



7301 Ohms Lane / Suite 405
Edina, MN 55439
T: 952.835.1288 / F: 952.835.4861

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name COOPER First Name TOMMY Middle Initial E
Street Address 3118 Tidewind Ct
City/State/Zip MARVEL, TX 77578
Home Phone _____ Call / Message Phone (713) 256-2302
Company/Employer N/A

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) TOMMY COOPER Applicant's Signature [Signature] Date July 1, 2014

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

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

DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF BACKGROUND REPORTS

It is recognized and understood that the Fair Credit Reporting Act provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses" shall be fined not more than \$2,500 or imprisoned not more than a year, or both.

In connection with my application for EMPLOYMENT (including contract for services), I understand that investigative background inquiries are to be made on me which may include criminal convictions, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences. *If I include a current employer for verification, I may jeopardize my position within that company.* I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from BACKGROUND SOURCE INTL and/or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract).

Applicant Signature: [Signature] Date: July 1, 2014

Please PRINT clearly: Position applied for: Thursday Clerk

Name: Tommy Edward Cepel Maiden / AKA: ---

Soc. Sec. #: 458-13-3999 *Sex: M *Race: Blk *Date of Birth: 1-5-1967

Current Address: 3118 Tidewater Ct County: ---

City: MANUEL State: TX Zip: 77578 How long: 12 yrs to present

Previous Address: --- County: ---

City: --- State: --- Zip: --- How long: --- to ---

Motor Vehicle Report Fax to: (308) 769-7282

Name as it appears: Tommy E. Cepel License #: 14456279 State held: TX

*Responses to these are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the event we discover adverse information during our background investigation (06/06/11)

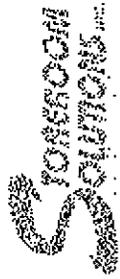
EMPLOYER SOLUTIONS STAFFING GROUP
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Name: Tommy Cooper
Address: 3118 Tidewind Ct. Marvel TX
Home Phone: (713) 256-2302

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

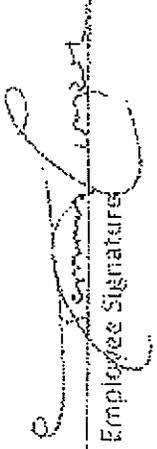
1. Name: MELVIN ALLEN
Phone (work): _____
Phone (home): (713) 331-7695
2. Name: Wayne Allen
Phone (work): _____
Phone (home): (832) 742-5709

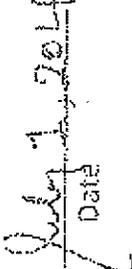
Additional information you want Employer Solutions Group and our clients to know in the event of an emergency:



Employee Acknowledgement Form (Temps)

I hereby acknowledge receipt of Storeroom Solutions Inc. "Employee Safety Handbook" which outlines important safety requirements and information for working as safely as possible. I agree to follow the safety and health rules as outlined in this handbook. I further understand that complete safety and health program requirements are published in the "Safety Manual" that can be obtained through my Site Manager or Project Leader.


Employee Signature


Date

Employer's Representative

Date

Important: This receipt must be read, understood and signed by all Storeroom Solutions Inc. permanent and temporary employees. Temporary employees sign this hard-copy form. Permanent employees must document their training in the SSI Learning Center by taking the associated quiz.

Documentation Instructions:

Permanent Employees: The SSI Site Manager, or senior SSI employee, will ensure all personnel have read and understand the contents of this document. Please contact the Senior Director of Safety and Quality safety@storeroomsolutions.com if you have any questions. The employee must take the Employee Safety Handbook Quiz contained in the SSI Learning Center.

Temporary/Project Employees: The project leader or hiring manager will ensure all personnel have read and understand the contents of this document. Please contact the Senior Director of Safety and Quality safety@storeroomsolutions.com if you have any questions. The employee and leader or manager will sign this form file it on site. This form is a special interest item during implementation audit.

Employee: Please retain the handbook for future reference.



Employment Eligibility Verification

USCIS

Form I-9

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

OMB No. 1615-0047

Expires 05/31/2016

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 (Employers 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) COOPER		First Name (Given Name) ORMLY		Middle Initial F.	Other Names Used (if any)	
Address (Street Number and Name) 318 Tidewind Ct			City or Town MAUVE TX	State TX	Zip Code 77518	
Date of Birth (mm/dd/yyyy) 01-05-1967		U.S. Social Security Number 438-13-2931		Telephone Number (713) 256-2309		

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) _____ Same 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

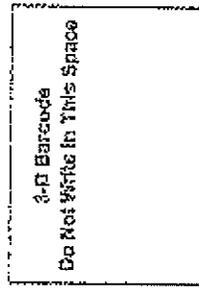
2. Form I-94 Admission Number: _____

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: _____ Date (mm/dd/yyyy): **July 1, 2014**

Preparer and/or Translator Certification (To be completed and signed in Section 1 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	Zip Code



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 Identify

AND

List C Employment Authorization

Document Title:	TEXAS DRIVERS LICENSE	Document Title:	SOCIAL SECURITY CARD
Issuing Authority:	STATE OF TEXAS	Issuing Authority:	SS ADMIN
Document Number:	14456279	Document Number:	458133999
Expiration Date (if any)(mm/dd/yyyy):	01/05/2015	Expiration Date (if any)(mm/dd/yyyy):	N/A
Document Title:		Document Title:	
Issuing Authority:		Issuing Authority:	
Document Number:		Document Number:	
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):	
Document Title:		Document Title:	
Issuing Authority:		Issuing Authority:	
Document Number:		Document Number:	
Expiration Date (if any)(mm/dd/yyyy):		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): 07/07/2014 (See instructions for exemptions.)

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
<i>[Signature]</i>	07/03/2014	RECRUITER
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name
WEAVER	RONALD	CMG
Employer's Business or Organization Address (Street Number and Name)	City or Town	State
1200 WASHINGTON ST	THORNTON	CO
		Zip Code
		80224

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: _____

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:

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 marital or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, 5, 6, 7 and sign the form to withhold 0. Your exemption for 2013 expires February 7, 2014. See Pub. 505, Tax Withholding and Exemption, for details.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim an exemption from withholding if you have an unearned income of \$1,000 and include 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 withholding allowances based on identified claim, child, married partner, adjustments to income, or two-earner/multiple jobs allowance.

Complete all withholdings that apply. However, you may claim fewer tax zero allowances for regular wages, withholding must be based on an employee's tax claim and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim a head of household filing status if you are unmarried or you are separated and pay more than 50% of the costs of keeping up a home for you, that is, your dependency or other qualifying individuals. See Pub. 501, Dependents, Standard Deduction, and Filing Requirements, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credit for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet above. See Pub. 505 for information on converting your other credits into withholding allowances.

Marriage income. If you have a large amount of marriage 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.

income, see Pub. 505 to find out if you should adjust your withholdings 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 this form (line 1). Your claimings usually will be more accurate if you claim allowances are claimed on the Form W-4 claimed on the other. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1399, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholdings. At the end of Form W-4, there are instructions on how to see how the amount you are withholding compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$150,000 (single) or \$300,000 (married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after the release of) will be posted at www.irs.gov/efile.

Personal Allowances Worksheet (Keep for your records)

- A Enter "1" for yourself if no one else can claim you as a dependent:
 - 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 Enter "2" 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 Enter "3" for your spouse, if you will claim on your tax return
 - If you are married and have either a working spouse or more than one job; (entering "0" may help you avoid having too little tax withheld)
- D Enter "4" if you will file as head of household on your tax return (see conditions under Head of household above)
- E Enter "5" if you have at least \$1,000 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 Enter "6" if you have at least \$1,000 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)
- 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 \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.
 - If your total income will be between \$65,000 and \$119,000 (if married), enter "1" for each eligible child.
- 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.) **14**

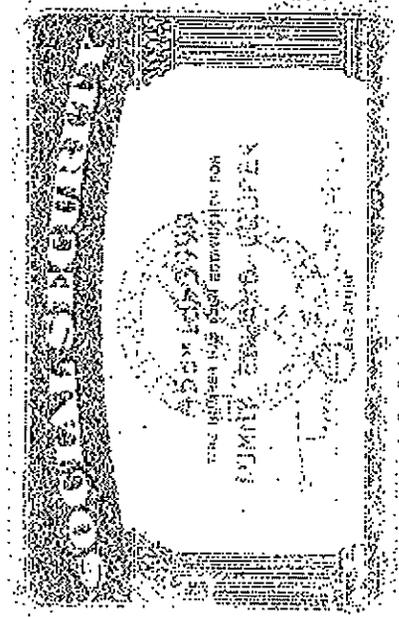
For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholdings, 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 \$20,000 (\$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.

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

Form W-4	Employee's Withholding Allowance Certificate	OMB No. 1545-0047	2013
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.			
1 Your first name and surname: TOMMY F. COOPER		2 Your social security number: 458-13-3999	
Home address (number and street or rural route): 318 TIDEWIND CT. City or town, state, and ZIP code: MYAVAL, TX 77572		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married but withheld at higher single rate. Note. If married, multiple spouses, or spouse is a nonresident alien, check the "Single" box.	
5 Total number of allowances you are claiming from line H above or from the applicable worksheet on page 2: 5		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. 6	
6 Additional amount, if any, you want withheld from each paycheck: 0		7 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.	
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: Tommy F. Cooper		Date: July 1, 2014	
This form is not valid unless you sign it.		Employer identification number (EIN):	
8 Employee's name and address: Tommy F. Cooper		9 Other code (only for IRS):	

Employment Eligibility Verification



TEXAS
DEPARTMENT OF PUBLIC SAFETY
DRIVING LICENSE

CLASS: C DL: 14456279
DOB: 01-05-67 HT: 6-07
EXPIRES: 01-05-15 EYES: BRN
REST: A SEX: M
END:

COOPER, TOMMY EDWARD
311E TIDWIND CT
MANVEL TX 77578

0001160060

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:

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.

458-13-3999 Driver's License No: 14456279 State TX
Social Security Number
09057 First Name MAILED MI
Last Name
Maiden and/or Other Last Names Used
3118 Udesvinda Ct City and County TEXAS State and Zip Code 77578
Current Address
01-05-1967 Gender One: Male / Female
Date of Birth

Signature: [Signature] Date: July 1, 2014

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 checked="" type="checkbox"/> Start	<input checked="" type="checkbox"/> As Soon As Possible
<input type="checkbox"/> Stop	<input type="checkbox"/> Future Paydate
<input type="checkbox"/> Change	

Name (Last, First, Middle Initial)		Social Security Number	
COOPER, Tommy F.		458-13-3999	
Home Address	City	State	Zipcode
3118 Tidewind Ct.	MANVEL, TX	77578	
Date (MM/DD/YY)	Employee Signature	Daytime Phone Number	
01-05-1967	<i>Tommy Cooper</i>	713-256-2302	

SUBMISSION OF THIS FORM MEANS YOUR ENTIRE PAYROLL CHECK WILL GO TO THE FINANCIAL INSTITUTION

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)

Chocolate Bayou 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. If funds as which I am not entitled are deposited in my account, I authorize Employer Solutions Staffing Group to initiate a correcting (debit) entry. 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.

Account Number: 200012592.
 Route Number: 313176715
 Attach a voided check HERE or photocopy of a check for checking account.
 DO NOT ATTACH A DEPOSIT SLIP.