

# employer solutions staffing group

7301 Ohms Lane Suite 405  
Edina, MN 55430

Tel 952.835.1288 • Fax 952.835.1255

www.esgstaffingsolutions.com

www.esgstaffingsolutions.com

## New Hire Application

### Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Chaney First Name Demetrius Middle Initial L  
 Street Address 312 Bartlett st Apt B Apt/Ste \_\_\_\_\_  
 City/State/Zip MUSCATINE IA 52761  
 Phone Number (563) 607-1705 Email Address DemetriusChaney@ymail.com  
 Staffing Agency/Recruitment Partner \_\_\_\_\_

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 re-hire.

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.

Demetrius Chaney Demetrius Chaney \_\_\_\_\_  
 Name (Print or type) Applicant's Signature Date

A copy of 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 _____	NRW _____	1-8 _____	8850 _____ W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Unemployment Letter (if applicable) _____ ESC Application _____
For ESSG Client Use			
DOH _____	ROP _____	Work Site Loc. _____	WC Code _____

# Form W-4 (2013)

**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 indicate your exemption for 2013 expires on January 17, 2014. See Pub 505, Tax Withholding and Estimated Tax.

**Note.** If you are exempt, you can still claim a refund on your tax return. You cannot claim a refund from withholding if your income exceeds \$1,000 and includes more than \$500 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on pages 11 and 12 adjust your withholding allowances based on various deductions, certain credits, adjustments to income, or job-sharing/multiple jobs situations.

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

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and live more than 50% of the year or less than a year for yourself and your dependents or other qualifying individuals. See Pub 501, Exemptions, Standard Deduction, and Filing Information, for more details.

**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 deducting 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 1041-ES. Estimated tax for dividends, otherwise, you may also elect one tax if you have a spouse or family.

income, see Pub 505 to find out if you should adjust your withholding on Form W-4 or W-4p.

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

**Nonresident alien.** If you are a nonresident alien see Notice 1397, Substantive Form W-4 instructions for Nonresident Alien, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, see Pub 505 to see how the amount you are having withheld compares to your projected total tax to pay. See Pub 505, attached to your earnings, exceed \$100,000 (single) or \$150,000 (married).

**Future developments.** Information about why future developments affecting Form W-4 (such as legislation enacted after the release of this document) are provided.

## Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" 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 for 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 or child or dependent care expenses for which you plan to claim a credit.	F
G	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (single) or \$100,000 (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. • If your total income will be between \$65,000 and \$94,000 (single) or \$119,000 (married), enter "1" for each eligible child.	G
H	Add lines A through G and enter total here. <b>Note.</b> This may be different from the number of exemptions you claim on your tax return. ▶ H	H

**For accuracy, complete all worksheets that apply.**  
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.  
• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$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.

<b>W-4</b> Form Department of the Treasury Social Security Administration		<b>Employee's Withholding Allowance Certificate</b> OMB No. 1545-0047 <b>2013</b>	
1 Your first name and middle initial Demetrios L Chaney		2 Your social security number 387-90-5810	
3 Home address (number and street or rural route) 312 Bartlett St Apt B City or town, state, and ZIP code Moscatoe IA 52761		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate Note: If married, an evenly separated, or spouse is a nonresident alien, check the "Spouse" box.	
5 Total number of allowances you are claiming from line H above or from the applicable worksheet on page 2 5		5 \$ 6 \$	
6 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability if you meet both conditions, write "Exempt" here. ▶ 7			

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature  
(This form is not valid unless you sign it.) ▶ Demetrios Chaney Date ▶ 6-27-14  
8 Employee's name and address (Employer: Complete lines 8 and 9 only if sending to the IRS.) 9 Certificate (optional) 10 Employer identification number (EIN)





# Employment Eligibility Verification

USCIS  
Form I-9

Department of Homeland Security  
U.S. Citizenship and Immigration Services

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) <b>CHANEY</b>		First Name (Given Name) <b>Demetrius</b>		Middle Initial (Other Names Used, if any) <b>L</b>	
Address (Street Number and Name) <b>312 Bartlett St Apt B</b>			City or Town <b>MUSCATINE</b>	State <b>IA</b>	Zip Code <b>52761</b>
Date of Birth (mm/dd/yyyy) <b>8-15-1977</b>		U.S. Social Security Number <b>3871905810</b>		Telephone Number <b>(563) 607-1705</b>	

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 non-citizen 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: **Demetrius Chaney** Date (mm/dd/yyyy): **6/26/14**

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)
First Name (Given Name)		
Last Name (Family Name)		Zip Code
Address (Street Number and Name)		State
City or Town		Zip Code



Employer Completes Next Page

**Employer Completes This Page**

**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 Identify and Employment Authorization	OR	List B Identity	AND
Document Title	Document Title	Document Title	Employment Authorization
Issuing Authority	Issuing Authority	Issuing Authority	Document Title
Document Number	Document Number	Document Number	Document Number
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)
Document Title			
Issuing Authority			
Document Number			
Expiration Date (if any)(mm/dd/yyyy)			
Document Title			
Issuing Authority			
Document Number			
Expiration Date (if any)(mm/dd/yyyy)			

3-D Barcode  
Do Not Write in This Space

**Certification**

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

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

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

**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 (if applicable) (mm/dd/yyyy)

C. If employer'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)
Document Number	Expiration Date (if any)(mm/dd/yyyy)

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

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Print Name of Employer or Authorized Representative
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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. This you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel: 800-886-4777 or 952-941-9040 Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING's website is at [www.orangetreecr.com](http://www.orangetreecr.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.

Table with 4 columns: New York and Maine applicants or employees only, New York applicants or employees only, Oregon applicants or employees only, Washington state applicants or employees only.

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.orangetreecr.com](http://www.orangetreecr.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.

This includes email address.

Signature: Daneta Chawey Date: 6/26/14  
Last Name: Chawey First: Demetrius Middle: Lamont

BACKGROUND INFORMATION

Other Names/Alias: \_\_\_\_\_  
Social Security #: 387-90-5810 Date of Birth (mm/dd/yyyy): 8-15-1977  
Driver's License #: 207AD9851 State of Driver's License: IA  
Present Address: 312 baxter st apt B Telephone # (Primary): (563) 607-1705  
City/State/Zip: Muscatine IA 52761

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

 **employer solutions staffing group**  
 An Equal Opportunity Employer M/F/V/D

**Direct Deposit/Payroll Debit Card Authorization**

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card. If you do not provide a written election, wages will be paid by Payroll Debit Card.

**SECTION 1 - BASIC INFORMATION**

Employee Name: Demetrius Chavey SSN\* (last 4 digits): 5810 Effective Date: \_\_\_\_\_

**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 valid 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: \_\_\_\_\_

- To help to avoid making an error, please attach a copy of a voided check, or deposit slip will not work!
- If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods.

**SECTION 4 - PAYROLL DEBIT CARD (GLOBAL CASH CARD)**

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 as 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: Demetrius MI: L Last Name: CHAVEY Date of Birth: 8/15/1977  
 Street Address (include zip address): 312 BARRETT ST APT B Social Security: 387-90-5810  
 City: MUSCATINE State: IA Zip: 52761 Cell Phone number: (563) 607-1705

I WANT ALERTS: when your paycheck is deposited on your card  Yes, sign me up for text alerts  
 All we need to know your cell phone service provider and mobile number above!  My mobile service provider is \_\_\_\_\_

**RECEIVED BY PAYROLL DEBIT CARD** (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Routing #: 12222597 Payroll Debit Card Account #: \_\_\_\_\_

I have received my Payroll Debit Card, including machine, program fees, program terms, conditions, and disclosures by activating my Payroll Debit Card. I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature: Demetrius Chavey Date: 6/26/14

**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: DemetriusChavey @ ymail.com  
 this information will only be used to send your paystubs electronically

Employee's Signature: Demetrius Chavey Date: 6/26/14



STATEMENT OF CONFIDENTIALITY

This agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer"; and \_\_\_\_\_ hereafter referred to as "employee".

**WITNESSETH:**

For the duration of my employment and after resignation or termination of this employment with employer, for any reason whatsoever, the employee shall not use or disclose to any other person or company, and confidential or proprietary information or know-how related to the business of the employer.

In view of the difficulty of determining the amount of damages which may result to the employer from a violation of any of the provisions hereof, the employee agrees to pay to the employer the sum of \$10,000 as liquidated damages for every such violation; provided, however, that the payment of such amount as liquidated damages shall not be construed as a release or waiver by the employer of the right to prevent any such violation in equity or otherwise.

*Danette Chavey*  
Employee Signature

Employer Solutions Staffing Group LLC, Representative

Form 8850

Rev. January 2012  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-006

▶ See separate instructions.

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

Your name Demetrius Chaney Social security number ▶ 387-90-5810

Street address where you live 312 Bartlett St Apt B

City or town, state, and ZIP code Muscataine IA 52761

County Muscataine Telephone number (563) 607-1705

If you are under age 40, enter your date of birth (month, day, year) 8/15/1977

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

Check here if any of the following statements apply to you

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

Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year

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 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 so to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ Demetrius Chaney Date 6/26/14  
For Privacy Act and Paperwork Reduction Act Notice, see page 2. Form 8850 (Rev. 1-2012)

Form A (rev. 08/12)

# TAX CREDIT QUESTIONNAIRE



## EMPLOYER SECTION:

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

## EMPLOYEE SECTION:

Employee Name:		Street Address:		City/State:		Zip:	
Demetrios Chavey		312 bartlett st apt B		MUSCATINE		IA	
SS#:		Date of Birth:		Age:		Have you worked for this company before?	
387 905810		8/15/1977		36		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997? *If yes, please provide information below.*

Name of the person receiving benefits:	Relationship to you:	Yes	No
City: _____ State: _____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months? *If yes, please provide information below.*

Name of the person receiving benefits:	Relationship to you:	Yes	No
City: _____ State: _____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months? *Please note, this is not the same as Social Security benefits (SSI) or Social Security Disability (SSDI) benefits. If you checked yes please provide a copy of your SSI documentation.*

Name of Agency:	Phone #:	Yes	No
City: _____ State: _____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.*
5. Are you a Veteran of the U.S. Military? *\*If yes please provide a copy of your DD-214 and letter of separation. If yes, please provide information below. If no, please continue to question #6.*

Date of Service - From: _____ To: _____	Yes	No
Branch of Service: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you entitled to or are you receiving compensation for a service-connected disability? <i>Have you been unemployed at any time during the last 12 months?</i>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, dates of unemployment: From: _____ To: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive unemployment compensation at any point during your unemployment?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months?

Conviction Date: _____ Release Date: _____	Yes	No
Was this a <input type="checkbox"/> Federal or <input type="checkbox"/> State conviction? If State - County: _____ State: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Additional Tax Credits

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

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

New Employee Signature: Demetrios Chavey Date: 6/26/14

Maintain regular, weekly, communication with your employer if you are unable to return to work. Contact your employer a minimum of after every visit with your primary health care provider. Keep the claims representative advised of your status.

Notify your employer immediately of any new injuries or conditions that impact your physical condition.

If it is necessary to miss scheduled work due to a work injury, you must be seen by your primary health care provider the same day in order to receive compensation for the time away from work. The physician must complete a Report of Workability.

I have read my responsibilities and agree to abide by these guidelines.

Signed: Demetrius Chavez

Printed Name: Demetrius Chavez



employer solutions staffing group  
Leveraging Resources in a Changing Market

## Important/Importante

### LOST OR STOLEN PAYCHECKS

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

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

### CHEQUES DE PAGO PERDIDOS O ROBADOS

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

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

AGREED/SE ACUERDA—

Name/Nombre (con letra de molde): Demetrius Chavez

Signature/Firma: Demetrius Chavez

### PART B: Information About Health Coverage Offered by Your Employer

The section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is not being to correspond to the Marketplace application.

3. Employer name: **Employer Solutions Staffing Group LLC**

4. Employer Identification Number (EIN): **20-8084369**

5. Employer address: **7301 Ohms Lane Suite 405**

6. Employer phone number: **952-767-9519**

7. City: **Edina**      8. State: **MN**      9. ZIP code: **55439**

10. Who can we contact about employee health coverage at this job?  
**ESSG Health Benefits Team**

11. Phone number (if different from above): **952-767-9519**      12. Email address: **health@employersolutionsgroup.com**

Note: If some basic information about health coverage offered by this employer:

1. Is your employer, or you, offering health coverage to:

All employees

Some employees. Enrolled employees are:

Site by site basis to employees who work 30+ hours a week, 1560+ hours a year

With respect to dependents:

We do offer coverage. Enrolled dependents are

Dependents of enrolled employees working at sites that have elected insurance

We do not offer coverage

If elected, the coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable based on employee wages.

14. Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may not qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums:

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?  
 Yes (Continue)  
 No (STOP and return this form to employee)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? **Varies by site** (mm/dd/yyyy) (Continue)

14. Does the employer offer a health plan that meets the minimum value standard\*?  
 Yes (Go to Question 15)     No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? **\$Varies - \$0 - \$55.38**  
 b. How often?  Weekly     Every 2 weeks     Twice a month     Monthly     Quarterly     Yearly

If the next year will end soon and you know that this health plan is offered via change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?  
 Employer won't offer health coverage  
 Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? \$  
 b. How often?  Weekly     Every 2 weeks     Twice a month     Monthly     Quarterly     Yearly

Date of change (mm/dd/yyyy): \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

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

Employee Name Demetrius Chavey  
Address 312 Bartlett st Apt B  
Home Phone (563) 607-1705

EMERGENCY CONTACTS	
Please list two people (in priority order) who could be contacted in case of an emergency.	
Contact #1 Name <u>Dorothy Chavey</u> Relationship	Home Phone Cell Phone: <u>(331) 131-3005</u> Work Phone
Contact #2 Name <u>Christina Castillo</u> Relationship <u>friend</u>	Home Phone Cell Phone <u>(563) 554-3571</u> Work Phone

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IOWA DRIVER LICENSE

USA IA

CHANEY  
DEMETRIUS LAMONT

312 BARTLETT ST APT B  
MUSCATINE, IA 52761

DL NO. 207AD9851

ISS 03/01/2012 EXP 08/15/2017

Sex M Hgt 5.07

Class C End NONE

DOB 08/15/1977

DD: F58287157C31128R13357R

DEMOR

Demetrius Chaney

SOCIAL SECURITY

387-90-5810

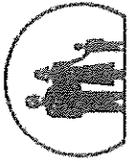
THIS NUMBER MAY BE UNASSIGNED FOR

DEMETRIUS LAMONT  
CHANEY

Demetrius Chaney

SIGNATURE

03/24/2009



# STASZ Chiropractic & Acupuncture

Dr. Mark A. Stasz

1514 Iselt Avenue · Muscatine, IA 52761 (563) 263-2134

Date: June 23, 2014

Client: Demetrius Chaney  
DOB: 8-15-77

Method: iCup  
Lot #: DOA4030842  
Cat. #: I-DUE-167-012  
Exp. Date: 12/2015

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you Fax This to

Rev 303 736  
7767

My Paperwork

A urine drug screen was performed at my office on 6/27/14 using an iCup. The cup screens for amphetamines, opiates, cocaine, THC (marijuana) and PCP. The screen was negative for the substances described. If you have any questions please call me at 563-263-2134. Thank you.

Mark A. Stasz, D.C.