

Employer Solutions Staffing Group LLC

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

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Richard First Name Scott Middle Initial E
Street Address 4501 N. Meridian
City/State/Zip Apache Jct, AZ 85120
Home Phone 480-983-7427 Cell / Message Phone 480-349-7102
Company/Employer Colorado Lighting Services

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) Scott Richard Applicant's Signature [Signature] Date 6-9-14

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

For ESSG Office Use Only			
DOH	NHW	1-9	W4
Emergency Contact Info	Background Release Form	Background Results	5 Day Letter (if applicable)
			ESC Application

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

Name: Lani Anderson
Address: 4501 N. Meridia, Apache Jct., AZ
Home Phone: 480-903-7427 cell - 480-215-1951

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

1. Name: _____
Phone (work): _____
Phone (home): _____
2. Name: _____
Phone (work): _____
Phone (home): _____

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



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) <i>Riehm</i>		First Name (Given Name) <i>Scott</i>		Middle Initial <i>E</i>	Other Names Used (if any)	
Address (Street Number and Name) <i>4501 N. Meridian</i>			Apt. Number	City or Town <i>Apache Jct.</i>	State <i>AZ</i>	Zip Code <i>85720</i>
Date of Birth (mm/dd/yyyy) <i>7-9-57</i>	U.S. Social Security Number <i>478-78-3746</i>	E-mail Address		Telephone Number <i>480-983-7427</i>		

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

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: *[Signature]*

Date (mm/dd/yyyy): *6-9-14*

3-D Barcode
Do Not Write in This Space

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**

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

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

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: A2-DL		Document Title: SOCIAL SECURITY CARD
Issuing Authority:		Issuing Authority: STATE OF AZ 007		Issuing Authority: DEPT OF HEALTH
Document Number:		Document Number: D02533051		Document Number: 478-78-3946
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): 07/09/2018		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 6.9.14 (See instructions for exemptions.)

Signature of Employer or Authorized Representative 	Date (mm/dd/yyyy) <u>6.13.14</u>	Title of Employer or Authorized Representative <u>Acct Mgr</u>
Last Name (Family Name) <u>Kool</u>	First Name (Given Name) <u>Tina</u>	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name) City or Town		State
		Zip Code

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

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

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

Document Title:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

Department of Homeland Security
E-Verify

Report Prepared: 06/13/2014
Page: 1 of 1

Case Verification Number: 2014164151039DU

Case Information:

Employee Information:

Last Name: Riehm
Middle Initial:
Social Security Number: *** ** 3946
Citizenship Status: A citizen of the United States
Document Information:
List B Document: Driver's license or ID card issued by a U.S. state or outlying possession
Document Name: Driver's license
Driver's License or ID Card Number:
Alien Number:
First Name: Scott
Other Names Used:
Date of Birth: 07/09/1937
Email Address:
List C Document: Social Security Card
Document State: Arizona
Document Expiration Date: 07/09/2018
I-94 Number:

Additional Information:

Hire Date: 06/13/2014
Three-Day Rule Reason: CKR08357
Submitted By:
Employer Case ID:
Three-Day Rule - Other:
Submitted On: 06/13/2014

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:
Middle Initial:
Social Security Number:
Resubmitted By:
First Name:
Other Names Used:
Date of Birth:
Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:
Submitted By:
Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result:
Response Date:

Employee Referred to DHS:

Referred By:
Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

Closed By:

Closed On:

SENSITIVE BUT UNCLASSIFIED

ARIZONA
Arizona Driver License

Number: E92553961
Expires: 07/05/2016
Date of Birth: 07/05/1957
Issued: 07/05/2015

SCOTT GENE NIEM
400 W WILLOW RD
APACHE JUNCTION AZ 85720-0004

CLASS: OPERATOR
SEX: M
HT: 5-11
HAIR: BRN
EYES: BRN

Scott Gene Niem

SOCIAL SECURITY

478-70-3946

THIS NUMBER HAS BEEN ESTABLISHED FOR
SCOTT GENE NIEM

SIGNATURE

Form W-4 (2011)

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 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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

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

Head of household. Generally, you may 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. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

- A Enter "1" for yourself if no one else can claim you as a dependent **A**
- 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. **B**
- C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C**
- D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D**
- E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E**
- F Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) **F**
- G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children **G**
- H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ **H** 2
- For accuracy, {
 complete all **worksheets** that apply.
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate OMB No. 1545-0074 2011	
1 Type or print your first name and middle initial. <u>Scott E. Riehm</u>		2 Your social security number <u>478-78-3946</u>	
Home address (number and street or rural route) <u>4501 N. Meridian rd.</u>		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate.	
City or town, state, and ZIP code <u>Apache Jct., AZ 85120</u>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>0</u>	
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u>0</u>	
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ <u>7</u>			
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.			
Employee's signature (This form is not valid unless you sign it.) ▶ <u>Scott E. Riehm</u>		Date ▶ <u>6-9-14</u>	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)	

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

Name Scott Kicham
Address 4501 N. Meridian
City Apache Jct. State AZ Zip 85120 Social Security # 478-78-3946
Date of Birth 7-9-57 Age 56

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: 1975 To: 1978 Branch: Navy

7. Have you been unemployed at any time during the last 12 months? Yes No
If yes, dates of unemployment: From: May 22-2014 To: June 9-2014
Did you receive unemployment compensation at any point during your unemployment? Yes No
If yes, dates received compensation: From: To: Yes No

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: Yes No
Parole Officer's Name: Parole Officer's Phone #

9. Have you received rehabilitation services from a State approved or Department of Veterans Affairs approved Vocational rehabilitation agency? Yes No
Name of Agency Phone #
Address of Agency Counselor's Name

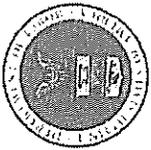
10. Have you attended High School, College or Technical School for more than an average of 10 hours per week at any time during the last 6 months? Yes No

11. Did you receive a high school diploma or GED? If yes, date received: 1975 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? \$ 20,000

I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative, or the Department of Labor.
NEW HIRE SIGNATURE DATE 6-9-14

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



YOUTH SELF-ATTESTATION FORM
Work Opportunity Tax Credit Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with Form ETA 9061 for each certification request filed.

New Hire Name: Scott Riehan
Social Security Number: 478-78-3946 Date of Birth: 7-9-14
Employer Name: Employer Solutions Staffing Group
Employer Federal ID (EIN) Number: _____

Please check all the statements that apply to you. Sign and date this form where indicated below.

- In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations.
- I do not have a High School Diploma or GED certificate.
- I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school. I also have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

New Hire's Signature: Scott Riehan Date 6-9-14

Privacy Act Notice:

The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form, including the Social Security Number, will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

Public Burden Statement:

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.

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

OMB No. 1545-1500

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.Your name Scott RichmanSocial security number ▶ 478-78-3946Street address where you live 4501 N. MeridianCity or town, state, and ZIP code Apache Jct, AZ 85120County Pinal Telephone number (480) 983-7427

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you are completing this form before August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 Check here if any of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but not age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, or
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 16 but not age 25 or older, and:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, and
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:
 - Discharged or released from active duty in the U.S. Armed Forces, or
 - Unemployed for a period or periods totaling at least 6 months.
- 5 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months, or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ Scott RichmanDate 6/9/14

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

Cat. No. 22851L

Form **8850** (Rev. 8-2009)

MEMO

TO: All Staff
FROM: Chris Frank
DATE: April 30, 2012
SUBJECT: Driving with cell phones

Beginning in January 2012, the Federal Motor Carrier Safety Administration issued a final rule that restricts the use of hand-held mobile telephones by interstate (cross state border) commercial motor vehicle drivers (CMV) and intrastate (within state border) CMV drivers transporting hazardous materials. Although these circumstances do not pertain to Colorado Lighting, we want to reiterate our policy on the use of cell phones during driving on company business.

Employees making/receiving a call while driving will do so only while using a hands free device, such as an earpiece. Initiating, answering, or terminating a call must be done by touching a single button while you the driver are in the seated driving position and properly restrained by a seat belt. If you are not able to use a speed dial, you must pull over to initiate the call.

Texting is not allowed at any time while operating a vehicle.

I acknowledge that I have received and read the above company policy regarding cell phone usage while driving. I have an acceptable device that allows me to use a cell phone in a hands free manner while I am driving.



Signature

6-9-14

Date

Scott Richman

Printed Name



New Hire Presentation

I, Scott Rehm, completed the New Hire Online Presentation. Upon signing this document I agree to adhere to all of the safety procedures and rules set before me in the presentation.

Employee Name: Scott Rehm
Date: 6-9-14
Signature: [Handwritten Signature]

PLEASE READ CAREFULLY
APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Employer Solutions Staffing Group LLC, (hereinafter called "the Company"),

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant  Date: 6-9-14



Addendum to Application

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4

DATE 6-9-14

Name

Last First Middle Maiden

Riehan Scott E

Social Security No. 478-78-3946

Telephone (484) 983-7427

If under 18, please list age _____

Referred by JEFF FLYA

Position applied for (1) Service Tech
and salary desired (2) \$20.00 HR
(Be specific)

Days/hours available to work

No Pref Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? 40-50 Can you work nights? YES

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL-OR PART-TIME

When available for work? 6-10-14

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No Yes If so, please explain _____

Do you anticipate any absences from work on a regular basis?
 No Yes If so, please explain _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Lincoln</u>	<u>Dos/Mokey, PA</u>	<u>12</u>	
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

DO YOU HAVE A DRIVER'S LICENSE? Yes ___ No

What is your means of transportation to work? car

Driver's license number A02588051 State of issue AZ

Operator ___ Commercial (CDL) Chauffeur ___

Expiration date 7-9-2018

Have you had any accidents during the past three years? ___ Yes No
if so, how many? ___

Have you had any moving violations during the past three years? ___ Yes No
if so, how many? ___

OFFICE USE ONLY

Typing ___ Yes ___ No Personal Computer ___ Yes ___ No 10-key ___ Yes ___ No

___ WPM ___ PC ___ Mac

Word Processing ___ Yes ___ No Other ___
___ WPM Skills ___

Please list two references other than relatives or previous employers.

Name <u>Ron Ritter</u>	Name <u>Jeff Flynn</u>
Position <u>mgr</u>	Position <u>Sales</u>
Company <u>Sylvania Lighting</u>	Company <u>Sylvania Lighting</u>
Address <u>Las Vegas</u>	Address <u>PHX.</u>
Telephone <u>(702) 289-5416</u>	Telephone () <u>799-3219</u>

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes ___ No
MILITARY

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ___ Yes No

Specialty Navy Date Entered 1975 Discharge Date 1978

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name <u>Scott Richman</u>	Supervisor name <u>Robert Jones</u>
Position <u>Service Tech</u>	Employment dates
Company <u>Sylvans Lighting</u>	From <u>1994</u>
Address	To <u>2014</u>
Telephone <u>(602) 269-0929</u>	Your last job title <u>Service Tech</u>

Reason for leaving (be specific) Company closed

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.
CDL Driver - run all Bucket Trucks - work on
any thing with a light in it, signs - Ales-Inside-outside.
Employee of the year 2001.

Name _____	Supervisor name _____
Position _____	Employment dates
Company _____	From _____
Address _____	To _____
Telephone () _____	Your last job title _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

Name _____	Supervisor name _____
Position _____	Employment dates
Company _____	From _____
Address _____	To _____
Telephone () _____	Your last job title _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Who were you referred by? _____

May we contact your present employer? Yes ___ No ___

Did you complete this application yourself Yes ___ No ___
 If not, who did? _____



NEW EMPLOYEE SAFETY ORIENTATION CHECKLIST

Instructions: Provide/Review contents with employee during orientation, sign and date.

<p>Health & Safety Program</p> <p><input type="checkbox"/> New Hire Presentation (PPT)</p> <p><input type="checkbox"/> Altec Non-Insulated Aerial Device Operator's Safety Video</p> <p><input type="checkbox"/> H&S Coordinator Introduction</p> <p><input type="checkbox"/> Ten Commandments of Safety</p> <p><input type="checkbox"/> Hard Hat Memo</p> <p><input type="checkbox"/> Material Safety Data Sheet Availability Explained</p> <p><input type="checkbox"/> Cell Phone Memo</p> <p><input type="checkbox"/> Use of vehicle inspection checklist</p>	<p>PPE Provided and Explained</p> <p><input type="checkbox"/> Fall Protection</p> <p><input type="checkbox"/> LOTO</p> <p><input type="checkbox"/> Gloves</p> <p><input type="checkbox"/> Hard Hat and Safety Glasses</p> <p><input type="checkbox"/> Minimum Tool List</p> <p><input type="checkbox"/> Tour of the facility</p>
<p>Procedural Documents/Demo</p> <p><input type="checkbox"/> Valero Safety Guidelines</p> <p><input type="checkbox"/> Lock-out / Tag-out Rules and Regulations</p> <p><input type="checkbox"/> Bucket Truck Procedures</p> <p><input type="checkbox"/> ESP-01 Hazard Class 1 and 2 Work - Electricians</p> <p><input type="checkbox"/> ESP-02 Hazard Class 0 Energized Work 50V-240V - Tech and Electricians</p>	<p>Reporting emergencies/incidents</p> <p><input type="checkbox"/> Non-life threatening injury/illness & Designated medical provider</p> <p><input type="checkbox"/> Serious or life-threatening injury/illness or Fire</p> <ul style="list-style-type: none"> • Dial 911 • Send someone to meet responders • Follow 911 instructions
<p>Medical providers</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Concentra North Denver www.concentra.com/ 420 East 58th Avenue #111 Denver, CO 80216 (303) 292-2273</p> </div> <div style="width: 45%;"> <p>OccMed Colorado www.occmedcolorado.com/ 550 E Thornton Pkwy # 110 Thornton, CO 80229 (720) 872-0399</p> </div> </div> <p style="text-align: center;">Emergencies: Saint Anthony North 2551 W. 84th Ave. Denver, CO 80030 303-426-2020</p>	
<p>Employee name (print): <i>Scott Richm</i></p>	<p>Date: <i>6-9-14</i></p>
<p><i>I have read and fully understand the information provided (as described above) regarding Colorado Lighting's and have taken part in a question and answer session where I was given the opportunity to clarify any and all points contained in this program.</i></p>	
<p>Employee signature: <i>Scott E. Richman</i></p>	<p>Date: <i>6-9-14</i></p>
<p>Trainer signature:</p>	<p>Date:</p>



POLICIES AND PROCEDURES

1. You must telephone us immediately if you are running late to your job assignment, or if you need time off from your job assignment for any reason.
2. You must turn in a time card that has been signed by our client/employer at the end of your work week or you will not be paid.
3. Our work week runs from Sunday through Saturday. You must turn in your time card for the previous week by Monday at 8:00 AM or you will not be paid until the following week. No paycheck will be released unless the **original white copy of your timecard which has been signed by the client** is received in our office.
4. You must inform us of any telephone changes and/or address changes.
5. It is your responsibility to inform us of any problems you may have on your job assignment. Remember that **EMPLOYER SOLUTIONS STAFFING GROUP IS YOUR EMPLOYER**, not the supervisor at your job site.

THE FOLLOWING WILL RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING IMMEDIATE TERMINATION:

6. If you are a "No Call/No Show" for your assignment, it is grounds for dismissal.
7. You must provide us with documentation/proof of absence for being absent, arriving later than your assigned work hours, or leaving earlier than your assigned hours at your job assignment.
8. Under no circumstances will you log onto the Internet at a client's site for any reason, unless you have the clients' express approval in writing.
9. You must always dress properly; you will be informed of what you need to wear. You must also report to work in clean clothes; it is required to bathe or shower and not be hygienically offensive.

all employees, including but not limited to, those who have a valid permit to carry a firearm.

Employees who are aware of violations or threats of violations of this policy are required. Violations of this policy will result in disciplinary action, up to and including discharge.



STATEMENT OF DRUG FREE WORK PLACE

It is the policy of this company to prohibit in the work place the unlawful possession, use, dispensation, distribution, or manufacture of controlled substances. Violation of this policy will result in disciplinary action up to, and including, termination of employment. Depending upon the circumstances, other action, including notification of appropriate law enforcement agencies, may be taken against any violator of this policy. In accordance with the Drug-Free Work-Place Act of 1989, as a condition of employment, staff members must comply with this policy and notify management within five (5) days of conviction for any criminal drug violation occurring in the work-place. Failure to do so will result in immediate termination of employment pending the outcome of any legal investigation and conviction. At the present time, we do not require mandatory drug testing of all staff members but do conduct random drug tests when the safety of staff members may be in question. Such tests may be deemed necessary based on observed inconsistent or erratic behavior that constitutes a health or safety hazard to other employees or the personal safety of the employee displaying the behavior. Since the Drug-Free Place Act requires that companies be able to document the notification and receipt of its policy by each staff member, we are asking that you sign the statement below for compliance in the notification process.

STATEMENT OF EMPLOYEE RESPONSIBILITY

I understand that my continued employment with the company is based largely upon my ability to work per diem assignments. It is my obligation to contact the company each and every Monday, Wednesday, and Friday to report my availability.

Unemployment benefits may be denied for failure to report back for reassignment and/or for failure to accept available work assignments. I understand that when I accept an assignment it is my duty to work that assignment from start to finish.

Leaving an assignment without notice or permission will be considered abandonment and may be cause for dismissal.

STATEMENT OF RESIGNATION

The company will accept the following conditions as an immediate resignation of an employee if the employee:

- Does not report for a scheduled shift
- Is involved in any unethical or illegal act while on assignment for the company
- Is tardy for assignments more than 3 times in a 60-day period
- Cancels a previously scheduled shift more than 3 times in a 60-day period

I have read and understand that any violation of the above policies will be sufficient reason for termination of my employment, and agree to its terms by my signature below:

Scott Richm
PRINT Your Name


Signature

6-9-14
Date

Acknowledgement of Receipt Antiharassment Policy

I certify that I have received a copy of Employer Solutions Staffing Group's Antiharassment Policy. I understand that it is my responsibility to read this policy and ask my supervisor, a member of management or to telephone Employer Solutions Group (ESSG) at 952.835.1288/1.866.496.7573 with any questions I may have about this policy. I agree to comply with ESSG's policy on Antiharassment and understand failure to comply is grounds for disciplinary action, up to and including termination.

I also agree that if at any time during my employment I am involved in any employment dispute or I am subjected to any type of discrimination, including discrimination because of race, sex, age, religion, color, national origin, disability, marital, sexual orientation or veteran status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact my supervisor, manager, director or ESSG's Human Resource Department at 1-952-835-1288 / 1-866-496-7573 in order to obtain assistance in the resolution of such matters.

Employee Name (Please Print)

Scott Richm

Employee's Social Security Number:

478-78-3946

Employee's Signature:

Scott Richm

Date:

6-9-14

RECEIPT OF EMPLOYEE HANDBOOK AND EMPLOYMENT-AT-WILL STATEMENT

This is to acknowledge that I have read and received a copy of the Employer Solutions Staffing Group LLC (ESSG) Assigned Employee Handbook and understand that it sets forth the terms and conditions of my employment as well as the duties, responsibilities and obligations of my employment with the company. I understand and agree that it is my responsibility to abide by the rules, policies and standards set forth in the Handbook.

I also acknowledge that my employment with ESSG is not for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by the company. I acknowledge that no oral or written statements or representations regarding my employment can alter the foregoing. I also acknowledge that no manager or employee has the authority to enter into an employment agreement, express or implied, providing for employment other than at-will.

I also acknowledge that, except for the policy of at-will employment, ESSG reserves the right to revise, delete and add to the provisions of this Employee Handbook. All such revisions, deletions or additions must be in writing and must be signed by the CEO of the company. No oral statements or representations can change the provisions of this Handbook. I also acknowledge that, except for the policy of at-will employment, terms and conditions of employment with the company may be modified at the sole discretion of the company, with or without cause or notice, at any time. No implied contract concerning any employment-related decision, term of employment or condition of employment can be established by any other statement, conduct, policy or practice.

I understand the foregoing agreement concerning my at-will employment status and the company's right to determine and modify the terms and conditions of employment is the sole and entire agreement between me and ESSG concerning the duration of my employment, the circumstances under which my employment may be terminated and the circumstances under which the terms and conditions of my employment may change. I further understand that this agreement supersedes all prior agreements, understandings and representations concerning my employment with the company.

If I have questions regarding the content or interpretation of this Handbook, I will bring them to the attention of ESSG or CMG.

DATE: 6-9-14

EMPLOYEE NAME: Scott Richm

EMPLOYEE SIGNATURE: [Signature]

ESSG REPRESENTATIVE: _____