



7301 Chms Lane / Suite 405
 Edina, MN 55439
 T: 952.835.1288 / F: 952.835.4881

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Mancure First Name DAVE Middle Initial _____
 Street Address 5965 Hudson Circle
 City/State/Zip Stansbury Park UT 84074
 Home Phone 307-622-2322 Cell / Message Phone 307-622-2322
 Company/Employer _____

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the USA.
 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) DAVE Mancure Applicant's Signature [Signature] Date 2-19-15

A copy or facsimile will be considered the same as an original signature.

For ESSG Office Use Only				
DOH _____	NHW _____	I-9 _____	8850 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	5 Day Letter (if applicable) _____	ESC Application _____

UT
USA

Utah DRIVER LICENSE



164815793 141122014
MONCUR BRO
DAVID GLEN
DOB: 08/27/1976
CLASS: D
SEX: M
HT: 5'07"
WT: 130
EYES: BRO
HAIR: BRO

POST OFFICE BOX 6027
STANBURY PARK, UT 84074
RECEIVED 08/27/2019

45. Sec M

Form W-4 (2015)

The exceptions do not apply to supplemental wages greater than \$1,000.00.

Non-wage income. If you have a bona fide second or subsequent spouse, such as a former or alternate spouse, you must indicate the spouse's name on this form. See the instructions for Part III.

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of federal income tax from your pay. Complete this form for each job and when your personal or financial situation changes. **Exemption from withholding.** If you are exempt, you do not have to complete this form. To qualify, your exemption for 2015 must begin on February 10, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Basic Instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. This worksheet determines how much federal income tax withholding allowance is based on your marital status, dependent care credit, adjustments to income, or two sources/multiple jobs situations. Complete all allowances from apply. However, if you are exempt from withholding, you do not have to complete this form. 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 child or dependent relative who is under age 18. See Pub. 501, Exemptions, Standard Deductions, and Filing Information, for information.

Two sources or multiple jobs. If you have a total number of allowances you are entitled to claim on all jobs, you should claim only one form when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the other. See Pub. 505 for details. **Nonresident alien.** If you are a nonresident alien, you should complete this form. Instructions for Nonresident Aliens. **Check your withholding.** After you file Form W-4, check your withholding. You may want to have your withholding corrected if you are overwithholding or underwithholding. See Pub. 505, especially if your earnings exceed \$150,000 (\$75,000 for married couples filing jointly). **Future developments.** Information about any future changes to this form will be posted in the instructions.

Personal Allowances Worksheet (Keep for your records.)

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

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 (for the total of both) are \$1,500 or less. **B** 1

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** 1

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. **D** 2

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

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

G Child Tax Credit (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details.
 • 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 or more eligible children. **G** 4

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** 7

I For accuracy, complete all worksheets 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 amount of your total jobs exceeds \$50,000 (\$50,000 if married), see the Two-Earnings/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.

Form W-4 Employee's Withholding Allowance Certificate

OMB No. 1545-0047
2015

1 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.

2 Your social security number **516-23-3085**

3 Single Married, but withheld at higher single rate.
 Note: If married but being supported or spouse is a dependent, check the "Single" box.

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.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) **5**

6 Additional amount, if any, you want withheld from each paycheck. **6** \$ **20.00**

7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. **7**

- 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 believe, it is true, correct, and complete.

Employee's signature **Matthew** **Date** **9-19-2015**

8 Employer's name and address (Employer-completed lines 8 and 10 only if sending to the IRS.) **9** Direct cash payment **10** Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. **11** **12** **13** **14** **15** **16** **17** **18** **19** **20** **21** **22** **23** **24** **25** **26** **27** **28** **29** **30** **31** **32** **33** **34** **35** **36** **37** **38** **39** **40** **41** **42** **43** **44** **45** **46** **47** **48** **49** **50** **51** **52** **53** **54** **55** **56** **57** **58** **59** **60** **61** **62** **63** **64** **65** **66** **67** **68** **69** **70** **71** **72** **73** **74** **75** **76** **77** **78** **79** **80** **81** **82** **83** **84** **85** **86** **87** **88** **89** **90** **91** **92** **93** **94** **95** **96** **97** **98** **99** **00**

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

Employer Name: TRAVIS WOODRUFF FEIN: _____

Hire Location: _____

Employee Name: DAVE MANNING

Social Security Number: 518-23-3025 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: *D Manning* Today's Date: 8-17-15

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: _____

Ministry and military dependents - take with 90 days after discharge or to maintain of orders.

CLASS OF ALL VEHICLES NOT INCLUDING A CR.

CLASSIFICATION B - CORRECTIVE LENSES

U3 C05000
employed
dependent
Valid until 30 days
after discharge



investigate and resolve the incident. CMG recognizes the serious nature of harassment and therefore will endeavor to protect the employee who may have been subjected to harassment, any witnesses and the party against whom allegations have been filed to every possible extent.

Harassment is unlawful and has a negative impact on employees. Violation of the Anti-harassment Policy will not be tolerated by CMG and may result in discipline up to and including termination. Offensive acts or conduct have no legitimate business purpose; accordingly, any employee, regardless of his/her position within CMG, who it is determined has engaged in such conduct will be made to bear the full responsibility for such unlawful conduct.

With respect to sexual harassment, the following is prohibited:

1. Unwelcome sexual advances, request for sexual favors, and all other verbal or physical conduct of a sexual or otherwise offensive nature, especially where:
 - Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
 - Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
 - Such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment.
2. Offensive comments, jokes, innuendoes and other sexually-oriented statements.

If Harassment Occurs:

1. When possible, confront the harasser and tell him/her to stop. Sometimes a simple confrontation will end the situation.
2. If confrontation is unsuccessful, immediately contact your CMG supervisor to report the harassment.
3. An investigation will be conducted and appropriate action taken, including disciplinary measures. We will investigate, in confidence, all reported incidents of harassment and retaliation.

Employee Signature:



Date: 9-19-2015

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

Employer Name: TRAVIS WOODCOCK FEIN: _____

Hire Location: _____

Employee Name: DAVE MANNING

Social Security Number: 518-23-2085 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: [Signature] Today's Date: 2-19-15

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: _____

EMPLOYEE INFORMATION **ENROLLMENT FORM - PLAN 2** USE BLACK OR BLUE INK ONLY ESC/UNAV/SAD/P. 4130

(Must Be Filled Out)

Social Security Number 518-23-2085
Date of Birth 06/27/276 Sex M F
Name DAVE MORROW
Street Address 5965 HUDSON CIRCLE
City Stansbury Park State UT zip 84074
Home Phone 301-682-2323

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 _____

BENEFIT SELECTION **Weekly Rates**

- MEDICAL**
- \$20.91 Employee Only
 - \$42.44 Employee + One
 - \$56.67 Employee + Family
 - NO to MEDICAL, TERM LIFE, and STD benefits.
- DENTAL**
- \$ 5.99 Employee Only
 - \$11.98 Employee + One
 - \$19.77 Employee + Family
 - NO



REQUIRED DEPENDENT INFORMATION

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.

Name Misty Morrow
Social Security Number 522-83-9066
Date of Birth 11111978 Sex M F
Relationship: Spouse Child Domestic Partner

Name Kamryn Morrow
Social Security Number 646-70-6864
Date of Birth 04242002 Sex M F
Relationship: Spouse Child Domestic Partner

BENEFICIARY INFORMATION

For Term Life, Accidental Death & Dismemberment, please write in your beneficiary information.

NAME OF BENEFICIARY Misty Morrow
RELATIONSHIP Spouse

Accidental Death & Dismemberment is part of the Term Life Benefit.

SHORT-TERM DISABILITY

- YES \$4.20 Employee Only
- NO



TERM LIFE

- YES \$0.60 Employee Only
- YES \$0.90 Employee + One
- NO \$1.80 Employee + Family



I have read the benefit packet and understand its limitations. I understand that marking my benefit selection is a declaration of coverage.

Signature D. Morrow Date 8/19/2015

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

Background Investigation Information Release Form

Please read this form carefully and be aware that by allowing Employer Solutions Staffing Group LLC to investigate your background with state and federal agencies, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal and driving record background check and review.

I understand that a successful criminal and driving record background investigation is a condition of my employment by Employer Solutions Staffing Group LLC to work at facilities of:

and, further, that Employer Solutions Staffing Group may, at its discretion, conduct periodic criminal and driving record background investigations on me during the course of my employment with Employer Solutions Staffing Group.

I agree to waive and relinquish all claims I may have against Employer Solutions Staffing Group LLC and its officers, agents, servants, and employees as a result of my participation in any criminal and driving record background investigation.

I do hereby fully release and discharge Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims from damages that I may have or that may accrue to me on account of the results of any aspect of any criminal and driving record background investigation.

I further agree to indemnify and hold harmless and defend Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims resulting from damages sustained by me or arising out of, connected with, or in any way associated with, any of the activities of any criminal and driving record background investigation and review.

I have read and fully understand this Waiver and Release of All Claims.

STB-23 3085
Social Security Number: MOORE State: VT
Last Name: DAVE Driver's License No.:
Maiden and/or Other Last Names Used: _____ First Name: _____
Current Address: 5965 HOOSON CIR City and County: Stansbury Park State and Zip Code: VT 84024
Date of Birth: 6-27-1976 Circle One: Male / Female
Signature: [Signature] Date: 2-17-2015



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)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) 5965 Hudson Circle						
City or Town STANBURY PARK		State VT	Zip Code R4474	Country		
Date of Birth (mm/dd/yyyy) 06/27/1976	U.S. Social Security Number 518 423 3085	E-mail Address davenorcu1@gmail.com		Telephone Number (307) 622-2323		

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:

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: *D. M. Moore*

Date (mm/dd/yyyy) 02/19/2013

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

STOP Employer Completes Next Page **STOP**



Employer Solutions Staffing Group Direct Deposit Authorization

If you are applying for direct deposit, please make sure that you are mark whether the account is a savings or checking. Failure to provide this information can result in the deposit being delayed for several days. Please also note that it is possible for your direct deposit to be delayed a day or two the first week that your direct deposit is processed. Every bank is different and, although this doesn't happen frequently, it does happen. If you cannot wait a day or two past pay day for your deposit, then we suggest staying with a paper paycheck. The time that the money goes into your account on pay day varies by bank. Please allow until at least 10 am on your payday for the deposit to show.

Please print

Check one of the following	Effective Date
<input type="checkbox"/> Start	<input type="checkbox"/> As Soon As Possible
<input type="checkbox"/> Stop	<input type="checkbox"/> Future Paydate
<input type="checkbox"/> Change	_____ / _____ / _____

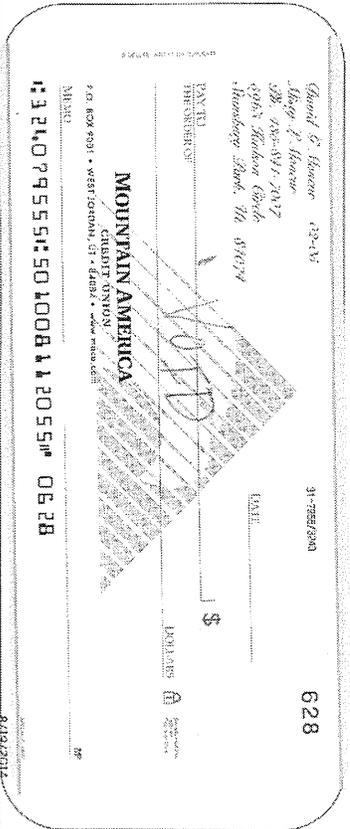
Social Security Number
518.23.3085

Name (Last, First, Middle Initial) Monroe Dave G	Street 5965 HUDSON Circle	City Stansbury Park	State MT	Zip 81074
Date (MM/DD/YYYY) 8-19-15	Employer Signature D Monroe	Define Proxy Number 507-622-2323		

SUBMISSION OF THIS FORM MEANS YOUR ENTIRE PAYROLL CHECK WILL GO TO THIS FINANCIAL INSTITUTION
 Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)
 Mountain America Credit Union

Type of Account: Checking Savings Money Market Checking Money Market Investment Requires Submission of ACH form from your broker

I authorize Employer Solutions Staffing Group to direct deposit funds to my account in the financial institution listed above. I understand that funds not authorized are deposited in my account. I understand that the authorization may be rejected or discontinued by Employer Solutions Staffing Group at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to Employer Solutions Staffing Group for distribution. This will delay payment of funds to you.





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 procesado, 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 politica, por favor contacte a su representante de CMG o la oficina corporat 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 politica descrita.

Signature/Firma: *J. Mena*

Date/Fecha: *2-19-2015*

February 2015

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

Your name Dave Moore Social security number 518-23-3085

Street address where you live 5965 Hudson Cir

City or town, state, and ZIP code Stowburg Pa PA 21074

County Todd Telephone number 301622-2323

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 18 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 State benefits (food stamps) for at least 3 of the past 6 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 40 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 longer 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
• Suspended 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 penalty of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and I do not have any knowledge that is correct, and complete.

Job applicant's signature D Moore Date 8/11/09

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

Name: *Misty Monroe*

Address: *5965 Hudson Circle*

Home Phone: *435-841-7004*

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

1. Name: *Misty Monroe*
Phone (work): *435-841-7004*
Phone (home): *435-841-7004*
2. Name: *Tom Palmer*
Phone (work): *435-830-0264*
Phone (home):

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

STATE OF IDAHO
 DEPARTMENT OF HEALTH AND WELFARE
 BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
 CERTIFICATE OF VITAL RECORD

STATE OF IDAHO
 DEPARTMENT OF HEALTH AND WELFARE
 BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
 CERTIFICATE OF LIVE BIRTH

Date Filed: JULY 19, 1976

State File No.: 111 1976-07209

CHILD	
FIRST NAME DAVID	MIDDLE NAME GLEN
LAST NAME MONCUR	SUFFIX
DATE OF BIRTH JUNE 27, 1976	CITY, TOWN, OR LOCATION OF BIRTH BURLEY
	COUNTY OF BIRTH CASSIA
CERTIFIER WALTER R. PETERSEN, M.D.	
MOTHER	
FIRST NAME LORETTA	MIDDLE NAME KATHLEEN
M Maiden LAST NAME HARRIS	SUFFIX
AGE 25	BIRTHPLACE IDAHO
FATHER	
FIRST NAME ROBERT	MIDDLE NAME HERALD
LAST NAME MONCUR	SUFFIX
AGE 30	BIRTHPLACE IDAHO

This is a true and correct reproduction of the document originally prepared and filed on the public IDAHO BOARD OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: AUGUST 22, 2014

Think copy not valid unless prepared on approved form on the public IDAHO BOARD OF VITAL RECORDS AND HEALTH STATISTICS.

James B. Galt
 JAMES B. GALT, OTTIE
 STENOGRAPHER



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

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

Name: NAE WERNER
Address: 5905 HUSSON CIR
City: SHARONVILLE State: OH Zip: 44134 Social Security #: 518-23-3285
Date of Birth: 07/19/76 Age: 33

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: 7/20/15 To: Present
Did you receive unemployment compensation at any point during your unemployment? Yes No
If yes, dates received compensation: From: _____ To: _____

8. Have you been convicted of a felony or released from prison in the last 12 months? Yes No
Date of Conviction: _____ Date of Release: _____
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: _____ 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? \$ 23,000

I hereby authorize any agency, organization, or individual 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 NAE WERNER DATE 8-19-15

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

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 02/20/2015
Page: 1 of 1

Case Verification Number: 2015051102722VB

Case Information:**Employee Information:**

Last Name:	Moncur	First Name:	Dave
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 3085	Date of Birth:	06/27/1976
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:	U.S. birth certificate (original or certified copy)
Document Name:	Driver's license	Document State:	Utah
Driver's License or ID Card Number:		Document Expiration Date:	06/27/2019
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	02/20/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	EPOR4912	Submitted On:	02/20/2015

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: