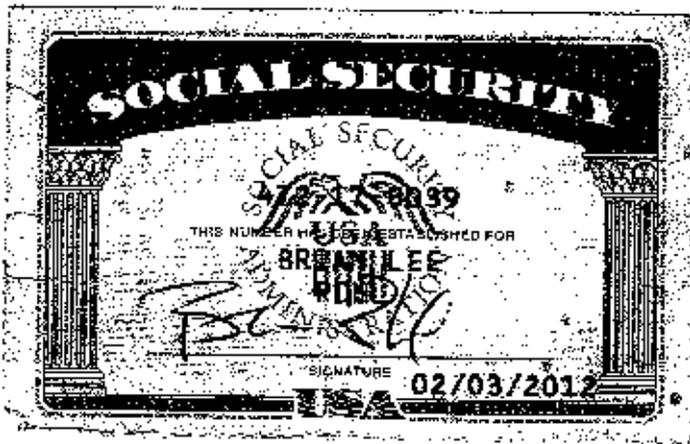
Net: \$100.00

State: \$10.00

Total: \$110.00

Amount: \$110.00

E215020485514



ENROLLMENT FORM

REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK or BLUE INK

(Must Be Filled Out)

Social Security Number 472-17-8039

Date of Birth 10/17/1975 Sex M F

Name Brian Pohl

Street Address 1031 Garden Brook Dr.

City Sauk Rapids State Mn Zip 56379

Home Phone 320-296-2063

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

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

RELATIONSHIP

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

OPTION 1

FIXED INDEMNITY PLAN

Weekly Rates

You **MUST** enroll in the Indemnity Medical Insurance Plan before adding any additional Indemnity benefits, except Dental. Your coverage level for the Term Life will be identical to your medical plan selection.

FIXED INDEMNITY MEDICAL

- \$20.91 Employee Only
- \$42.44 Employee + 1
- \$56.67 Employee + Family

NO to all Indemnity benefits.

This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

DENTAL

- \$5.99 Employee Only
- \$11.98 Employee + 1
- \$19.77 Employee + Family

NO

TERM LIFE

- YES** \$0.60 Employee Only
- \$0.90 Employee + 1
- 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.

OPTION 2

82193010-M-EMP

MEC WELLNESS/PREVENTIVE PLAN

Monthly Rates

- \$58.87 Employee Only
- \$87.73 Employee + 1
- \$186.99 Employee + Family

NO to MEC Wellness/Preventive Plan

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**

Brian Pohl

Date

10/23/2015