



Employer Solutions Staffing

Group LLC New Hire Application

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

Personal Data- PLEASE PRINT LEGIBLY IN INK

Last Name Frye First Name REVALDO Middle Initial A
Street Address 7282 Pike Ln
City/State/Zip FRANKFORD, MO 63441
Home Phone 573 764 0787 Cell / Message Phone 573 754 0787
Company/Employer WALMART

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.

Revaldo Frye Revaldo Frye 07/11/14
Name (Print or type) Applicant's Signature Date

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

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



U.S. Department of Labor
Employment and Training Administration

OMB Control No. 1205-0371
Expiration Date: November 30, 2011

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: RENADS FRYE
Social Security Number: 489 06 3243 Date of Birth: 07 124 191
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: Randy Frye Date 7/11/14

Privacy Act Notice:

The Internal Revenue Code of 1986, Section 51, as amended and its enabling 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.

ETA Form 9154 (Rev. May 2010)



Employment Eligibility Verification

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

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

▶ 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) FRYE		First Name (Given Name) RENALDO	Middle Initial A	Other Names Used (if any)	
Address (Street Number and Name) 7202 PIKE 49			Apt. Number	City or Town FRANKFORD	State MS
Date of Birth (mm/dd/yyyy) 07/24/1991	U.S. Social Security Number 489 064 32143	E-mail Address jnfrye24@gmail.com			
Telephone Number 573 754 0787			Zip Code 63441		

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: *Renaldo Frye* Date (mm/dd/yyyy): 07/11/2014

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: _____



EMPLOYEE INFORMATION**ENROLLMENT FORM - PLAN 2**(SF BLACK or BLUE INK ONLY
ESC CUNAV-SAD/P2 0130)

(Must Be Filled Out)

Social Security Number 489-06-3247
 Date of Birth 07/24/1991 Sex M F
 Name RENALDO A FRUG
 Street Address 7282 PIKE 49
 City FRANKFORD State MO Zip 63441
 Home Phone 573-754-0787

Do you or any dependents have Medicare?

 Yes No If Yes:

Medicare Health Insurance Claim Number (HICN)

Medicare Effective Date _____ / _____ / _____

Names of Covered Person(s)

1. _____
 2. _____
 3. _____

BENEFIT SELECTION

Weekly Rates

MEDICAL

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

DENTAL

- \$ 5.99 Employee Only
 \$11.98 Employee + One
 \$19.77 Employee + Family
 NO

TERM LIFE

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

SHORT-TERM DISABILITY

- YES \$4.20 Employee Only
 NO

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

You MUST enroll in the Medical Insurance Plan before adding Term Life or STD. Your coverage level for Term Life will be identical to your medical plan selection.

REQUIRED DEPENDENT INFORMATION

Name _____
 Social Security Number _____
 Date of Birth _____ / _____ / _____ Sex M F
 Relationship: Spouse Child Domestic Partner

Name _____
 Social Security Number _____
 Date of Birth _____ / _____ / _____ Sex M F
 Relationship: Spouse Child Domestic Partner

Name _____
 Social Security Number _____
 Date of Birth _____ / _____ / _____ Sex M F
 Relationship: Spouse Child Domestic Partner

BENEFICIARY INFORMATION

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

NAME OF BENEFICIARY _____

RELATIONSHIP _____

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

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declination of coverage.

Signature

Date 07/11/14



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) FRYE		First Name (Given Name) RENALDO		Middle Initial A	Other Names Used (if any)	
Address (Street Number and Name) 7282 PIKE LN			Apt. Number	City or Town FRANKFORD	State MO	Zip Code 63441
Date of Birth (mm/dd/yyyy) 07/24/1961	U.S. Social Security Number [409] [06] [3243]	E-mail Address jrfrye24@gmail.com				
Telephone Number 573 754 0707						

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:  Date (mm/dd/yyyy): 07/24/11

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: _____



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:			Document Title: MISSOURI DRIVERS LICENSE		Document Title: SOCIAL SECURITY CARD
Issuing Authority:			Issuing Authority: STATE OF MISSOURI		Issuing Authority: SS ADMIN
Document Number:			Document Number: T9812H8700		Document Number: 489-06-3243
Expiration Date (if any)(mm/dd/yyyy):			Expiration Date (if any)(mm/dd/yyyy): 07/24/2016		Expiration Date (if any)(mm/dd/yyyy): N/A
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): 7/22/14 (See Instructions for exemptions.)

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
	7/17/2014	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
		80241

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):

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:

8850Form
(Rev. August 2009)
Department of the Treasury
Internal Revenue Service**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 RENALDO A FINE Social security number ▶ 489 06 5243Street address where you live 7202 PIKE 49City or town, state, and ZIP code FRANKFORD, MO 63441County PIKE Telephone number (573) 754-0707If you are under age 40, enter your date of birth (month, day, year) 07/24/1991

- 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 ▶ Date 07/11/14

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

Cat. No. 22851L

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

WORK OPPORTUNITY TAX CREDIT

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

Name KEVALDO FLORES
Address 7282 Pikes 49
City FAYAKFORD State MO Zip 63441 Social Security # 489 06 3243
Date of Birth 07/24/1984 Age 22

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?
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?
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days?
4. Are you part of the Ticket to Work program?

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
7. Have you been unemployed at any time during the last 12 months? Yes No
8. Have you been convicted of a felony or released from prison in the last 12 months? Yes No
9. Have you received rehabilitation services from a State approved or Department of Veterans Affairs approved Vocational rehabilitation agency? Yes No
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: 06/09 Yes No
12. How much in gross wages have you earned TOTAL in the past six months? \$ 4,000

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 07/11/14

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

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) FRANK RENALDO A		Social Security Number 489 06 3243
Home Address 7282 PIKE 49	City FRANKFORD	State MO
Date (Mo/Day/Yr) 07/11/14	Employee Signature <i>Frank Frank</i>	Zipcode 63441
		Daytime Phone Number 573 754 0787

BY SIGNING THIS FORM, I AM AUTHORIZING EMPLOYER SOLUTIONS STAFFING GROUP TO DEPOSIT MY PAYROLL CHECKS INTO THE FINANCIAL INSTITUTION

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

U.S. Bank

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 any account in the financial institution listed above. If funds to 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.

Attach a voided check HERE or photocopy of a check for checking account.
DO NOT ATTACH A DEPOSIT SLIP.

1102772011

Form MO W-4
Missouri Department of Revenue
Employee's Withholding Allowance Certificate

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

Full Name: **RENALDO A'DARZ FIGUEROA** Social Security Number: **481910613743** Filing Status: Married Head of Household
 Home Address (Number and Street or Rural Route): **7282 PIKE 49** City or Town: **FRANKFORD** State: **MO** Zip Code: **63441**

1. Allowance For Yourself: Enter 1 for yourself if your filing status is single, married, or head of household.....	1	1
2. Allowance For Your Spouse: Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, enter 0. If no, enter 1 for your spouse.....	2	1
3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form MO W-4.....	3	0
4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim.....	4	0
5. Total Number Of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here.....	5	2
6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here.....	6	\$ 0
7. Exempt Status: If you had a right to a refund of all of your Missouri income tax withheld last year because you had no tax liability and this year you expect a refund of all Missouri income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below.....	7	0
8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability, write "Exempt" on line 8. See information below.....	8	0

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's Signature (Form is not valid unless you sign it): *Renaldo A. Figueroa* Date (MM/DD/YYYY): **02/11/2014**

Employer's Name: _____ City: _____ State: _____ Zip Code: _____
 Federal Employer I.D. Number: _____ Missouri Tax Identification Number: _____

Notice To Employer: Within 20 days of hiring a new employee, send a copy of Form MO W-4 to the Missouri Department of Revenue, P.O. Box 3340, Jefferson City, MO 65105-3340 or fax to (573) 526-8079. Visit www.dor.mo.gov/cse/newhire.htm for additional information regarding new hire reporting.

Employee Information --- You Do Not Pay Missouri Income Tax on all of the Income You Earn!

Visit www.dor.mo.gov to try our online withholding calculator.

Form MO W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Missouri when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Missouri adjusted gross income will not be taxed by the state of Missouri when you file your individual income tax return.

	Single	Married Filing Combined	Head of Household
personal exemption	\$ 4,200	\$ 4,200	\$ 3,500
standard deduction	\$12,400	—	\$ 9,100
Combined Total (For both spouses)	\$16,600	—	\$12,600
+ \$1,200 for each dependent	+	+	+
+ up to \$5,000 for federal tax	+ up to \$10,000 for federal tax	+ up to \$10,000 for federal tax	+ up to \$5,000 for federal tax

Items to Remember:

- If your filing status is married filing combined and your spouse works, do not claim an exemption on Form MO W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form MO W-4. If both spouses claim the dependents as an allowance on Form MO W-4, it may cause you to owe additional Missouri income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form MO W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Missouri may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the non-resident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card.

Mail to: Taxation Division
 P.O. Box 3340
 Jefferson City, MO 65105-3340
Phone: (573) 751-8750
Fax: (573) 526-8079
E-mail: withholding@dor.mo.gov

Form MO W-4 (Revised 12-2013)



Visit www.dor.mo.gov/cse/newhire.htm for additional information.

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 validate it. Your exemption for 2013 expires February 17, 2014. 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 \$1,000 and includes more than \$350 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 can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

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

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.

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 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. 505 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$150,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for yourself if no one else can claim you as a dependent **A** 1
- B** Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. **B** 1
- C** Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** 0
- D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** 0
- E** Enter "1" if you will file as head of household on your tax return (see conditions under **Head of household** above) **E** 0
- 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** 0

- 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.
- 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 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.

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

W-4 Form Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2013
1 Your first name and middle initial KENALD A		Last name FINE		2 Your social security number 489 06 3243
Home address (number and street or rural route) 7282 PIKE 49		City or town, state, and ZIP code FRANKFORD, MO, 63441		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, 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)		6 Additional amount, if any, you want withheld from each paycheck		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"/>
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption.		7 7		5 2
• 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.		6 0
• 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 (This form is not valid unless you sign it.) Kenald Fine		Date 7/11/14		
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)



Addendum to Application

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4 DATE 7/11/2014

Name FRYE RENAULD AIDAR
Last First Middle Initial

Social Security No. 489 29 3243

Telephone 573 754 0787

If under 18, please list age _____

Position applied for (1) INVENTOR

and salary desired (2) 9.50/HR
 (Be specific)

Referred by _____

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri
 Tue _____ Sat _____
 Wed _____ Sun _____

Can you work nights? YES

How many hours can you work weekly? 40+

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

When available for work? 7/11/2014

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	DAVID B HICKMAN	1104 N. PROVIDENCE COLUMBIA MO	4	GENERAL STUDIES
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? MUM CAR

Driver's license number T981748700 State of issue MO

Operator Commercial (CDL) ___ Chauffeur ___

Expiration date 2015

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? THREE

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>TRACIE DOWNS</u>	Name <u>JESSICA FIELDS</u>
Position <u>TEACHER</u>	Position <u>TEACHER</u>
Company <u>SHEPARD ELEMENTARY</u>	Company <u>BOWLING GREEN EARLY HEAD START</u>
Address <u>6321 BRESLEWOOD</u>	Address <u>1403 W. LORUST</u>
<u>COLUMBIA, MO</u>	<u>BOWLING GREEN</u>
Telephone <u>(573) 814 1501</u>	Telephone ()

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.

I work hard and relish any opportunity to not only make myself better, but the people around me also.

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

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

Specialty _____ Date Entered _____ Discharge Date _____

September 2010

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>Walmart</u>	Supervisor name <u>Derek Lonsche</u>
Position <u>Receiving Supervisor</u>	Employment dates:
Company <u>Walmart</u>	From <u>12/13</u> Start <u>7.90</u>
Address <u>3 Town Center Dr</u>	To <u>Present</u> Final <u>9.20</u>
<u>Bowling Green, MO</u>	Your last job title <u>Receiving Supervisor</u>
Telephone <u>(672) 324 0040</u>	
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. <u>Unlabeled Fresh trucks manage inventory</u>	

Name <u>Freddy's</u>	Supervisor name <u>Kim Cupples</u>
Position <u>Line Cook</u>	Employment dates:
Company <u>Freddy's</u>	From <u>06/13</u> Start <u>8.00</u>
Address <u>100 Brickton suite 110</u>	To <u>11/13</u> Final <u>9.20</u>
<u>Columbia, MO</u>	Your last job title <u>Head Line Cook</u>
Telephone <u>(873) 442 2415</u>	
Reason for leaving (be specific): <u>Moved to Bowling Green</u>	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Food prep, cook food to order and manage kitchen employees.</u>	

Name <u>Walmart</u>	Supervisor name <u>David Sims</u>
Position <u>Overnight Stoker</u>	Employment dates:
Company <u>Walmart</u>	From <u>02/12</u> Start <u>8.00</u>
Address <u>1201 Grandstone</u>	To <u>11/11</u> Final <u>8.50</u>
<u>Columbia, MO</u>	Your last job title <u>Overnight Stoker</u>
Telephone <u>(672) 644 0815</u>	
Reason for leaving (be specific): <u>Pursued career in retail</u>	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. <u>Stock groceries carries groceries to aisle</u>	

Who were you referred by? NO REFERRAL

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

**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: 07/11/2014

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 INT'L 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:  **Date:** 07/11/14

Please PRINT clearly: Position applied for: Inventary Clerk

Name: Frye R Dair RENALDO Maiden / AKA: _____
First Middle Last

Soc. Sec. #: 489 06 3243 *Sex: M *Race: BLACK *Date of Birth: 07/24/91

Current Address: 7282 PIKE 49 County: PIKE

City: FRANKFORD State: MO Zip: 63441 How long: 12/13 to Present

Previous Address: 7313 N. Moberly County: BOONE

City: Columbia State: MO Zip: 65202 How long: 6/14 to 12/13

Motor Vehicle Report Fax to: (208)769-7282

Name as it appears: RENALDO FRYE License #: 1281248700 State held: MO

*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.

03/06/01

MARYLAND
NONDRIVER LICENSE

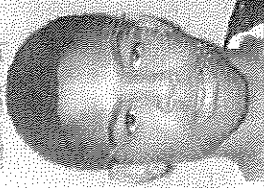
Under 21 Until Class
07-24-2012 ND

License Number T961246700

FRYE
RENALDO ADAIR
409 SANFORD
COLUMBIA, MO 65202

Birthdate 07-24-1991 Expiration Date 07-24-2016
Male 5'09 142 lbs Brown Eyes
Restrictions Blind or Semiblind

Renaldo A. Fyre



MISSOURI
DRIVER LICENSE

489-06-3243
THIS NUMBER HAS BEEN ASSIGNED TO THE
RENALDO ADAIR FRYE

Renaldo A. Fyre

EXPIRES 05/26/2017