



employer solutions staffing group, inc.

PO Box 46270  
Minneapolis, MN 55344-9956  
Tel: 952.895.1288

# New Hire Application

**Personal Data-- PLEASE PRINT LEGIBLY IN INK**

Last Name Hupalo First Name Steve Middle Initial \_\_\_\_\_  
 Street Address 1508 McAfee Street Apt/Ste \_\_\_\_\_  
 City/State/Zip St. Paul Mn 55106 Social Security Last Four XXX-XX-2671  
 Phone Number 612-707-0543 Email Address shupalo926@gmail.com  
 Staffing Agency/Recruitment Partner \_\_\_\_\_

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.

Steve Hupalo [Signature] 3-20-19  
 Name (Print or type) Applicant's Signature Date

A copy or facsimile ("fax") will be considered the same as an original signature. Email will ONLY be used for employment correspondence

| For ESSG Office Use Only        |                                  |                             |   |                          |
|---------------------------------|----------------------------------|-----------------------------|---|--------------------------|
| DOH _____                       | MHW _____                        | 1-8 _____                   | 8880 _____                                      | W4 _____                 |
| Emergency Contact Info<br>_____ | Background Release Form<br>_____ | Background Results<br>_____ | Unemployment Letter<br>(if applicable)<br>_____ | ESC Application<br>_____ |
| For ESSG Client Use             |                                  |                             |   |                          |
| DOH _____                       | ROP _____                        | Work Site Loc. _____        | WC Code _____                                   |                          |

# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**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.** You may claim exemption from withholding for 2019 if both of the following apply.

- For 2019 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

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

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>Form W-4</b><br>Department of the Treasury<br>Internal Revenue Service  |  | <b>Employee's Withholding Allowance Certificate</b> |   | OMB No. 1545-0074<br><b>2019</b>                    |  |
| ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. |  |   |   |   |  |
| 1 Your first name and middle initial<br><b>Steve</b>   |  | Last name<br><b>Hupalo</b>                          |   | 2 Your social security number<br><b>474-02-2671</b> |  |
| Home address (number and street or rural route)<br><b>1508 McAfee Street</b>   |  |   | 3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br>Note: If married filing separately, check "Married, but withhold at higher Single rate." |   |  |
| City or town, state, and ZIP code<br><b>St. Paul Mn 55106</b>  |  |   | 4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>   |   |  |
| 5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .  |  |   |   | 5 <b>3</b>  |  |
| 6 Additional amount, if any, you want withheld from each paycheck . . . . .  |  |   |   | 6 \$  |  |
| 7 I claim exemption from withholding for 2019, 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 . . . . . ▶ <b>7</b>  |  |   |   |   |  |
| 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<br>(This form is not valid unless you sign it.) ▶ <b>Steve Hupalo</b>   |  |   |   |   |  |
| 8 Employer's name and address (Employer Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)   |  |   |   | 9 First date of employment                          |  |
|  |  |   |   | 10 Employer identification number (EIN)             |  |
|  |  |   |   | Date ▶ <b>3-20-19</b>                               |  |



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

**USCIS**  
**Form I-9**  
**OMB No. 1545-0047**  
**Expire 03/31/2019**

**▶ START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employees 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 documents 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.

|   |   |  |                                 |  |                                   |
|---|---|--|---------------------------------|--|-----------------------------------|
| Last Name (Family Name)<br><b>Huerta</b>                      |   | First Name (Given Name)<br><b>Steve</b>                  |                                 | Middle Initial                                     | Other Last Name(s) Used (if any)  |
| Address (Street Number and Name)<br><b>1508 McAfee Street</b> |   | Apt. Number  | City or Town<br><b>St. Paul</b> |  | State ZIP Code<br><b>Mn 55106</b> |
| Date of Birth (mm/dd/yyyy)<br><b>11-05-1975</b>               | U.S. Social Security Number<br><b>479-02-3671</b> | Employer's Email Address<br><b>shuerta@260@gmail.com</b> |                                 | Employer's Telephone Number<br><b>612-707-0543</b> |                                   |

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="radio"/> 1. A citizen of the United States  |  |
| <input type="radio"/> 2. A naturalized citizen of the United States (See instructions)  |  |
| <input type="radio"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number)   |  |
| <input type="radio"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):<br>Some aliens may wish "NFP" in the expiration date field. (See instructions) |  |

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.

|  |  |
|--|--|
| 1. Alien Registration Number/USCIS Number: _____ | If this section is not filled in this form |
| OR   |  |
| 2. Form I-94 Admission Number: _____             |  |
| OR   |  |
| 3. Foreign Passport Number: _____                |  |
| Country of issuance: _____                       |  |

|  |   |
|--|---|
| Signature of Employee<br><b>Steve Huerta</b> | Today's Date (mm/dd/yyyy)<br><b>3-20-19</b> |
|--|---|



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 Proprietor 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 |



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

**USCIS**  
**Form I-9**  
**OMB No. 1513-0047**  
**Expires 12/31/2019**

|                              |  |   |                 |                                     |
|------------------------------|--|---|-----------------|-------------------------------------|
| Employee Info from Section 8 | Last Name (Family Name)<br><b>Hupala</b> | First Name (Given Name)<br><b>Steve</b> | M.I.<br><b></b> | Employment Authorization<br><b></b> |
|------------------------------|--|---|-----------------|-------------------------------------|

|  |  |             |                                    |                                 |  |             |  |
|--|--|-------------|------------------------------------|---------------------------------|--|-------------|--|
| <b>LEA</b>                                   |  | <b>LEIS</b> |                                    | <b>AND</b>                      |  | <b>LEIS</b> |  |
| <b>Identity and Employment Authorization</b> |  |             |                                    | <b>Employment Authorization</b> |  |             |  |
| Document Title                               | <b>DRIVERS LICENSE</b>   |             | <b>Social Security Card</b>        |                                 |  |             |  |
| Issuing Authority                            | <b>STATE OF MN</b>   |             | <b>SSA - Health Human Services</b> |                                 |  |             |  |
| Document Number                              | <b>7130210037216</b>   |             | <b>474-02-2707</b>                 |                                 |  |             |  |
| Expiration Date (if any) (mm/dd/yyyy)        | <b>11/05/2019</b>  |             | <b>N/A</b>                         |                                 |  |             |  |
| Document Title                               | <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Additional Information</p> </div> <div style="width: 35%; border: 1px solid black; padding: 5px;"> <p align="center"><small>Do Not Write in this Space</small></p> </div> </div> |             |                                    |                                 |  |             |  |
| Issuing Authority                            |  |             |                                    |                                 |  |             |  |
| Document Number                              |  |             |                                    |                                 |  |             |  |
| Expiration Date (if any) (mm/dd/yyyy)        |  |             |                                    |                                 |  |             |  |
| Document Title                               |  |             |                                    |                                 |  |             |  |
| Issuing Authority                            |  |             |                                    |                                 |  |             |  |
| Document Number                              |  |             |                                    |                                 |  |             |  |
| Expiration Date (if any) (mm/dd/yyyy)        |  |             |                                    |                                 |  |             |  |

I affirm, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-named 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): **03/20/2019** (See instructions for exceptions)

|  |   |  |
|--|---|--|
| Signature of Employer or Authorized Representative                   | Today's Date (mm/dd/yyyy)                           | Title of Employer or Authorized Representative |
| <i>[Signature]</i>   | <b>03/20/2019</b>                                   | <b>Head Recruiter</b>                          |
| Last Name of Employer or Authorized Representative                   | First Name of Employer or Authorized Representative | Employer's Business or Organization Name       |
| <b>Pickett</b>   | <b>Kache</b>  | <b>EMPLOYER SOLUTIONS GROUP LLC</b>            |
| Employer's Business or Organization Address (Street Number and Name) | City or Town  | State  |
| <b>7400 FLORID CLOUD DRIVE SUITE 200</b>                             | <b>EAST FRANKS</b>                                  | <b>TX</b>                                      |
|  |   | ZIP Code                                       |
|  |   | <b>75045</b>                                   |

|                         |                         |              |                   |
|-------------------------|-------------------------|--------------|-------------------|
| Last Name (Family Name) | First Name (Given Name) | M.I. Initial | Date (mm/dd/yyyy) |
|                         |                         |              |                   |

|                |                 |                                       |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|                |                 |                                       |

I affirm, 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 this individual.

|  |                           |   |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|  |                           |   |

**MINNESOTA  
DRIVER'S LICENSE**



STEVE HUPALO  
1154 FLANDRAU ST  
ST PAUL, MN 55106

Date of Birth **11-05-1975**

Sex Eyes Class

M BLU D

Height Weight

5-11 230

ISSUED 05-2015

EXPIRES 11-05-2019

C763036037216

*Handwritten initials*



**Minnesota Health Care Programs (MHCP)**

Present this card every time you go for medical care.

Member Number 05780624

Member Name STEVE HUPALO

Birth Date 11/05/75

Gender MALE

Rx BIN 610459

*More information on back of card.*