





Leveraging Resources in a Changing Market

7301 Ohms Lane Suite 405

Edina, MN 55439

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www.esgstaffingsolutions.com

New Hire Application

Personal Data - PLEASE PRINT LEGIBLY IN INK

Last Name Wallin First Name Seth Middle Initial R
 Street Address 402 33rd Ave. N Apt. #3 Apt/Ste _____
 City/State/zip St. Cloud MN 56303
 Phone Number (320) 405-7132 Email Address sethwallin1992@gmail.com
 Staffing Agency/Recruitment Partner Jennifer Missett

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

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

Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

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

Name (Print or type) Seth Wallin
 Applicant's Signature Seth Wallin
 Date 2-26-15

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

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

Form W-4 (2014)

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 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent, you cannot claim exemption from withholding if your income exceeds \$1,000 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 \$1,000/0.00.

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 married or divorced status, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim a lower (or zero) allowance. For regular wages, withholding must be based on allowances converted to 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.

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/w-4.

Nonresident alien. If you are a nonresident alien, see Notice 1382, 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 2014. See Pub. 505, especially if your earnings exceed \$130,000 (single) or \$180,000 (married).

When all allowances are claimed on the Form W-4 (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).

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.

Nonresident alien. If you are a nonresident alien, see Notice 1382, 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 2014. 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/w-4.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent.

B Enter "1" if:

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

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.)

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).

F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

G Child Tax Credit (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details.

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.)

I If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.

J If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child.

K Add lines A through J and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)

L 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.

M 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.

N If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

O For accuracy, complete all worksheets that apply.

P If 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.

Q 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.

R Your first name and middle initial

S Last name

T Your social security number

U Home address (number and street or rural route)

V City or town, state, and ZIP code

W 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.

X 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.

Y Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

Z Additional amount, if any, you want withheld from each paycheck

AA Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and

AB This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

AC If you meet both conditions, write "Exempt" here.

AD 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.

AE Employee's signature

AF Employer's name and address (Employer: Complete lines B and D only if sending to the IRS.)

AG Employer identification number (EIN)

AH Date

AI Office code (optional)

AJ Form W-4 (2014)

AK OMB No. 1545-0074

AL 2014

AM Department of the Treasury Internal Revenue Service

AN Form W-4

AO Employee's Withholding Allowance Certificate

AP OMB No. 1545-0074

AQ 2014

AR Department of the Treasury Internal Revenue Service

AS Form W-4

AT Employee's Withholding Allowance Certificate

AU OMB No. 1545-0074

AV 2014

AW Department of the Treasury Internal Revenue Service

AX Form W-4

AY Employee's Withholding Allowance Certificate

AZ OMB No. 1545-0074

BA 2014

BB Department of the Treasury Internal Revenue Service

BC Form W-4

BD Employee's Withholding Allowance Certificate

BE OMB No. 1545-0074

BF 2014

BG Department of the Treasury Internal Revenue Service

BH Form W-4

BI Employee's Withholding Allowance Certificate

BJ OMB No. 1545-0074

BK 2014

BL Department of the Treasury Internal Revenue Service

BM Form W-4

BN Employee's Withholding Allowance Certificate

BO OMB No. 1545-0074

BP 2014

BQ Department of the Treasury Internal Revenue Service

BR Form W-4

BS Employee's Withholding Allowance Certificate

BT OMB No. 1545-0074

BU 2014

BV Department of the Treasury Internal Revenue Service

BW Form W-4

BX Employee's Withholding Allowance Certificate

BY OMB No. 1545-0074

BZ 2014

CA Department of the Treasury Internal Revenue Service

CB Form W-4

CC Employee's Withholding Allowance Certificate

CD OMB No. 1545-0074

CE 2014

CF Department of the Treasury Internal Revenue Service

CG Form W-4

CH Employee's Withholding Allowance Certificate

CI OMB No. 1545-0074

CJ 2014

CK Department of the Treasury Internal Revenue Service

CL Form W-4

CM Employee's Withholding Allowance Certificate

CN OMB No. 1545-0074

CO 2014

CP Department of the Treasury Internal Revenue Service

CQ Form W-4

CR Employee's Withholding Allowance Certificate

CS OMB No. 1545-0074

CT 2014

CU Department of the Treasury Internal Revenue Service

CV Form W-4

CW Employee's Withholding Allowance Certificate

CX OMB No. 1545-0074

CY 2014

CZ Department of the Treasury Internal Revenue Service

CA Form W-4

CB Employee's Withholding Allowance Certificate

CC OMB No. 1545-0074

CD 2014

CE Department of the Treasury Internal Revenue Service

CF Form W-4

CG Employee's Withholding Allowance Certificate

CH OMB No. 1545-0074

CI 2014

CJ Department of the Treasury Internal Revenue Service

CK Form W-4

CL Employee's Withholding Allowance Certificate

CM OMB No. 1545-0074

CN 2014

CO Department of the Treasury Internal Revenue Service

CP Form W-4

CQ Employee's Withholding Allowance Certificate

CR OMB No. 1545-0074

CS 2014

CT Department of the Treasury Internal Revenue Service

CU Form W-4

CV Employee's Withholding Allowance Certificate

CW OMB No. 1545-0074

CX 2014

CY Department of the Treasury Internal Revenue Service

CZ Form W-4

CA Employee's Withholding Allowance Certificate

CB OMB No. 1545-0074

CC 2014

CD Department of the Treasury Internal Revenue Service

CE Form W-4

CF Employee's Withholding Allowance Certificate

CG OMB No. 1545-0074

CH 2014

CI Department of the Treasury Internal Revenue Service

CJ Form W-4

CK Employee's Withholding Allowance Certificate

CL OMB No. 1545-0074

CM 2014

CN Department of the Treasury Internal Revenue Service

CO Form W-4

CP Employee's Withholding Allowance Certificate

CQ OMB No. 1545-0074

CR 2014

CS Department of the Treasury Internal Revenue Service

CT Form W-4

CU Employee's Withholding Allowance Certificate

CV OMB No. 1545-0074

CW 2014

CX Department of the Treasury Internal Revenue Service

CY Form W-4

CZ Employee's Withholding Allowance Certificate

CA OMB No. 1545-0074

CB 2014

CC Department of the Treasury Internal Revenue Service

CD Form W-4

CE Employee's Withholding Allowance Certificate

CF OMB No. 1545-0074

CG 2014

CH Department of the Treasury Internal Revenue Service

CI Form W-4

CJ Employee's Withholding Allowance Certificate



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) WALLEN		First Name (Given Name) SETH		Middle Initial R	Other Names Used (if any)	
Address (Street Number and Name) 402 3310 Ave. N Apt #3		Apt. Number 3		City or Town St. Cloud	State MN	Zip Code 56203
Date of Birth (mm/dd/yyyy) 1/11/1992		U.S. Social Security Number [4][7][4][8][5]-7310		Email Address sethwallen1992@gmail.com		Telephone Number (320)405-7132

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. (See instructions)

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: <i>Seth Wallen</i>	Date (mm/dd/yyyy): 2-26-15
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

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

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 obtained with regard to applicants for employment 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.orange-treescreening.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.orange-treescreening.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: SethWallin1992@gmail.com)

BACKGROUND INFORMATION

Signature: Seth Wallin Date: 0-26-15

Last Name: Wallin First: Seth Middle: R

Other Names/Aliases: _____

Social Security #: 174-25-7310

Date of Birth (mm/dd/yyyy): 01/11/1992

State of Driver's License: MN

Driver's License #: _____

Present Address: 402 33rd Ave. W Apt #3 Telephone # (Primary): (320) 905-7132

City/State/Zip: St. Cloud MN, 56303

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

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: Seth Wallin SSN# (last 4 digits): 7310 Effective Date: 2/26/15

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

Update Bank Account
 Bank Name: _____
 Routing#: _____
 Account#: _____
 Account Type: Checking Savings Other _____
 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 _____ Date _____

SECTION 4 - PAYROLL DEBIT CARD (FORMAL CASH CARD):

- 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.

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: Seth ML: R. Last Name: Wallin
 Street Address (do not abbreviate): 402 33rd Ave. N. Apt #3
 City: St. Cloud State: MN Zip: 56303
 Social Security#: 474-25-7310 Cell Phone (mobile): (326) 405-7133 My mobile service provider is: T-Mobile

RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Account #: 073972181
 Payroll Debit Card Account #: _____

GET TEXT ALERTS, when your paycheck is deposited on your card!
 Yes, sign me up, for text alerts
 No, I do not want to sign up for text alerts

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 and 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: seth.wallin@essg.com @ Gmail.com

Employee's Signature: Seth Wallin Date: 2/26/15

