



employer solutions staffing group^{LLC}

STATEMENT OF CONFIDENTIALITY

This agreement made this 16 day of FEB., 2015, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and STEFAN LONGO hereafter referred to as "employee".

WITNESSETH:

For the duration of my employment and after resignation or termination of this employment with employer, for any reason whatsoever, the employee shall not use or disclose to any other person or company, and confidential or proprietary information or know-how related to the business of the employer.

In view of the difficulty of determining the amount of damages which may result to the employer from a violation of any of the provisions hereof, the employee agrees to pay to the employer the sum of \$10,000 as liquidated damages for every such violation; provided, however, that the payment of such amount as liquidated damages shall not be construed as a release or waiver by the employer of the right to prevent any such violation in equity or otherwise.



Employee Signature

Employer Solutions Staffing Group LLC, Representative



Case # 2015047133625XU
Employment Eligibility Verification

Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 03/31/2016

▶ **START HERE.** 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 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) LONGO		First Name (Given Name) STEFAN		Middle Initial G.	Other Names Used (if any)	
Address (Street Number and Name) 13456 VIA VARRA			Apt. Number 227	City or Town BROOMFIELD		State CO
Date of Birth (mm/dd/yyyy) 04/16/1990		U.S. Social Security Number 157-88-4164		E-mail Address STEFAN.LONGO@gmail.com		Telephone Number 609.560.6957

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

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

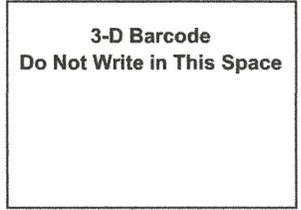
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy): 02/16/2015
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

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



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Longo, Stefan G.

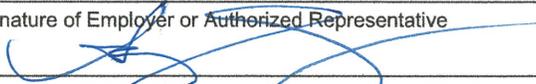
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Drivers License</u>		Document Title: <u>Social Security Card</u>
Issuing Authority:		Issuing Authority: <u>State of Colorado</u>		Issuing Authority: <u>Dept. Health & Human Services</u>
Document Number:		Document Number: <u>11-203-1154</u>		Document Number: <u>157-88-4164</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>4-16-2016</u>		Expiration Date (if any)(mm/dd/yyyy): <u>NA</u>
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 02/16/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative 		Date (mm/dd/yyyy) 02/16/2015	Title of Employer or Authorized Representative On-Site HR Representative	
Last Name (Family Name) Chezum	First Name (Given Name) Amy	Employer's Business or Organization Name Employer Solutions Staffing Group LL		
Employer's Business or Organization Address (Street Number and Name) 7301 Ohms Lane Suite 405		City or Town Edina	State MN	Zip Code 55439

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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Colorado
Driver License



11-203-1154 Expires: 04-16-2016
Class: R Issued: 08-26-2011
End: DOB: 04-16-1990
Rest: Previous Type: A
Ht: 5'09" Wt: 150 Eyes: HAZ Sex: M
Voter: *AY*

STEFAN GEORGE LONGO
802 22ND ST
BOULDER, CO 80302

SOCIAL SECURITY



77-88-3104
THIS NUMBER HAS BEEN ESTABLISHED FOR
STEFAN GEORGE LONGO

Stefan Longo
SIGNATURE

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 STEFAN G. LONGO	SSN# (last 4 digits) 4164	Effective Date 2/16/15
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SECTION 2 PAYROLL ELECTION

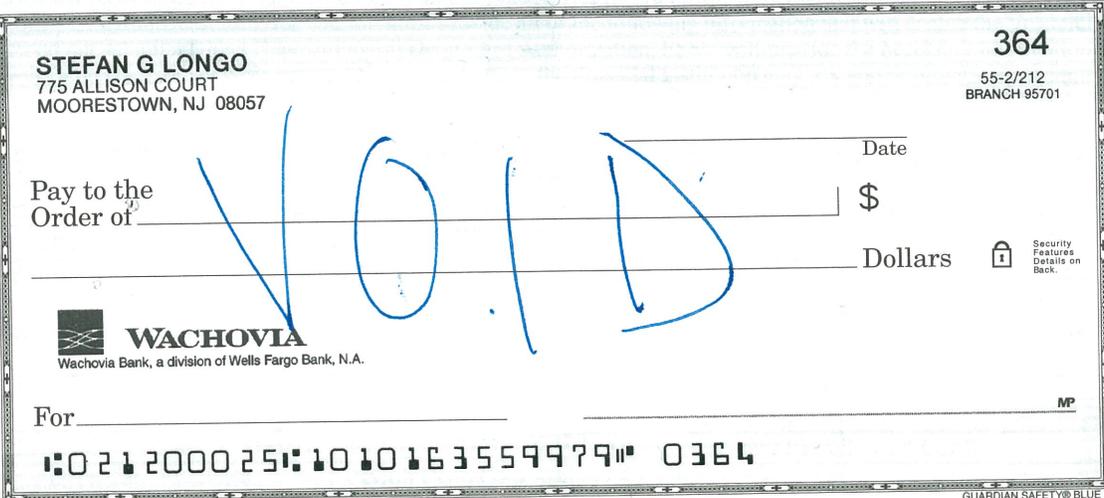
- Direct Deposit** (Please complete Sections 3 and 5 below)
 Payroll Debit Card (Please complete Sections 4 and 5 below)

SECTION 3 DIRECT DEPOSIT

ACCOUNT	<input type="checkbox"/> Update Bank Account	<p>I understand and acknowledge that if I do not provide a voided check (a deposit slip will not work) with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.</p> <p>Initial <u>SL</u> Date <u>2/16/15</u></p>
	Bank Name: WELLS FARGO	
	Routing# 021200025	
	Account# 1010163559979	
	Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other: _____	

- 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

FEDERAL RESERVE NOTE	<p>Federal law requires all financial institutions to identify you. In order to issue you a debit card, we need your personal identification information.</p>	
		
	<p>Card account or transactions. You will then sign your debit card when you receive wages.</p>	<p>ns an account. In order to identify you. I issue you a personal identification information</p>
	<p>Birth</p>	<p>Security#</p>
	<p>For _____</p>	<p>MP</p>
	<p>021200025 1010163559979 0364</p>	<p>GUARDIAN SAFETY® BLUE</p>
	<p>Harland Clarke</p>	<p>364 55-2/212 BRANCH 95701</p>
	<p>Pay to the Order of _____ \$ _____ Dollars</p>	<p>Date _____</p>
	<p>STEFAN G LONGO 775 ALLISON COURT MOORESTOWN, NJ 08057</p>	<p>Security Features Details on Back</p>
	<p>WACHOVIA Wachovia Bank, a division of Wells Fargo Bank, N.A.</p>	<p>Security Features Details on Back</p>

I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature: _____ Date: _____

SECTION 5 AUTHORIZATION

I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). *** E-mail is required for pay stub information.**

*E-mail: STEFAN.LONGO@GMAIL.COM

Employee's Signature: [Signature] Date: 2/16/15