



**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 Rose First Name Korey Middle Initial A
Street Address 2024 Goss st #1
City/State/Zip Boulder, Colorado 80302
Home Phone 646-643-5446 Cell / Message Phone same as home
Company/Employer N/A

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.

Korey Rose
Name (Print or type)

[Signature]
Applicant's Signature

12/29/11
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 12/29/11

Name Rose Korey A
Last First Middle Maiden

Present address 2024 Goss St #1 Boulder CO 80302
Number Street City State Zip

How long 6 months

Social Security No. 077 - 76 - 5546

Telephone (466) 643 5446

E-Mail Korey Rose888@gmail.com

If under 18, please list age _____

Referred by N/A

Position applied for (1) Customer service
and salary desired (2) \$12/hr
(Be specific)

Days/hours available to work
No Pref ☒ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? 40 Can you work nights? Yes

Employment desired ☒ FULL-TIME ONLY _____ PART-TIME ONLY _____ FULL- OR PART-TIME

When available for work? Immediately

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	<u>Trevor Day</u>	<u>2 West 88 St NY 10016</u>	<u>4</u>	<u>High school</u>
College	<u>Ithaca College</u>	<u>953 Danby Rd Ithaca, NY 14850</u>	<u>4</u>	<u>BA Drama</u>
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. _____

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ☒ Yes ☐ No

What is your means of transportation to work? car

Driver's license number 415 801 908 State of issue NY

Operator ☐ Commercial (CDL) ☐ Chauffeur ☐

Expiration date 08-10-18

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? 1

OFFICE USE ONLY

Typing ☐ Yes ☐ No

Personal Computer ☐ Yes ☐ No

10-key ☐ Yes ☐ No

_____ WPM

_____ PC _____ Mac

Word Processing ☐ Yes ☐ No

Other _____

_____ WPM

Skills _____

Please list two references other than relatives or previous employers.

Name Terry Polan

Position CO worker

Company Blackstone

Address 2024 Goss St #1

Boulder, CO 80302

Telephone (908) 227-2752

Name Erin Roohan

Position CEO Overcoming Obstacles

Company Overcoming Obstacles

Address 125 Maiden Ln, 5th Floor

New York, NY 10038

Telephone (212) 406 7488

*Previous
co worker*

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.

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes ☒ NoARE 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 <u>Collegetown Bage/s</u>	Supervisor name <u>Berca Devitt</u>	
Position <u>Sandwich Technician</u>	Employment dates	Pay or salary
Company <u>Ithaca Bakery</u>	From <u>April/2010</u>	Start <u>\$8.50</u>
Address <u>203 North Aurora St</u>	To <u>May/2011</u>	Final <u>\$9.25</u>
<u>Ithaca, NY 14850</u>	Your last job title <u>order taker</u>	
Telephone <u>(607) 273 2848</u>	Reason for leaving (be specific) <u>moved back home from school</u>	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>I started as a sandwich maker on the line and was promoted to order taker.</u>		

Name <u>Overcoming Obstacles</u>	Supervisor name <u>Erin Doohan</u>	
Position <u>Data Entry</u>	Employment dates	Pay or salary
Company _____	From <u>June/2008</u>	Start <u>\$15/hr</u>
Address <u>125 maiden Ln 5th floor</u>	To <u>Aug/2009</u>	Final <u>\$15/hr</u>
<u>New York, NY 10038</u>	Your last job title <u>Administrative Assistant</u>	
Telephone <u>(212) 406-7488</u>	Reason for leaving (be specific) <u>School conflicted</u>	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>I entered data, and called leads for donations to our educational program</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>Ithaca College Cafeteria</u>	Supervisor name <u>Spencer</u>	
Position <u>Ice cream/Deli server</u>	Employment dates	Pay or salary
Company <u>Ithaca college</u>	From <u>Sept/2007</u>	Start <u>\$7.15</u>
Address <u>953 Danby rd</u>	To <u>Sept/2009</u>	Final <u>\$7.50</u>
<u>Ithaca, NY 14850</u>	Your last job title <u>server</u>	
Telephone <u>(607) 542-4604</u>	Reason for leaving (be specific) <u>I was given a better opportunity</u>	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>I served food, clean tables, and set up the dining room</u>		

Name _____ Position _____ Company _____ Address _____ _____ Telephone (____) _____	Supervisor name _____	
	Employment dates	Pay or salary
	From	Start
	To	Final
Your last job title _____		
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

Who were you referred by? Craiglist

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 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: 12/29/11

**Form I-9, Employment
Eligibility Verification**

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 <u>Rose</u>	First <u>Korey</u>	Middle Initial <u>A</u>	Maiden Name
Address (Street Name and Number) <u>2024 6099 st #1</u>		Apt. # <u>1</u>	Date of Birth (month/day/year) <u>08/10/1989</u>
City <u>Boulder</u>	State <u>Colorado</u>	Zip Code <u>80302</u>	Social Security # <u>077-76-5546</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
☐ A noncitizen national of the United States (see instructions)
☐ A lawful permanent resident (Alien #)
☐ An alien authorized to work (Alien # or Admission #)
until (expiration date, if applicable - month/day/year)

Employee's Signature [Signature] Date (month/day/year) 12/29/11

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
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

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).)

List A	OR	List B	AND	List C
Document title:		<u>Driver's license</u>		<u>SS Card</u>
Issuing authority:		<u>State NY</u>		<u>DHHS</u>
Document #:		<u>415 801 908</u>		<u>077 76 5546</u>
Expiration Date (if any):		<u>8/10/18</u>		
Document #:				
Expiration Date (if any):				

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) 12/30/11 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 <u>[Signature]</u>	Print Name <u>Marika Forney</u>	Title <u>Recruiting Mgr.</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>Employers Solutions Staffing Group</u>		Date (month/day/year)

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

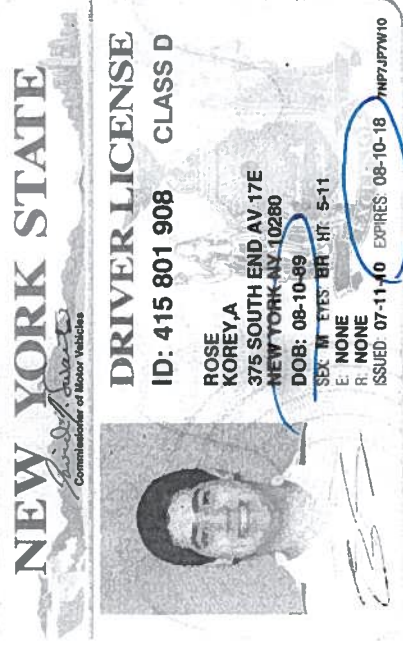
A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

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)
--	-----------------------

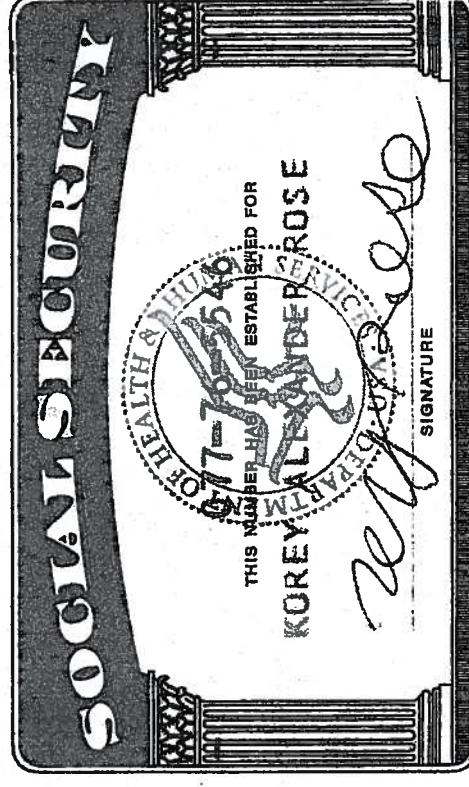


Keep this stub with your personal records. The other side contains important information.

KOREY ALEXANDER ROSE
365 SOUTH END AVE
APT 6G
NEW YORK NY 10280

YOUR SOCIAL SECURITY CARD

**Detach the card below and sign it in ink immediately.
Do not laminate your card.
Carry it in your purse or wallet.**



*** ~~REC~~ 2011322 165341 HCB735E0 AYQB CIPQYAB PQAB (F-AYQ) ***

NUMI DTE:11/18/11 SSN:077-76-5546 XC: UNIT:SER PG:001

SOCIAL SECURITY ADMINISTRATION
SOCIAL SECURITY NUMBER PRINTOUT

OUR RECORDS INDICATE THAT SOCIAL SECURITY NUMBER 077-76-5546
IS ASSIGNED TO KOREY , ALEXANDER , ROSE , .

YOUR SOCIAL SECURITY CARD IS THE OFFICIAL VERIFICATION OF YOUR SOCIAL SECURITY
NUMBER. THIS PRINTOUT DOES NOT VERIFY YOUR RIGHT TO WORK IN THE UNITED STATES.

PROTECT YOUR SOCIAL SECURITY NUMBER FROM FRAUD AND IDENTITY THEFT. BE CAREFUL
WHO YOU SHARE YOUR NUMBER WITH.

DENVER CO
SSA 60 882

NOV 18 2011

1500 CHAMPA STE 200
DENVER, CO 80202

Social Security Administration
Important Information

Social Security Administration
SOCIAL SECURITY
1500 CHAMPA ST
SUITE 200
DENVER, CO 80202-2918
Date: November 18, 2011

KOREY ALEXANDER ROSE
2024 GOSS STREET
APT 1
BOULDER, CO 80302

This is a receipt to show that you applied for a Social Security card on November 18, 2011. You should have your card in about 2 weeks. Any document(s) you have submitted are being returned to you with this receipt.

If you do not receive your Social Security card within 2 weeks, please let us know. You may call, write or visit any Social Security office. If you visit an office, please bring this receipt with you. To protect your privacy, we will not disclose a Social Security number over the telephone.

The Social Security Administration is required by law to limit replacement Social Security cards to three per year and ten per lifetime. Do not carry your Social Security card with you. Keep it in a safe location, not in your wallet.

Field Office Manager

DENVER CO
SSA FO 882
NOV 18 2011
1500 CHAMPA STE 200
DENVER, CO 80202

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 12/30/2011
Page: 1 of 1

Case Verification Number: 2011364132142GH

Case Information:

Employee Information:

Last Name:	ROSE	First Name:	KOREY
Middle Initial:	A	Maiden Name:	
Social Security Number:	*** ** 5546	Date of Birth:	08/10/1989
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:	New York
Driver's License or ID Card Number:		Document Expiration Date:	08/10/2018
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	12/29/2011	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	MFON4558	Submitted On:	12/30/2011

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:	First Name:
Middle Initial:	Maiden Name:
Social Security Number:	Date of Birth:
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):

Referred By:

Referred On:

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

Case Result:

Response Date:

Case Closure:

Closure Statement:

Closed By:

Closed On:

SENSITIVE BUT UNCLASSIFIED



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

Employee Name: Rose Korey A 08/10/1989
Last First Middle Date of Birth
Social Security Number: 077-76-5546 Date of Hire: 12/29/11

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)

Recruiting Manager
Official Title

Marita Forney
Signature of Employer (or Designated Representative)

12/30/11
Date Signed

Employer Solutions Staffing Group, LLC
7301 Ohms Lane, Suite 405
Edina, MN 55439

Business or Organization Name

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.

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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	1
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	1
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	0
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	0
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	0
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	0
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$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	G	0
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	2
	For accuracy, complete all worksheets that apply. • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you 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.		

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

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate ▶ 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. Last name Korey A Rose		2 Your social security number 077-76-5546
Home address (number and street or rural route) 7024 6095 st #1		3 ☒ Single ☐ Married ☐ Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code Boulder, CO 80302		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. ▶ ☐
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 2
6 Additional amount, if any, you want withheld from each paycheck		6 \$ 0.00
7 I 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 ▶		7
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶ 12/29/11
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)

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

OMB No. 1545-1500

► See separate instructions.

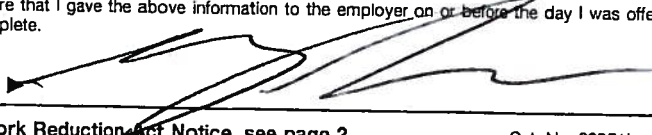
Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name Korey Boqe Social security number ► 077-76-5546
Street address where you live 2024 Gross St #1
City or town, state, and ZIP code Boulder, CO 80302
County _____ Telephone number (696) 643-5446
If you are under age 40, enter your date of birth (month, day, year) 08/10/1989

- 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.
 - 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.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
- Discharged or released from active duty in the U.S. Armed Forces, or
 - Unemployed for a period or periods totaling at least 6 months.
- 5 ☐ 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 ► 

Date 12/29/11

WORK OPPORTUNITY TAX CREDIT

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

Name Korby Rose
Address 2024 Gross St #1
City Boulder State CO Zip 80302 Social Security # 077-76-5546
Date of Birth 08/10/1989 Age 22

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: October 10 To: December 29
Did you receive unemployment compensation at any point during your unemployment?
If yes, dates received compensation: From: _____ To: _____ Yes ☐ No ☒
8. Have you been convicted of a felony or released from prison in the last 12 months?
Date of Conviction: _____ Date of Release: _____ Yes ☐ No ☒
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: May 2007 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? \$ 2,000

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 [Signature] DATE 12/29/11

Questions below to be completed by manager

Starting Wage _____ Position _____
Has employee worked for this company before? _____ If yes, date and location _____



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: Korey Rose

Social Security Number: 077-76-5546 Date of Birth: 08/10/1989

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: [Signature] Date 12/29/11

Privacy Act Notice:

The Internal Revenue Code of 1986, Section 51, as amended and its enacting 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.

<u>077-76-5546</u>		
Social Security Number	Driver's License No:	<u>NY</u>
<u>Rose</u>	<u>Korey</u>	State
Last Name	First Name	<u>A</u>
		M.I.
<u>Maiden and/or Other Last Names Used</u>		
<u>2024 Goss st #1</u>	<u>Boulder</u>	<u>CO 80302</u>
Current Address	City and County	State and Zip Code
<u>08/10/1989</u>	Circle One:	
Date of Birth	☒ Male ☐ Female	

Signature: _____

Date: 12/29/11

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.

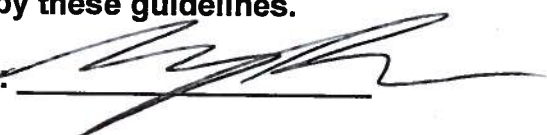
Report to work and perform physically suitable tasks as assigned. These may or may not be in your regular department. The work may or may not be on your usual shift.

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: Korey Bose Signature: 

DATE: 12/29/11

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

Name: Korey Rose
Address: 2024 Goss St
Home Phone: 646-643-5446

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

1. Name: Terry Dolan
Phone (work): 908-227-2752
Phone (home): _____
2. Name: Ching Rose
Phone (work): 917-838-9828
Phone (home): 212-912-1499

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



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 employee 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. KB (Initial)

A handwritten signature in black ink, appearing to read 'Corey Rose', is written over a horizontal line.

Employee Signature:

Date: 12/29/11

Corey Rose
Employee (please print your name here)



employer solutions staffing group^{uc}

Leveraging Resources in a Changing Market

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: _____

Date/Fecha: _____

Address
7301 Ohms Lane, Suite 405
Edina, Minnesota 55439

Telephone 952.835.1288
Facsimile 952.835.1255

Web www.ESGStaffingSolutions.com
Email info@ESGStaffingSolutions.com

EMPLOYEE INFORMATION
(Must Be Filled Out)

ENROLLMENT FORM - 10K PLAN

USE BLACK or BLUE INK ON

Social Security Number 077-76-5546

Date of Birth 08/10/1989 Sex ☒M ☐F

Name Korey Rose

Street Address 2024 Goss St #1

City Boulder State CO Zip 80302

Home Phone 646-643-5946

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
- ☐ YES \$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.

REQUIRED DEPENDENT INFORMATION

Name

Social Security Number - -

Date of Birth / / Sex ☐M ☐F

Relationship: ☐ Spouse ☐ Domestic Partner ☐ Child

Name

Social Security Number - -

Date of Birth / / Sex ☐M ☐F

Relationship: ☐ Spouse ☐ Domestic Partner ☐ Child

Name

Social Security Number - -

Date of Birth / / Sex ☐M ☐F

Relationship: ☐ Spouse ☐ Domestic Partner ☐ Child

Name

Social Security Number - -

Date of Birth / / Sex ☐M ☐F

Relationship: ☐ Spouse ☐ Domestic Partner ☐ Child

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 Date 12/29/2011

Form: ESC CU(ESG) 10K v