

FAX COVER SHEET

To: LIS P

From: STEVEN VERDIN

Fax Number: 303-920-1425

Comments: LET ME KNOW IF I FORGOT
ANYTHING. THANKS AGAIN! 22 PAGES

CONTRACT EMPLOYEE CONFIDENTIAL INFORMATION AGREEMENT

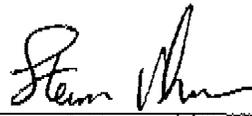
This AGREEMENT made this 10 day of MARCH, ~~2014~~²⁰¹⁵ between STEVEN VERDIN (hereinafter "CONTRACT EMPLOYEE") and Teva Pharmaceuticals USA, Inc., a corporation organized and existing under the laws of the State of Delaware, and acting in this Agreement on its behalf and in the interest of all affiliated companies throughout the world, including any and all subsidiary companies or its parent company (hereinafter "COMPANY") and with the intention of being legally bound, the parties do hereby agree as follows.

- 1 During the course of performance of work for the COMPANY, CONTRACT EMPLOYEE will devote all best efforts only to the interests of the COMPANY and will not participate in the planning, operation, or management of any activity competitive with the COMPANY'S interest and will not otherwise engage in any activity in conflict with the interests of the COMPANY except as permitted and authorized in writing by an officer of the COMPANY.
- 2 CONTRACT EMPLOYEE acknowledges that certain valuable information (both technical and non-technical) vital to the success of the business of the COMPANY may be made available to the CONTRACT EMPLOYEE, or CONTRACT EMPLOYEE already may have become acquainted with such information by virtue of the performance of work at Teva Pharmaceuticals USA.
- 3 CONTRACT EMPLOYEE shall not disclose or use at any time, either during or after, the contract period of performance of work for the COMPANY, except as required in the performance of duties to the COMPANY, any secret or confidential information, whether or not developed by CONTRACT EMPLOYEE, unless CONTRACT EMPLOYEE shall first obtain written consent by an officer of the COMPANY. Secret or confidential information shall include know-how, designs, formulae, manufacturing, fabrication and technological processes, devices, machines, inventions, research or development projects, plans for future development, materials of a business nature, financial information, client information, sales and marketing information and any other information of a similar nature in a form or to the extent not available to the public.
- 4 CONTRACT EMPLOYEE shall not publish or cause to be published or make oral presentation on any articles or materials related to the present or contemplated business or activities of the COMPANY without prior written consent of an officer as to whether

competent jurisdiction may enjoin CONTRACT EMPLOYEE from violating these covenants and if adjudged to be in violation, either at law or in equity, that CONTRACT EMPLOYEE shall be responsible for all costs associated with enforcement of this Agreement including reasonable attorney's fees.

14 CONTRACT EMPLOYEE understands that this Agreement shall be interpreted and construed under the laws of the Commonwealth of Pennsylvania.

15 This Agreement shall inure to the benefit of the successors or assigns of the COMPANY.



Contract Employee

03/10/2015

Date

Teva Pharmaceuticals USA, Inc.

By _____

Date

DEA Employee Screening Requirements
Inquiry and Consent for Search of Courts and Law Enforcement Agencies,
and Consent to Random Drug Screenings pursuant to Company Policy
 (Required by the United States Department of Justice, Drug Enforcement Administration as referenced in
 CFR 1301.90)

I hereby acknowledge that I am aware of Teva Pharmaceuticals USA, Inc.'s, ("Teva") obligation to be registered with the Federal Drug Enforcement Administration ("DEA"). As an employee of Teva, I am also aware that as a part of its registration procedures, the DEA requires Teva to provide the following information regarding those individuals who may actually handle or have access to certain controlled substances in the course of their employment with Teva.

I understand that using the information provided by Teva, and me inquiries will be made of courts and law enforcement agencies for possible pending charges or convictions.

As provided for by law I submit the following information:

1. Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing a criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court-martial.)
 (Circle yes or no) YES NO If the answer is yes, furnish details of conviction, offense, location, date and sentence on a separate sheet.

2. In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician?
 (Circle yes or no) YES NO If the answer is yes, furnish details on a separate sheet.

I understand that any false information or omission of information will jeopardize my position with respect to employment. I also understand that information furnished or recovered as a result of any inquiry will not necessarily preclude employment, but will be considered as part of the overall evaluation of my qualifications.

Furthermore, I understand Teva maintains fair employment practices and protects my right to privacy and assures that the results of such inquiries will be treated in confidence.

I further understand and consent to any random drug screenings that may be conducted in accordance with Teva's Workplace Substance Abuse Policy, and acknowledge that I have read and understand the Drug Enforcement Administration Mandated Employee Responsibilities for Business' Handling Controlled substances Code of Federal Regulations Title 21, a copy of which is attached to this form.

Name: STEVEN VERDIN Social Security Number: 546-43-3186

Date of Birth: 06-09-1976 Place of Birth: EXETER, CA.

Home Address: 760 South 800 West
 (Street)
Salt Lake City, UT. 84104
 (City, State, Zip)

I consent to Teva conducting the required inquiries as documented in this form. I understand that if Teva discovers that I have had certain convictions, that information will effect my authorization to handle controlled substances at Teva, and my position with respect to employment.

Dated this 10 day of MARCH, 2015. Signature Steven Verdin
 (Date) (Month) (Year)



Pharmaceuticals

Contractor/Consultant Basic Information Form

Salt Lake City Operations

Employee Information

Full Name: STEVEN VERDIN ←

E-mail: evetsnidrev@yahoo.com ←

Phone: 801-755-1391 ←

DOB: 06/09/76 ←

All of this information is necessary to initiate the drug screen & background check.

Contract Company Information

Name of Employer: _____

Supervisor Name: _____

Supervisor Phone Number: _____

Teva Pharmaceuticals Information

Sponsor / Teva Contact: _____

On Shift Supervisor: _____

Teva Shift / Work Hours at Teva Location: _____

*** Please do not wait for this full packet of information to be complete to turn this form in to HR. We can get the drug screen & background check started while everything else is being taken care.

Bring all forms and paperwork back to HR directly to expedite processing.

Form **8850**
(Rev. August 2009)
Department of the Treasury
Internal Revenue Service

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 STEVEN VERDIN Social security number ▶ 546-43-3186

Street address where you live 760 South 800 West

City or town, state, and ZIP code Salt Lake City, UT 84104

County Salt Lake Telephone number (801) 755-1391

If you are under age 40, enter your date of birth (month, day, year) 06-09-76

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:

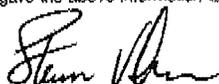
- Discharged or released from active duty in the U.S. Armed Forces, **or**
- Unemployed for a period or periods totaling at least 6 months.

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 03/10/2015

For Employer's Use Only

Employer's name Employer Solutions Staffing Group Telephone no. (962) 835 - 1288 EIN

Street address 7301 Ohms Lane, Suite 405

City or town, state, and ZIP code Edina, MN 55439

Person to contact, if different from above Associated Consultants, Inc. Telephone no. (800) 926 - 0557

Street address 3730 Washington Boulevard

City or town, state, and ZIP code Indianapolis, IN 46205

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate Instructions), enter that group number (4 or 6)

Date applicant:

Gave information 03/10/2015 Was offered job 1/1 Was hired 1/1 Started job 1/1

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job

Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature

Title INVENTORIAL CLERK

Date 03/10/2015

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its Instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping 3 hrs., 16 min.
Learning about the law or the form 46 min.
Preparing and sending this form to the SWA 42 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.

Form A (revised 07/09) WORK OPPORTUNITY TAX CREDIT

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

Name STEVEN VERDIN
Address 760 South 800 West
City Salt Lake City State UT Zip 84104 Social Security # 546-43-3186
Date of Birth 06-09-1976 Age 38

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: 08-2014 To: 11-2014
Did you receive unemployment compensation at any point during your unemployment?
If yes, dates received compensation: From: 08-2014 To: 11-2014 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: 1994 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? \$ 3000.00

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 Steven Verdin DATE 03/10/2015

Questions below to be completed by manager
Starting Wage _____ Position _____
Has employee worked for this company before? _____ If yes, date and location _____



U.S. Department of Labor
Employment and Training Administration

OMB Control No. 1205-0371
Expiration Date: November 30, 2011

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: STEVEN VERDIN

Social Security Number: 546-43-3156 Date of Birth: 06/09/1976

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: *Steven Verdin* Date 03/10/2015

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.



employer solutions staffing group_{LLC}

Leveraging Resources in a Changing Market

Important/Importante

LOST OR STOLEN PAYCHECKS

If a paycheck is **lost** (*missing, misplaced, destroyed, lost in the mail, etc.*), you must notify your staffing recruiter that the check cannot be found. If it can be verified that the check has not been cashed, ESSG will stop payment on the check and re-issue the check to you, deducting a fee of between \$25-\$35.

If your paycheck was **stolen**, you must first file a police report before we can re-issue the check. Once you have done so, you must provide a copy of the police report to your staffing recruiter that the check was stolen. If the check has not been cashed and if the loss of the check was not your fault, ESSG will issue a new check and no fee will be deducted.

CHEQUES DE PAGO PERDIDOS O ROBADOS

Si un cheque de pago se pierde (que falta, fuera de lugar, destruido, perdido en el correo, etc), usted debe notificar a su reclutador de personal que el cheque no se puede encontrar. Si se puede verificar que el cheque no ha sido cobrado, ESSG se detendrá el cheque de pago y reemitir el cheque a usted, descontando un cargo de entre \$ 25 - \$ 35.

Si su cheque de pago fue robado, primero debe denunciar el robo a la policía antes de que podamos volver a emitir el cheque. Una vez hecho esto, usted debe proporcionar una copia de la denuncia a su reclutador de personal que el cheque fue robado. Si el cheque no ha sido cobrado y si la pérdida del cheque no fue su culpa, ESSG emitirá un nuevo cheque y no hay cuota se deducirá.

AGREED/SE ACUERDA—

Name/Nombre (con letra de molde): STEVEN VERDYN

Signature/Firma: 



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) VERDIN		First Name (Given Name) STEVEN		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) 760 South 800 West			Apt. Number	City or Town Salt Lake City	State UT	Zip Code 84104
Date of Birth (mm/dd/yyyy) 06/09/1976	U.S. Social Security Number 546-43-3186	E-mail Address evetsnidrev@yahoo.com			Telephone Number (501) 755-1391	

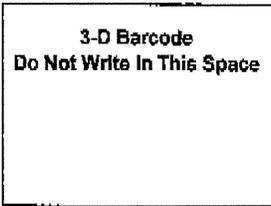
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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): 03/10/2015
----------------------------	---

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



HIRE Act FICA Payroll Holiday and Employee Retention Tax Credit Employee Affidavit

Employer Name: _____ FEIN: _____

Hire Location: _____

Employee Name: STEVEN VERDIN

Social Security Number: 546-43-3186 1st Day of Work: _____

EMPLOYEE: Please check One statement that applies to you and sign and date where indicated below.

I was unemployed during the entire 60 day-period prior to my first day of employment at this company.

I worked less than a total of 40 hours during the 60-day period prior to my first day of employment at this company.

OR

I worked MORE than a total of 40 hours during the 60-day period prior to my first day of employment at this company.

Under penalties of perjury, I hereby declare that the information above is true and correct to the best of my knowledge. By signing this form, I hereby authorize the release to my new employer or its agents information held by any parties needed to determine my eligibility for federal and/or state incentive programs.

Employee Signature: *Steven Verdin* Today's Date: 03/10/2015

For employer's use only:

- Employee is being hired for a new position within the company.
- Employee is replacing an employee who either quit or was terminated with just cause.
- Employee is replacing an employee who was laid off.

Hiring Manager's Signature: _____ Date: _____

Form W-4 (2015)

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 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

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

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

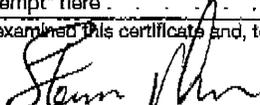
Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u>1</u>
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u>1</u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u>1</u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u>1</u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
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 \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u>21</u>

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

W-4 Form 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 2015
1 Your first name and middle initial <u>STEVEN</u>		Last name <u>VERDIN</u>		2 Your social security number <u>546-43-3186</u>
Home address (number and street or rural route) <u>7620 South 800 West</u>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> 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 <u>Salt Lake City, UT 84104</u>		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. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>4</u>		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u>0</u>		
7 I claim exemption from withholding for 2015, 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 ▶ <u>03/10/2015</u>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

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

Name: GLORIA CAMACHO

Address: 42760 RD 72 DINUBA, CA. 93618

Home Phone: ~~801~~ (559) 859-1904

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

1. Name: ROBERT C. VERDIN

Phone (work): (801) 637-2672

Phone (home): " " "

2. Name: SIM KUNAUER

Phone (work): (801) 680-5769

Phone (home): (801) 680-5769

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

VSI-IND 219301-EMP OFFICE USE ONLY ReHire Date: / /

EMPLOYEE INFORMATION (Must Be Filled Out) ENROLLMENT FORM - PLAN 2 USE BLUE INK ONLY FSC CU (NAV) (SAD) P2 v13.0

Social Security Number 546-43-3186
Date of Birth 06/09/1976 Sex M F
Name STEVEN VERDIN
Street Address 760 South 800 West
City SALT LAKE CITY State UT Zip 84104
Home Phone 801-755-1391

Do you or any dependents have Medicare?
[X] Yes [] No If Yes:
Medicare Health Insurance Claim Number (HICN)
Medicare Effective Date
Names of Covered Person(s)
1. EZEQUEL F. VERDIN
2. TAVIA J. VILLAGRANA
3.

BENEFIT SELECTION Weekly Rates

MEDICAL
[] \$20.91 Employee Only
[] \$42.44 Employee + One
[X] \$56.67 Employee + Family
[] NO to MEDICAL, TERM LIFE, and STD benefits.

DENTAL
[] \$ 5.99 Employee Only
[] \$11.98 Employee + One
[X] \$19.77 Employee + Family
[] NO

TERM LIFE
[] YES \$0.60 Employee Only \$0.90 Employee + One
[] 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.

You MUST enroll in the Medical Insurance Plan before adding Term Life or STD. Your coverage level for Term Life will be identical to your medical plan selection.

REQUIRED DEPENDENT INFORMATION

Name EZEQUEL F. VERDIN
Social Security Number 646-80-4634
Date of Birth 12/27/2004 Sex M F
Relationship: [] Spouse [X] Child [] Domestic Partner

Name TAVIA J. VILLAGRANA
Social Security Number
Date of Birth 12/05/2006 Sex M F
Relationship: [] Spouse [X] Child [] Domestic Partner

Name
Social Security Number
Date of Birth
Relationship: [] Spouse [] Child [] Domestic Partner

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.
NAME OF BENEFICIARY
GLORIA CAMACHO
RELATIONSHIP
MOTHER
Accidental Death & Dismemberment is part of the Term Life 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 03/10/2015

**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:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Driver's license</u>		Document Title: <u>S.S. card</u>
Issuing Authority:		Issuing Authority: <u>State of Utah</u>		Issuing Authority: <u>S.S. admin</u>
Document Number:		Document Number: <u>169039980</u>		Document Number: <u>546-43-3186</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>06/09/2016</u>		Expiration Date (if any)(mm/dd/yyyy):
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): 03/16/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Caitlin Scholl</u>		Date (mm/dd/yyyy) <u>03/12/2015</u>	Title of Employer or Authorized Representative <u>Admin. Assistant</u>	
Last Name (Family Name) <u>Scholl</u>		First Name (Given Name) <u>Caitlin</u>	Employer's Business or Organization Name <u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u>	
Employer's Business or Organization Address (Street Number and Name) <u>7301 OHMS LANE SUITE 405</u>			City or Town <u>EDINA</u>	State <u>MN</u>
			Zip Code <u>55439</u>	

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

UT
USA

Utah DRIVER LICENSE

Id. **169039986** Exp. **02/07/2012**

VERDIN
STEVEN



DOB **06/09/1976**
760 SOUTH 800 WEST
SALT LAKE CITY, UT 84104

DOB **1** D 4b Exp. **08**

Class **D** :aa, End
Restrictions **B**

DONOR N 16 Hgt **5'09"** 18 Eyes **BLU**
15 Sex **M** 17 Wgt **215** 19 Hair **BLU**

Steven Verdin

SOCIAL SECURITY

546-43-3180

THIS NUMBER HAS BEEN ESTABLISHED FOR

STEVEN VERDIN

Steven Verdin

SIGNATURE

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:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Utah Drivers License Card</u>		Document Title: <u>Social Security Card</u>
Issuing Authority:		Issuing Authority: <u>State of Utah</u>		Issuing Authority: <u>Social Security Administration</u>
Document Number:		Document Number: <u>169039986</u>		Document Number: <u>546-43-3186</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>06/09/2017</u>		Expiration Date (if any)(mm/dd/yyyy):
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): _____ (See Instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State Zip Code

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):
---	----------------	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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



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	STEVEN VERDIN	SSN# (last 4 digits)	Effective Date
		XX-XX-3186	
SECTION 2 PAYROLL ELECTION			
<input checked="" type="checkbox"/> Direct Deposit (Please complete Sections 3 and 5 below) <input type="checkbox"/> Payroll Debit Card (Please complete Sections 4 and 5 below)			
SECTION 3 DIRECT DEPOSIT			
ACCOUNT INFORMATION	<input type="checkbox"/> Update Bank Account		
	Bank Name:	WELLS FARGO	
	Routing#	12400 2971	
	Account#	130444 5636	
	Account Type:	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____	
		<p>I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.</p> <p>Initial <u>SV</u> Date <u>03/10/2015</u></p>	
<ul style="list-style-type: none"> To help us avoid making an error, please attach a copy of a voided check. (a deposit slip will not work) If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods. 			
SECTION 4 PAYROLL DEBIT CARD (GLOBAL CASH CARD)			
<p>Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.</p> <p>Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.</p>			
CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)			
First Name	M.I.	Last Name	Date of Birth
Street Address (PO BOX NOT ACCEPTABLE)			Social Security#
City	State	Zip	Cell Phone (mobile)
GET TEXT ALERTS, when your paycheck is deposited on your card!		<input type="checkbox"/> Yes, sign me up, for text alerts	
All we need to know your cell phone service provider and mobile number above!		My mobile service provider is: _____	
RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)			
Payroll Debit Card Routing #	Payroll Debit Card Account #		
073972181			
<p>I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.</p> <p>Employee's Signature: _____ Date: _____</p>			
SECTION 5 AUTHORIZATION			
<p>I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). * E-mail is required for pay stub information.</p> <p>*E-mail: <u>evetsnidrev @ yahoo.com</u> this information will only be used to send your paystubs electronically</p> <p>Employee's Signature: <u>Steven Verdin</u> Date: <u>03/10/2015</u></p>			



Employee Acknowledgement Form (Temps)

I hereby acknowledge receipt of Storerroom Solutions Inc. "**Employee Safety Handbook**" which outlines important safety requirements and information for working as safety as possible. I agree to follow the safety and health rules as outlined in this handbook. I further understand that complete safety and health program requirements are published in the "**Safety Manual**" that can be obtained through my Site Manager or Project Leader.

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

Employee Signature

03/10/2015

Date

Employer's Representative

Date

Important: This receipt must be read, understood and signed by all Storerroom Solutions Inc. permanent and temporary employees. Temporary employees sign this hard-copy form. Permanent employees must document their training in the SSI Learning Center by taking the associated quiz.

Documentation Instructions:

Permanent Employees: The SSI Site Manager, or senior SSI employee, will ensure all personnel have read and understand the contents of this document. Please contact the Senior Director of Safety and Quality safety@storeroomsolutions.com if you have any questions. The employee must take the Employee Safety Handbook Quiz contained in the SSI Learning Center.

Temporary/Project Employees: The project leader or hiring manager will ensure all personnel have read and understand the contents of this document. Please contact the Senior Director of Safety and Quality safety@storeroomsolutions.com if you have any questions. The employee and leader or manager will sign this form file it on site. This form is a special interest item during implementation audits.

Employees: *Please retain the handbook for future reference.*



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 denuevo.*

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: _____

A handwritten signature in black ink, appearing to be "Steve" followed by a last name.

Date/Fecha: _____

03/10/2015

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 03/12/2015
Page: 1 of 1

Case Verification Number: 2015071133633GH

Case Information:**Employee Information:**

Last Name:	Verdin	First Name:	Steven
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 3186	Date of Birth:	06/09/1976
Citizenship Status:	A citizen of the United States	Email Address:	

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:	Utah
Driver's License or ID Card Number:		Document Expiration Date:	06/09/2016
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	03/11/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CSCH4411	Submitted On:	03/12/2015

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:		Other Names Used:	
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