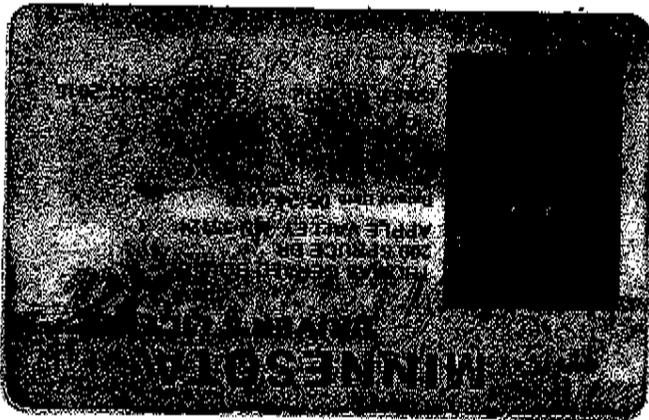


Cover Sheet

Gould Thomas G
 200 Spruce Dr.
 Apple Valley, Mn. 55124
 (952) 432-7890 thomasnilda@aol.com
 ?

yes no

~~Thomas~~ Thomas G. Gould Home 2 Gould 02/10/15



10910000201 13591330474 1956

MEMO

All of us serving you.



VOID

PAY TO THE ORDER OF

THOMAS G GOULD
OR NILDA O GOULD
200 SPRUCE DR
APPLE VALLEY, MN 55124-9992

11956

ESSG - CMG

Rev. 11/2013

DOH _____		RQP _____		Work Site Loc. _____		WC Code _____	
For ESSG Client Use							
Emergency Contact Info _____		Background Release Form _____		Background Results _____		Unemployment Letter (if applicable) _____	
DOH _____		NHW _____		I-9 _____		8850 _____	
W4 _____		ESC Application _____					
For ESSG Office Use Only							

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

Name (Print or type) Thomas G. Gould
 Applicant's Signature [Signature]
 Date 02/10/2015

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

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.

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 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 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.

Applicant Certification and Authorization

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

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

Staffing Agency/Recruitment Partner _____

Phone Number (952) 432-7890 Email Address ThomasGould@aol.com

City/State/zip Apple Valley, MN 55124

Street Address 200 Spruce Dr Apt/Ste N/A

Last Name Gould First Name Thomas Middle Initial G

Personal Data-- PLEASE PRINT LEGIBLY IN INK

New Hire Application

7301 Ohms Lane Suite 405
 Edina, MN 55439
 Tel: 952.835.1288 • Fax: 952.835.1255
 www.esgstaffingsolutions.com

employer solutions staffing group
 Leveraging Resources in a Changing Market



Signature of Employer or Authorized Representative:	Date (m/d/yyyy):	Print Name of Employer or Authorized Representative:
---	------------------	--

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.

Document Title:	Document Number:	Expiration Date (if any)(m/d/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.

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) (m/d/yyyy):
--	---

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		
7301 OHMS LANE SUITE 405 EDINA MN 55439		
Signature of Employer or Authorized Representative	Date (m/d/yyyy)	Title of Employer or Authorized Representative

The employee's first day of employment (m/d/yyyy): (See instructions for exemptions.)

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.

Certification

Document Title:	Document Number:	Expiration Date (if any)(m/d/yyyy):	Issuing Authority:
Document Title:	Document Number:	Expiration Date (if any)(m/d/yyyy):	Issuing Authority:
Document Title:	Document Number:	Expiration Date (if any)(m/d/yyyy):	Issuing Authority:
Document Title:	Document Number:	Expiration Date (if any)(m/d/yyyy):	Issuing Authority:
Document Title:	Document Number:	Expiration Date (if any)(m/d/yyyy):	Issuing Authority:

Identify and Employment Authorization OR List B Identify AND List C Employment Authorization

Employee Last Name, First Name and Middle Initial from Section 1:

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.)

3-D Barcode
Do Not Write in This Space





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) Gold		First Name (Given Name) Thomas		Middle Initial G.	Other Names Used (if any) None
Address (Street Number and Name) 200 Spruce Dr		Apt Number N/A	City or Town Apple Valley	State MN.	Zip Code 55124
Date of Birth (m/d/yyyy) 05/24/1961		U.S. Social Security Number 472-74-7777		E-mail Address Thomasnildg@aol.com	
Telephone Number (952) 432-7890		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, m/d/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:

OR

1. Alien Registration Number/USCIS Number: _____

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: **Thomas G. Gold**

Date (m/d/yyyy): **02/10/2015**

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 (m/d/yyyy): _____

Last Name (Family Name): _____

First Name (Given Name): _____

Address (Street Number and Name): _____

City or Town: _____

State: _____

Zip Code: _____

Employer Completes Next Page



DISCLOSURE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING'S website is at www.orangetreescreening.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p>New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.</p>
<p>New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p>Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.</p>
<p>Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and a SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING'S website is at www.orangetreescreening.com, another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law. **Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

(Must include email address: _____)

Signature: Thomas J. Gould Date: 02/10/2015

Last Name: Gould First: Thomas Middle: Gerald

Other Names/Aliases: N/A

Social Security #: 472-74-2777 Date of Birth (mm/dd/yyyy): 05/24/1961

Driver's License #: 5819194907618 State of Driver's License: VA

Present Address: 200 Spruce Dr Telephone # (Primary): (952) 432-7890

City/State/Zip: Apple Valley, Mn. 55124

*This information will be used for background screening purposes only and will not be used as hiring criteria.

This information will remain confidential and will only be used in the case of an emergency.

None

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

Work Phone: N/A Cell Phone: N/A Home Phone: 952-236-2233	Relationship: Mother Name: Judy Gould Contact #2
Work Phone: 651-234-6000 Cell Phone: N/A Home Phone: 952-432-7890 (ask for Nilda)	Relationship: wife Name: Nilda Gould Contact #1
EMERGENCY CONTACTS Please list two people (in priority order) who could be contacted in case of an emergency.	

Employee Name: Thomas G. Gould
 Address: 200 Spore Dr, Apple Valley, Mn, 55124
 Home Phone: 952-432-7890

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

EMERGENCY CONTACT INFORMATION

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: Thomas G. Gould SSN# (last 4 digits): 7777 Effective Date: 02/10/2015

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 Type: Checking Savings Other

Bank Name: US Bank Account # 135913230474

Routing # 541210032

I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.

Initial: T.G. Date: 02/10/2015

SECTION 4 PAYROLL DEBIT CARD (GLOBAL CASII CARD)

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.

Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)

First Name: _____ MI: _____ Last Name: _____ Date of Birth: _____

Street Address (no box not acceptable): _____ Social Security #: _____

City: _____ State: _____ Zip: _____ Cell Phone (mobile): _____

GET TEXT ALERTS, when your paycheck is deposited on your card!

All we need to know your cell phone service provider and mobile number above!
 Yes, sign me up, for text alerts
 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 # 073972181
 Payroll Debit Card Account # _____

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: _____

this information will only be used to send your paystubs electronically

Employee's Signature: _____ Date: 02/10/2015

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STATEMENT OF CONFIDENTIALITY

This agreement made this 10 day of February, 2015, between
Employer Solutions Staffing Group LLC, hereinafter referred to as "employer",
and ~~Thomas G. Gault~~ 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

Thomas G. Gault

Employer Solutions Staffing Group LLC, Representative

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

OMB No. 1545-1500

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

Your name: Thomas G. Gould
Social security number: 472-74-7777
Street address where you live: 200 Spruce Dr
City or town, state, and ZIP code: Apple Valley, MN, 55124
County: Dakota
Telephone number: 952-432-7890
If you are under age 40, enter your date of birth (month, day, year): N/A

1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

2 Check here if any of the following statements apply to you.
I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
I am at least age 18 but not age 40 or older and I am a member of a family that:
a Received SNAP benefits (food stamps) for the past 6 months, or
b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
During the past year, I was convicted of a felony or released from prison for a felony.
I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

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

6 Check here if you are a member of a family that:
Received TANF payments for at least the past 18 months, or
Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

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

Thomas G. Gould

Date

02/10/2015

Cat. No. 22851L

Form 8850 (Rev. 1-2012)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Form A (rev. 08/12)

TAX CREDIT QUESTIONNAIRE



EMPLOYER SECTION:

ESG FEIN#:	ESG Client Name & State:	
Hiring Manager:	Position:	Starting Wage: \$

EMPLOYEE SECTION:

Employee Name: <u>Thomas G. Gould</u>	Street Address: <u>200 Spruce Dr.</u>	City/State: <u>Apple Valley, Mn.</u>	Zip: <u>55124</u>
SS#: <u>472-74-7777</u>	Date of Birth: <u>05/24/1961</u>	Age: <u>53</u>	Have you worked for this company before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			If yes, location: <u>N/A</u>

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

	Yes	No
1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997? (If yes, please provide information below.) Name of the person receiving benefits: _____ Relationship to you: _____ City: _____ County: _____ State: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months? (If yes, please provide information below.) Name of the person receiving benefits: _____ Relationship to you: _____ City: _____ County: _____ State: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months? Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits. <i>*If you checked yes please provide a copy of your SSI documentation.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have you received any type of vocational rehabilitation services within the past two years? If yes, please indicate which type of agency you worked with and provide their location information below: <input type="checkbox"/> Vocational Rehabilitation Agency <input type="checkbox"/> Dept. of Veterans Affairs <input type="checkbox"/> Employment Network (Ticket to Work Program) Name of Agency: _____ Phone #: _____ City: _____ County: _____ State: _____ <i>*If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are you a Veteran of the U.S. Military? <i>*If yes, please provide a copy of your DD-214 and letter of separation.</i> (If yes, please provide information below. If no, please continue to question #6.) Dates of Service - From: ____/____/____ To: ____/____/____ Branch of Service: _____ Are you entitled to or are you receiving compensation for a service-connected disability? Have you been unemployed at any time during the last 12 months? If yes, dates of unemployment - From: <u>01/09/2015</u> To: <u>02/10/2015</u> Did you receive unemployment compensation at any point during your unemployment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months? Conviction Date: ____/____/____ Release Date: ____/____/____ Was this a <input type="checkbox"/> Federal or <input type="checkbox"/> State conviction? If State - County: _____ State: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional Tax Credits

IEC (Native American): Are you or your spouse a member of a Native American Tribe? <i>*If you checked yes please provide a copy of your CDIB card.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CA Residents: <input type="checkbox"/> Are you the child of foster parents? <input type="checkbox"/> Do you receive CalWorks? <input type="checkbox"/> Workforce Investment Act? <input type="checkbox"/> Are you a migrant or seasonal farm worker? <input type="checkbox"/> Have you ever been convicted of a misdemeanor?		
SC Residents: <input type="checkbox"/> Do you receive Family Independence Benefits?		

PLEASE READ, SIGN, AND DATE:

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

New Employee Signature: Thomas G. GouldDate: 02/10/2015

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.

Signed: Thomas G. Gould

Printed Name: Thomas G. Gould

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Importante/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 policy 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): Thomas G. Gould

Signature/Firma: *Thomas G. Gould*

DISCLOSURE AND CONSENT CONCERNING CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

This form, which you should read carefully, has been provided to you because CMG may request Consumer Reports and/or Investigative Consumer Reports from a consumer reporting agency. The Company will use any such report(s) solely for employment-related purposes. Consumer Reports and Investigative Consumer Reports will be obtained from CSS Test, Inc. ("CSS Test") located at 400 Laurel Oak Road, Suite 102, Voorhees NJ, 08043. They can be contacted at 856-627-5600. Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws, I hereby authorize and permit CSS Test, Inc. to obtain a consumer report and/or an Investigative consumer report which may include the following: Reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: credit reports, social security number, criminal records checks, public court records checks, including civil, driving records, educational records, verification of employment positions held, workers compensation records, personal and professional references, licensing, certification, etc. The information contained in these reports may be obtained by CSS Test from private or public record sources including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

Additional State Law Notices: If you live or are applying for a job in California, Maine, New York or Washington, please note:

California residents, under section 1786.22 of the California Civil Code, you may view the file maintained on you by CSS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at CSS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

Maine: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

New York: You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

Washington State: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

CONSENT

I have carefully read and understand this Disclosure and Consent form and, by my signature below, consent to the release of consumer and/or investigative consumer reports, as defined above, to the Company in conjunction with my application for employment, if any, and all information contained in my job application or otherwise disclosed to the Company by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Company. I understand that if the Company hires me, it may request a consumer report and/or an investigative consumer report about me, as defined above, for employment-related purposes during the course of my employment. I understand that my consent will apply throughout my employment, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time. This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

Applicant Last Name Gould First Thomas Middle Gerald
 Social Security # 472-74-777 Date of Birth (for ID purposes only) 05/24/1961
 Drivers License Number and State of Issue 5819194907618
 Present Address 200 Spruce Dr
 City/State/Zip Apple Valley, Mn, 55124
 Applicant Signature Thomas Gould Date 02/10/05
 CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS ONLY: I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report on me that is requested.

CSS Inc.

400 Laurel Oak Road, Suite 102, Voorhees, NJ 08043 Tel: 1-856-627-5600 Fax: 1-856-627-5699

ENROLLMENT FORM

ESC NAV*SAD P2M v15.0

VS-I-ND 219301-EMP OFFICE USE ONLY LOCATION Refire Date

REQUIRED EMPLOYEE INFORMATION

(Must Be Filled Out)

Social Security Number _____
 Date of Birth _____ Sex M F

Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Home Phone _____

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. _____

REQUIRED DEPENDENT INFORMATION

Name _____
 Social Security Number _____
 Date of Birth _____ Sex M F
 Relationship: Spouse Child Domestic Partner

Name _____
 Social Security Number _____
 Date of Birth _____ Sex M F
 Relationship: Spouse Child Domestic Partner

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write
 NAME OF BENEFICIARY _____
 In your beneficiary information.

RELATIONSHIP

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 declaration of coverage. Signature *[Signature]* Date *02/10/2015*

OPTION 1

FIXED INDEMNITY PLAN Weekly Rates

You MUST enroll in the Indemnity Medical Insurance Plan before adding any additional Indemnity benefits, except Dental. Your coverage level for the Term Life will be identical to your medical plan selection.

FIXED INDEMNITY MEDICAL

\$20.91 Employee Only
 \$42.44 Employee + 1
 \$56.67 Employee + Family
 NO to all Indemnity benefits.

This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

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.

OPTION 2

MEC WELLNESS/PREVENTIVE PLAN Monthly Rates

\$58.87 Employee Only
 \$87.73 Employee + 1
 \$186.99 Employee + Family
 NO to MEC Wellness/Preventive Plan