

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Olmo First Name Ricardo Middle Initial E
 Street Address Porticos de cupey Apt/Ste F 301
 City/State/Zip San juan Social Security Last Four XXX-XX- 1827
 Phone Number 7874052093 Email Address xedricmusic@gmail.com @
 Staffing Agency/Recruitment Partner Corporate management Group , INC

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

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

Applicant Certification and Authorization

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

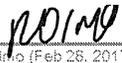
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government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

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

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

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

ricardo e olmo
Name (Print or type)


ricardo e olmo (Feb 28, 2017)
Applicant's Signature

Feb 28, 2017
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 _____	



WITHHOLDING EXEMPTION CERTIFICATE

READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS WITHHOLDING EXEMPTION CERTIFICATE

Complete this form and submit it to your employer. Otherwise, the employer is required to withhold your income taxes without taking into consideration your personal exemption, exemption for dependents and allowance based on deductions, pursuant to the Internal Revenue Code for a New Puerto Rico (Code).

ANY CHANGES IN THE PERSONAL EXEMPTION, THE NUMBER OF DEPENDENTS OR THE ALLOWANCE BASED ON DEDUCTIONS, REQUIRE THE FILING OF AN AMENDED CERTIFICATE.

FOR EMPLOYEE'S USE ONLY

Employee's name Ricardo E Olmo Cotto	Employee's social security number 597141827
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Spouse's name	Spouse's social security number
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Home address Porticos de cupey Apat f 301 san juan pr 00926	Postal address Porticos de cupey apat f 301 san juan pr 00926
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Check here if your annual gross wages do not exceed \$20,000. If you want your employer to withhold income taxes on your wages, complete Part D. Otherwise, proceed to sign this Certificate.

Check here if you choose the provisions of the Military Spouses Residency Relief Act. (See instructions)

Check here if you choose the optional computation of tax in the case of married individuals living together and filing a joint return. (See instructions)

A. PERSONAL EXEMPTION	Complete (less withholding)	Half	None (more withholding)
1. Individual taxpayer.....			
2. Married person			
3. Additional veterans personal exemption			

B. EXEMPTION FOR DEPENDENTS: Number of Dependents **Complete Exemption** **Joint Custody**

C. ALLOWANCE BASED ON DEDUCTIONS

1. ALLOWANCE BASED ON THE SPECIAL DEDUCTION FOR CERTAIN INDIVIDUALS (See instructions) Complete None

2. ALLOWANCE BASED ON DEDUCTIONS (OPTIONAL):

(a) Home mortgage interest	00
(b) Charitable contributions	00
(c) Medical expenses	00
(d) Interest paid on student loans at university level	00
(e) Contributions to governmental pension or retirement systems (See instructions)	00
(f) Contributions to Individual Retirement Accounts	00
(g) Educational Contributions Account	00
(h) Contributions to health savings accounts	00
(i) Casualty loss on your principal residence	00
(j) Loss of personal property as a result of certain casualties	00
(k) Total deductions	00

3. Number of allowances based on deductions (Divide line 2(k) by \$500)

4. Allowances that you want to claim (May be less or equal to line 3)

If you are a governmental employee, mark to indicate if you participate in any of the following programs (See instructions):

Retirement Withholding Supplementary Plan

Retirement Savings Accounts Program (Indicate the percentage that you elected as contribution _____%)

D. ELECTION FOR ADDITIONAL WITHHOLDING

I authorize my employer to withhold in each payroll period the amount of \$_____ or _____ % from my wages in **addition** to the tax required to be deducted and withheld according to the provisions of Section 1062.01 of the Code. (See instructions)

OATH

I declare under the penalty of perjury that I have examined this form, and to the best of my knowledge, the information contained herein is true, correct and complete. I also certify that the personal exemption, exemption for dependents and the allowance based on deductions claimed herein, for purposes of withholding of income tax on wages, do not exceed the amount that I am entitled to claim on the income tax return, according to the Code.

Ricardo E Olmo
Ricardo E Olmo (Feb 28, 2017)
Employee's signature

Feb 28, 2017
Date

INSTRUCTIONS

The Withholding Exemption Certificate (Form 499 R-4.1) is the document used by the employee to notify his/her employer of the personal exemption, exemption for dependents and the allowance based on deductions. These three factors are considered to determine the income tax to be withheld from the employee's wages.

Complete the upper part of the form, indicating your name, social security number, postal and home address.

If your annual gross wages do not exceed \$20,000, the same will not be subject to withholding at source. Nevertheless, you may elect for the employer to make withholding of income tax according to the amount or percentage indicated in Part D of this Certificate.

Under the Military Spouses Residency Relief Act (MSRRS), if you are the spouse of an active service member that was transferred under military orders to a new military station in any of the states, possessions or territories of the United States or the District of Columbia, you can keep your original residence or domicile for tax purposes. Indicate if you elect this option so that the employer will not be required to withhold income tax for Puerto Rico. Nevertheless, you may be subject to the payment of federal estimated tax or from the state, possession or territory for which you elected to keep as your residence or the employer may withhold federal, local or state taxes, as applicable.

If you are married, include you spouse's name and social security number, and indicate if you choose the optional computation of tax in the case of married individuals living together and filing a joint return (**optional computation**), as provided by Section 1021.03 of the Internal Revenue Code for a New Puerto Rico (Code).

PART A - PERSONAL EXEMPTION

Indicate with an "X" your option regarding the personal exemption that your employer will consider to determine the income tax to be withheld.

Line 1 – An individual taxpayer (single person, married that granted prenuptial agreement of total separation of assets or married not living with spouse) may claim or not the personal exemption. If you want to claim the complete personal exemption, mark the column titled "Complete". On the other hand, if you choose to claim no exemption at all, you may do so by marking the column titled "None". An individual taxpayer cannot choose to consider "Half" of his/her personal exemption.

Line 2 - Married couples are entitled to only one personal exemption, therefore, each spouse cannot claim the complete personal exemption. If you are a married person, and both spouses receive wages subject to withholding, both of you should agree on how to claim the personal exemption and shall mark the corresponding column. If the married couple determines that only one of them will consider the complete personal exemption, such spouse shall mark the column titled "Complete". In such case, the other spouse shall mark the column titled "None". If you agreed with your spouse to divide the personal exemption in half, indicate so marking the column titled "Half". If you do not want to claim the personal exemption, mark the column titled "None".

If you are married and choose the **optional computation**, the personal exemption will be considered on a 50% basis for each spouse. Therefore, each spouse may choose to consider the complete personal exemption or no personal exemption at all regarding this 50%.

Line 3 – Every veteran is entitled to claim an additional personal exemption. The veteran may claim the complete additional personal exemption or may choose to claim no additional personal exemption at all.

PART B - EXEMPTION FOR DEPENDENTS

Indicate the number of dependents that will be considered for the withholding computation. It shall be the same as the number that you will claim as dependents on your income tax return. Indicate separately in the corresponding box, the children for which you are entitled to joint custody and have not released the claim to exemption. In these cases, only 50% of the exemption will be considered.

If you are an employee who elected the **optional computation**, your exemption for dependents will be 50% of the total amount provided by Section 1033.18(b) of the Code, since in such cases each spouse is entitled to claim only half of the exemption for dependents, as provided in Section 1021.03 of the Code.

The Code provides that every employer, who receives an exemption certificate from an employee in which the **number of dependents claimed exceeds 8**, shall submit a copy of such certificate to the Secretary of the Treasury, as well as a copy of any written statement received from the employee to support the information contained in the certificate.

PART C - ALLOWANCE BASED ON DEDUCTIONS

You are entitled to certain allowances based on deductions which your employer shall consider to determine the amount of income tax to be withheld.

Line 1 – The number of allowances under the special deduction for certain individuals is subject to the limitations and requirements provided by Section 1033.16 of the Code. This deduction shall be available to those individuals whose gross income does not exceed \$20,000, providing that for each dollar of gross income in excess of \$20,000, the allowable deduction shall be reduced by fifty cents until it is reduced to zero.

If you choose to consider the special deduction, mark the box titled "Complete". On the other hand, if you choose to claim no special deduction at all, you shall mark the box titled "None".

Line 2 – You have the **option** to consider in the withholding computation, the deductions that you will be able to claim on your income tax return. Such deductions will reduce the amount of tax that the employer will withhold on your wages. If you do not wish to consider these deductions in the computation, do not complete this line.

Enter on lines 2(a) through 2(j), the amount of these deductions that you estimate you will be entitled to claim on your return. Such deductions are subject to the limitations and requirements provided in Section 1033.15 of the Code.

If you are married and choose the **optional computation**, the number of allowances shall be determined by dividing the deductions among the spouses. In the case of home mortgage interest, charitable contributions, medical expenses, and loss on your principal residence or personal property as a result of certain casualties, include 50% of each deduction. In the case of contributions to governmental pension or retirement systems, Individual Retirement Accounts, Educational Contribution Accounts, Health Savings Accounts and interest paid on student loans at university level, include the amount that corresponds individually.

Line 2(e) – If you are a governmental employee, you shall consider the governmental pension or retirement plan to which you make contributions, if any:

- If you make contributions to the governmental pension or retirement plan, you shall consider 8.275% of your annual wages.
- If you elected the supplementary retirement plan, then, you shall consider 5.775% of your monthly wages up to \$550 and 8.275% of your monthly wages in excess of such amount (on an annual basis).
- On the other hand, if you are a governmental employee who makes contributions through the Retirement Savings Accounts Program, you shall consider 8.275%, 9%, 9.5%, or 10% (as elected) of your annual wages.

If you are a governmental employee, who works for an agency which payroll is processed by the Department of the Treasury, do not consider your contributions to the pension or retirement system on this line. This deduction will automatically be considered in the withholding computation.

Line 3 – Divide the amount figured on line 2(k) by \$500. Any fraction obtained as a result of the preceding division exceeding 50%, shall be considered as an additional allowance.

Line 4 – Indicate the allowances that you wish to claim, from the amount determined on line 3. If you file as a married person living with spouse and **do not** choose the **optional computation**, you and your spouse shall be allowed to divide the total allowances as you wish, but based on complete allowances. However, any allowance considered by one spouse cannot be claimed by the other spouse.

PART D – ELECTION FOR ADDITIONAL WITHHOLDING

Any employee may elect for his/her employer to withhold an amount in addition to the one required by Section 1062.01(e) of the Code. Under no circumstances, this option will be allowed for an amount less than the tax determined according to the withholding tables approved by the Secretary based on the tax rates provided by the Code. Also, this option may be exercised by every employee whose annual gross wages do not exceed \$20,000 and chooses for the withholding to be made on such wages.

OATH

You declare under penalty of perjury, that you have examined this form, and that to the best of your knowledge, the information contained therein is true, correct and complete.

SIGNATURE

This form must be signed and dated by the employee.

PENALTIES

Any employee required to submit a withholding exemption certificate to his/her employer, who willfully provides false or fraudulent information, or who willfully fails to provide information which would require an increase in the tax to be withheld, shall be guilty of a misdemeanor as provided in Section 6041.08 of the Code.

In the case of employees who elect to consider the allowance for deductions provided in Section 1062.01(c)(2)(A)(ii) of the Code, in addition to the criminal penalty mentioned in the above paragraph, if 70% of the tax attributable to income derived from wages subject to withholding exceeds the tax withheld at source on said income, there shall be added to the tax the smaller of: (1) an amount equal to such excess, or (2) an amount equal to 18% of the amount for which such tax so determined exceeds the tax withheld.

INSTRUCTIONS TO THE EMPLOYER

The employer shall consider the information provided by the employee on this Certificate with respect to the personal exemption, exemption for dependents and allowance based on deductions in order to make the withholding according to the Employer's Guide on the Withholding of Income Tax at Source on Wages for the corresponding taxable year.

If the employee's annual gross wages do not exceed \$20,000, such wages are not subject to withholding at source, unless the employee had completed the election, in Part D, for the additional withholding to be made.

If the employee elects the provisions of the MSRRRA, no withholding of tax at source on wages shall be made for Puerto Rico purposes. Nevertheless, such wages may be subject to withholding of federal taxes according to the provisions of the Internal Revenue Service.

If the number of dependents exceeds 8, submit copy of this Certificate to the Fiscal Audit Bureau, as well as copy of any written statement received from the employee to support the information contained in the certificate.



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name) Olmo		First Name (Given Name) Ricardo		Middle Initial E	Other Last Names Used (if any) Cotto
Address (Street Number and Name) Porticos de cupey			Apt. Number Apt f 301	City or Town San Juan	State Pr ZIP Code 00926
Date of Birth (mm/dd/yyyy) 11/21/1987	U.S. Social Security Number 597141827	Employee's E-mail Address Xedricmusic@gmail.com			Employee's Telephone Number 7874052093

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 boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>F 301</u>
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>2/28/17</u> Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: <u>N/A</u> OR 2. Form I-94 Admission Number: <u>N/A</u> OR 3. Foreign Passport Number: <u>N/A</u> Country of Issuance: <u>N/A</u>

QR Code - Section 1
 Do Not Write In This Space

Signature of Employee 	Today's Date (mm/dd/yyyy) Feb 28, 2017
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	ZIP Code



Employer Completes Next Page



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Entidad Libre Asociada de
 Embajador de Puerto Rico

Puerto Rico

Licencia de Conducir
 Driver's License

ISS/EM 21nov2011 EXP/EX 21nov2017

NUMBER/NUMERO **4847272**

RICARDO EMANUEL OLMO COTTO
 VILLAS DE LOIZA
 CALLE 9 N-18
 CANOVANAS, PR 00729

SEX/SEX **M** HGT/EST **5'05"** WT/PESO **145LBS** EYES/OJOS **BRO**
 DOB/NAC **21nov1957** CITIZEN/CIDADANO

Operator / Conducidor

Ruben A. Hernandez Gregorat

SOCIAL SECURITY

597-14-1827

THIS NUMBER HAS BEEN ESTABLISHED FOR
**RICARDO EMANUEL
 OLMO**

SIGNATURE **02/23/2016**

USA



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017060155125BS

Report Prepared: 03/01/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Olmo

First Name: Ricardo

Date of Birth: 11/21/1987

Social Security Number: *** ** 1827

Hire Date: 02/28/2017

Citizenship Status: A citizen of the United States

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

List C Document: Social Security Card

Document Name: Driver's license

Document State: Puerto Rico

Driver's License or ID Card Number:

Document Expiration Date: 11/21/2017

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 03/01/2017

Case Submitted By: AFIN3846

Closed On: 03/01/2017

Closed By: AFIN3846

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

SENSITIVE BUT UNCLASSIFIED

Authorization

Authorization: By signing below, you authorize: (a) backgroundchecks.com ("BGC") and/or Orange Tree Employment Screening to request information about you from any public or private information source; (b) anyone to provide information about you to BGC and/or Orange Tree Employment Screening; (c) BGC and/or Orange Tree Employment Screening to provide Employer Solutions Staffing Group, LLC one or more reports based on that information; and (d) Employer Solutions Staffing Group, LLC ("ESSG") to share those reports with others for legitimate business purposes related to your employment. BGC and/or Orange Tree Employment Screening may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an employee of ESSG.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for BGC.

Printed name: Ricardo E Olmo
First Middle (none) Last

Other names used: _____

Current county of residence: _____

Current and former addresses:

<u>04/2016</u>	<u>current</u>	<u>Porticos de cupey apat f 301 san juan , pr 00926</u>
from Mo/Yr	to Mo/Yr	Street City, State & Zip

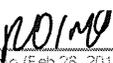
<u>_____</u>	<u>_____</u>	<u>_____</u>
from Mo/Yr	to Mo/Yr	Street City, State & Zip

<u>_____</u>	<u>_____</u>	<u>_____</u>
from Mo/Yr	to Mo/Yr	Street City, State & Zip

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

<u>11/21/87</u>	<u>597141827</u>
Date of birth	Social security number
<u>48477272</u>	<u>RICARDO EMANUEL OLMO COTTO</u>
Driver's license number & state	Name as it appears on license

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .


ricardo e olmo (Feb 28, 2017)

Signature

Feb 28, 2017

Date

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450

EMERGENCY CONTACT INFORMATION

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

Employee Name: Ricardo E Olmo Cotto

Address: Porticos de cupey Apat F 301 san juan pr , 00926

Home Phone: 7875107088

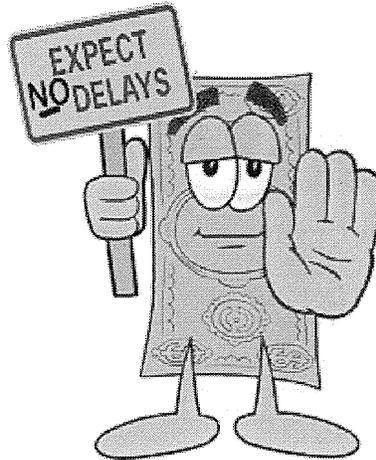
EMERGENCY CONTACTS	
Please list two people (in priority order) who could be contacted in case of an emergency	
<p style="text-align: center;">Contact #1</p> <p>Name: Yismary Esther Perez</p> <p>Relationship: Wife</p>	<p>Home Phone: 7875107088</p> <p>Cell Phone:</p> <p>Work Phone:</p>
<p style="text-align: center;">Contact #2</p> <p>Name: Wanda Cotto</p> <p>Relationship: Mom</p>	<p>Home Phone: 7875876013</p> <p>Cell Phone:</p> <p>Work Phone:</p>

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

call firsts my wife and second my mom



RECEIVE YOUR PAY WITHOUT DELAY



In order for you to continue to receive your pay each week without delay we are encouraging all employees to use direct deposit or Global Cash Card. **It is becoming more and more difficult for employees to cash checks without fees or delay due to increased security at all banks. Also, if your check is lost or stolen you will have to wait 3 days for another check.**

GLOBAL CASH CARD

If you don't have a bank account, computer access or don't want to use direct deposit you can use **Global Cash Card** which works like a Visa.

- There are **NO FEES** for the card for your first transaction as a cash withdrawal at an ATM or if you use it like a credit card (not debit) to make individual signature purchases.
- **If you don't have access to a computer you can receive TEXT notifications for your pay check amount on pay day as well as what the current balance is. You can also receive low balance notifications set to the dollar amount that you determine on the attached form.**
- You may call Customer Service 24 hours a day, 7 days a week, 365 days a year at 888-220-4477 for balance inquiries or other questions. (Para Español, apriete dos)
- You can pay bills with the GCC (by phone/internet/in person). You can also set up your online account to make automatic payments.

Please complete the attached form and turn it in to your manager as soon as possible indicating whether you would like direct deposit or Global Cash Card. Please make sure you include an email address.

Fill Out This Form!





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	Ricardo E Olmo	SSN# (last 4 digits)	1827	Effective Date	2/28/17
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SECTION 2 PAYROLL ELECTION

Direct Deposit (Please complete Sections 3 and 5 below) *Note: Direct Deposit accounts may take up to 7 days to be activated.*

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

SECTION 3 DIRECT DEPOSIT

Update Bank Account

Bank Name: **Banco Popular**

Routing# **021502011**

Account# **223928212**

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 RO Date Feb 28, 2017

- 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)

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	Ricardo	M.I.	E	Last Name	Olmo	Date of Birth	112187
Street Address (PO BOX NOT ACCEPTABLE)	Porticos de cupey apt f 301				Social Security#	597141827	
City	San Juan	State	Pr	Zip	00926	Cell Phone (mobile)	7874052093

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 #	
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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.

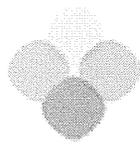
Employee's Signature: ricardo e olmo (Feb 28, 2017) Date: Feb 28, 2017

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: Xedricmusic@gmail.com @ _____
 this information will only be used to send your paystubs electronically

Employee's Signature: ricardo e olmo (Feb 28, 2017) Date: Feb 28, 2017



ESSG WORKPLACE SAFETY POLICY

It is ESSG's policy that all employees should be able to enjoy a hazard free and safe work environment. It is ESSG's duty to:

- (1) Ensure that its clients provide you with a workplace free from serious recognized hazards and comply with standards, rules and regulations issued under the OSH Act.
- (2) Ensure that its clients perform a job hazard assessment in order to identify and eliminate potential safety and health hazards and to determine necessary training and protections for employees at the facility.
- (3) Make sure employees have and use safe tools and equipment.
- (4) Establish or update operating procedures and communicate them so that employees follow safety and health requirements.
- (5) Provide safety training in a language and vocabulary workers can understand.

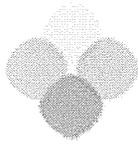
ESSG is committed to vigorously enforcing its OSHA Compliance Policy.

To help ensure a safe workplace, you have certain responsibilities too, which include the following:

- Responsibility to work in compliance with OSHA laws and regulations
- Responsibility to use personal protective equipment and clothing as directed by the host employer
- Responsibility to report workplace hazards and dangers
- Responsibility to work in a manner as required by the employer and use the prescribed safety equipment.

You have the following basic rights:

- Right to refuse unsafe work
- Right to know or be informed about actual and potential dangers in the workplace
- Right to review copies of appropriate standards, rules, regulations and requirements that the host employer is required to have available at the workplace.



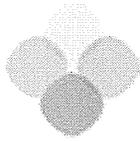
employer solutions staffing group^{llc}

Leveraging Resources in a Changing Market

- Right to request information about safety and health hazards in the workplace, appropriate precautions to take, and procedures to follow if involved in an accident or exposed to hazardous substances
- Right to gain access to relevant personal exposure and medical records.

You can have your name withheld from the host employer and any other entity, by request, if you sign and file a written complaint. You can request to be advised of OSHA actions regarding a complaint, and request an informal review of any decision not to inspect the site or issue a citation. And, you can file a complaint if you are punished or discriminated against for acting as a “whistleblower” under the OSH Act or 13 other federal statutes for which OSHA has jurisdiction, or for refusing to work when faced with imminent danger of death or serious injury and there is insufficient time for OSHA to inspect. Retaliation or reprisal taken against anyone who has expressed concern about workplace safety is illegal.

If you believe that your right to a safe workplace has been violated, you can make a report to a manager of the host worksite employer and/or ESSG (by telephoning **952.835.1288/1.866.496.7573**) and asking for the ESSG Safety Director. You can also contact OSHA directly with any concern. ESSG recognizes the serious nature of ensuring workplace safety will endeavor to protect any employee who may have been subjected to unsafe or hazardous worksite conditions.



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Leveraging Resources in a Changing Market

Acknowledgement of Receipt of Workplace Safety Policy

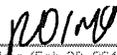
I certify that I have received a copy of Employer Solutions Staffing Group's ESSG WORKPLACE SAFETY POLICY. I understand that it is my responsibility to read this policy and ask my supervisor, a member of management or to telephone Employer Solutions Group (ESSG) at **952.835.1288/1.866.496.7573** with any questions I may have about this policy. I agree to comply with ESSG's policy on ESSG WORKPLACE SAFETY POLICY and I understand failure to comply is grounds for disciplinary action, up to and including termination.

I also agree that if at any time during my employment I am believe that I am working in an unsafe or dangerous work environment, I will immediately contact my supervisor, manager, director or ESSG's Safety Director at **952.835.1288/1.866.496.7573** in order to obtain assistance in the resolution of such matters.

Employee Name (Please Print)

ricardo e olmo

Employee's Signature:


ricardo e olmo (Feb 28, 2017)

Date: Feb 28, 2017

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

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

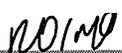
Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name ricardo e olmo Social security number ► 597141827
Street address where you live Porticos de cupey apart f 301
City or town, state, and ZIP code San juan pr, 00926
County Puerto rico Telephone number 7874052093
If you are under age 40, enter your date of birth (month, day, year) 112187

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

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 ► 
ricardo e olmo (Feb 28, 2017)

Date Feb 28, 2017

EMPLOYER SECTION:

Client: Employer Solutions Group	Company:	
Location:	Position:	Starting Wage: \$

EMPLOYEE SECTION:

Employee Name: Ricardo E Olmo Cotto		Street Address: Porticos de cupey apat f 301		City/State: Puerto Rico	Zip: 00926
SS#: 597141827	Date of Birth: 11/21/87	Age: 29	Have you worked for this company before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, location:	

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

	Yes	No
<p>1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997? (If yes, please provide information below.) Name of the person receiving benefits: _____ Relationship to you: _____ City: _____ County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months? (If yes, please provide information below.) Name of the person receiving benefits: _____ Relationship to you: _____ City: _____ County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months? Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits. <i>*If you checked yes please provide a copy of your SSI documentation.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>4. Have you received any type of vocational rehabilitation services within the past two years? If yes, please indicate which type of agency you worked with and provide their location information below: <input type="checkbox"/> Vocational Rehabilitation Agency <input type="checkbox"/> Dept. of Veterans Affairs <input type="checkbox"/> Employment Network (Ticket to Work Program) Name of Agency: _____ Phone #: _____ City: _____ County: _____ State: _____ <i>*If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>5. Are you a Veteran of the U.S. Military? <i>*If yes, please provide a copy of your DD-214 and letter of separation.</i> (If yes, please provide information below. If no, please continue to question #6.) Dates of Service - From: ____/____/____ To: ____/____/____ Branch of Service: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Are you entitled to or are you receiving compensation for a service-connected disability?</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>6. Have you been unemployed at any time during the last 12 months? If yes, dates of unemployment - From: ____/____/____ To: ____/____/____ Did you receive unemployment compensation at any point during your unemployment? If yes, dates received unemployment compensation - From: ____/____/____ To: ____/____/____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>7. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months? Conviction Date: ____/____/____ Release Date: ____/____/____ Was this a <input type="checkbox"/> Federal or <input type="checkbox"/> State conviction? If State - County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Additional Tax Credits		
<p>IEC (Native American): Are you or your spouse a member of a Native American Tribe? <i>*If you checked yes please provide a copy of your CDIB card.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>CA Residents: <input type="checkbox"/> Are you the child of foster parents? <input type="checkbox"/> Do you receive CalWorks? <input type="checkbox"/> Workforce Investment Act?</p>		
<p><input type="checkbox"/> Are you a migrant or seasonal farm worker? <input type="checkbox"/> Have you ever been convicted of a misdemeanor?</p>		
<p>SC Residents: <input type="checkbox"/> Do you receive Family Independence Benefits?</p>		

PLEASE READ, SIGN, AND DATE:

Under penalties of perjury, I declare the information above to be true and accurate to the best of my knowledge, and I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative (Associated Consultants, Inc. dba Retrotax), or the Department of Labor.

New Employee Signature: ricardo e olmo (Feb 28, 2017)

Date: Feb 28, 2017

Qualified Long-Term Unemployment Recipient

ADDENDUM TO: IRS Form 8850 Pre-Screening Notice and Certification Request for the Work Opportunity Tax Credit

Client: Ricardo Olmo	Company: Corporate management group	
Location: Puerto rico	Employee Name: Ricardo Olmo	SS#: 597141827

EMPLOYEE:

Please check the statement(s) that apply to you and sign where indicated below.

- I have been unemployed at any time during the last 12 months.

If applicable, dates of unemployment - From: ___/___/___ To: ___/___/___
 From: ___/___/___ To: ___/___/___
 From: ___/___/___ To: ___/___/___

- I received unemployment compensation during my unemployment.

If applicable, dates you received compensation - From: ___/___/___ To: ___/___/___
 From: ___/___/___ To: ___/___/___
 From: ___/___/___ To: ___/___/___

Please read, sign, and date:

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

Employee Signature: <u> <i>RO/MO</i> </u> <small>ricardo e olmo (Feb 28, 2017)</small>	Date: Feb 28, 2017
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RetroTax[®]
 3730 Washington Blvd.
 Indianapolis, IN 46205
 317-925-0553
 wotc@retrotax-aci.com
 www.retrotax-aci.com

Employee Keeps This Form

Healthcare Notice of Exchange

As your employer, we are required to provide you with the following information under Section 1512 of the Affordable Care Act:

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

*****The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area*****

If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information:

Employer Name: Employer Solutions Staffing Group, LLC			Employer FEIN: 20-8084369		
Employer Address: 7301 Ohms Lane Suite 405 Edina, MN 55439			Phone Number for Health Benefits Team: 952-767-9519		
Insurance Plans Available:	Who is Eligible?	Meets Minimum Value Standard?	Meets Minimum Essential Coverage?	When is it effective?	Will I be penalized if I only have this plan?
Fixed Indemnity Plan	Everyone	No	No	Available immediately – offered upon hire	Yes
MEC Plan	Everyone	No	Yes	Available immediately – offered upon hire	No
Major Medical Plan	Full time employees after 120 hours are met in 30 days	Yes	Yes	Within 60 days of being determined eligible	No

For more information about ESSG's Insurance options, contact:

The Health Benefits Team

Employer Solutions Staffing Group

952-767-9519 | health@employersolutionsgroup.com

Employee Keeps This Form

NOTICE: ESSG Electronic Pay Stubs

ATTENTION

ESSG provides employees with electronic pay stubs. You are able to view your pay stub by using either of the following methods:

1. You can view your check stub by logging into the employee portal at www.MyPayESG.com

Your username is the **first four letters of your last name followed by the last four numbers of your SSN.**

The log-in is case sensitive, so be sure that you capitalize the first letter of your last name.

For example: John Woods SSN: 111-22-3333 would have a username of Wood3333

Your password will initially be **Temp1234**, and you will be directed to change it when you first log in. Be sure to write down and keep your log-in information in a secure location. For support please email MyPayESG@MyPayESG.com

2. You can also receive your check stub **by email** by providing us with your email address on **page 1** of this packet.
** Your check stub will come from payroll@MyPayESG.com, be sure to check spam folder.

Empleado Toma Copiar

ATENCIÓN

ESSG proporciona a los empleados con los talones de pago electrónicos. Usted puede examinar su talon de pago utilizando cualquiera de los métodos siguientes:

1. Usted puede ver su talón de cheque por la tala en el portal electrónico del empleados en www.MyPayESG.com

Su nombre de usuario son las cuatro primeras letras de su apellido seguido por los cuatro últimos dígitos de su número de seguro social.

El portal es caso delicado, asegúrese de que la primera letra de su apellido sea mayúscula.

Por ejemplo: Juan Garcia SSN: 111-22-3333 tendría un nombre de usuario de Garc3333

Su contraseña inicialmente será **Temp1234**, y usted será dirigido a cambiarla la primera vez que inicie sesión. Asegúrese de anotar y guardar su información de registro en un lugar seguro. para apoyar email: MyPayESG@MyPayESG.com

2. También puede recibir su talón de cheque por correo electrónico , al proveir su correo electronico en la **pagina 1** de este paquete
** Su talón de cheque vienen de payroll@MyPayESG.com, asegúrate de revisar la carpeta de spam



ESG Paperwork 2017

Adobe Sign Document History

02/28/2017

Created:	02/28/2017
By:	Caitlin Scholl (Caitlin@corpmgmtgroup.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAX60V7H9kjGRpHIR7XYclhvBj05piuvXJ

"ESG Paperwork 2017" History

-  Document created by Caitlin Scholl (Caitlin@corpmgmtgroup.com)
02/28/2017 - 10:03:04 AM MST - IP address: 96.93.208.65
-  Document emailed to ricardo e olmo (xolmo21@gmail.com) for signature
02/28/2017 - 10:03:09 AM MST
-  Document viewed by ricardo e olmo (xolmo21@gmail.com)
02/28/2017 - 10:09:07 AM MST - IP address: 107.77.215.214
-  Document e-signed by ricardo e olmo (xolmo21@gmail.com)
Signature Date: 02/28/2017 - 3:42:32 PM MST - Time Source: server- IP address: 107.77.215.12
-  Signed document emailed to Caitlin Scholl (Caitlin@corpmgmtgroup.com) and ricardo e olmo (xolmo21@gmail.com)
02/28/2017 - 3:42:32 PM MST

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

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

ACKNOWLEDGEMENT AND AUTHORIZATION

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

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

Last Name: Olmo	First Name: Ricardo	Middle Name: E
Other Names Used: N/A	SSN: 597141827	Date of Birth: (For Employment Purposes Only) 11/21/1987
Motor Vehicle Number & State of Issue: (Driver's License Number) 48477272	Current Address: Porticos de cupey apat f 301 san juan pr 00926	

Signature:  Ricardo Olmo (Feb 28, 2017) Date: Feb 28, 2017

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


Roc

Education Verification

Please list information for the institution where you earned your high school diploma or GED.

School Name	City and State	Graduation Year
Luis Hernaiz Veronne High School	Canovanas	2006
Your name as it appears on school records:	Did you graduate? Circle one.	
4 age diploma	Yes or No <input checked="" type="checkbox"/> <input type="checkbox"/>	

If you attended or graduated from an institute of high education (community college, trade school, state college, university, etc.), please list that information below.

School Name	City and State	Years Attended	Program/Field of Study
Una universidad del este	Carolina	2	Gráfico Desing
Your name as it appears on school records:	Did you graduate? Circle one.	Level of Education (please select one):	
2	Yes or No <input type="checkbox"/> <input checked="" type="checkbox"/>	Certificate <input type="radio"/> Associate's Degree <input checked="" type="radio"/> Bachelor's Degree <input type="radio"/> Master's Degree <input type="radio"/> Other <input type="radio"/>	

Employment Verification

Please list information for employers for past 7 years. If you have worked for more than 3 companies in the past 3 years, please only list the 3 most recent.

Company Name	Position Title	Dates of Employment
Walgreens DC	Reciving	2008 to 2016
Company Contact Name	Contact Phone Number	OK to contact employer?
Eric Merced	7874866822	Yes or No <input checked="" type="checkbox"/> <input type="checkbox"/>

Company Name	Position Title	Dates of Employment
Mac Donalds	General	2005
Company Contact Name	Contact Phone Number	OK to contact employer?
Brenda Vazques	7873967112	Yes or No <input checked="" type="radio"/> <input type="radio"/>

Company Name	Position Title	Dates of Employment
Une	Computer Tech	2006 to 2007
Company Contact Name	Contact Phone Number	OK to contact employer?
Raul cancer	7872577373	Yes or No <input checked="" type="radio"/> <input type="radio"/>

Nationsearch Background Authorization Form

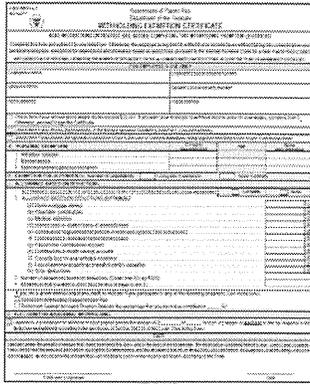
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02/28/2017

Created:	02/28/2017
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