



Employer Solutions Staffing Group LLC

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

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Williams First Name Steve Middle Initial A
 Street Address 284 Dover Ct
 City/State/Zip Broomfield, Co, 80020
 Home Phone 303-460-1174 Cell / Message Phone 303-905-2373
 Company/Employer ACCELLENT

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.

Steve Williams Steve Williams July 9, 2014
 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 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	5 Day Letter (if applicable) _____
			ESC Application _____

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

Name: Steve Williams
Address: 284 Dover CT, Broomfield, CO, 80020
Home Phone: 303-460-1174

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

1. Name: Lynn Williams
Phone (work): 303-939-4162
Phone (home): 303-460-1174 CELL: 303-905-2154
2. Name: _____
Phone (work): _____
Phone (home): _____

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

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. 605, 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 worksheet 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 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. 605 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax, if you have pension or annuity income, see Pub. 605 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. 605 for details.

Check your withholding. After your Form W-4 takes effect, use Pub. 605 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 605, especially if your earnings exceed \$100,000 (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**

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 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) **F**

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$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 \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child
 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**

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-Earner/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 STEVEN A		2 Your social security number 459-70-5243	
3 Home address (number and street or rural route) 284 DOVER CT		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input checked="" type="checkbox"/> Separated, or spouse is a nonresident alien, check the "Single" box	
4 City or town, state, and ZIP code Broomfield CO 80020		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"/>	
6 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		6 6	
6 Additional amount, if any, you want withheld from each paycheck		6 \$ 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 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.)		Date 7/9/2014	
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)	

VSL-IND 219301-EMP OFFICE USE ONLY

ReHire Date / /

EMPLOYEE INFORMATION
(Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

(USE BLACK OR BLUE INK ONLY)
ESC-CUNAW-SAD-PA-13-D

Social Security Number 459-70-5243

Date of Birth 11/27/1945 Sex M F

Name Steve Williams

Street Address 284 Dover Ct

City Broomfield State CO Zip 80020

Home Phone 303-460-1174

Do you or any dependents have Medicare?
 Yes No If Yes:

Medicare Health Insurance Claim Number (HICN)
459-70-5243-A

Medicare Effective Date 11/01/2010

Names of Covered Person(s)
1. STEVEN A WILLIAMS
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
- YES \$0.90 Employee + One
- NO \$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 LYNN WILLIAMS

Social Security Number 569-82-9035

Date of Birth 09/05/1949 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
LYNETTE WILLIAMS
RELATIONSHIP
WIFE

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 Steve Williams

Date 07/09/2014



Employment Eligibility Verification

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

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

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) Williams		Middle Initial A	Other Names Used (if any) Steve Williams	
Address (Street Number and Name) 284 DOVER CT		City or Town Broomfield	State CO	Zip Code 80020
Date of Birth (mm/dd/yyyy) 11-27-45	U.S. Social Security Number 459-70-5243	E-mail Address WILLIAMSSTEVEA@Yahoo.com		Telephone Number 303-460-1174

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: Steve Williams Date (mm/dd/yyyy): 11/27/1945

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 Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Driver License</u>		Document Title: <u>SS card</u>
Issuing Authority:		Issuing Authority: <u>CO</u>		Issuing Authority: <u>SS Admin</u>
Document Number:		Document Number: <u>98-266-0592</u>		Document Number: <u>459-70-5243</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>11-27-2018</u>		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): 7-23-14 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Tina hool</u>	Date (mm/dd/yyyy) <u>7-25-14</u>	Title of Employer or Authorized Representative <u>Accts Mgr</u>
Last Name (Family Name) <u>hool</u>	First Name (Given Name) <u>Tina</u>	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)	City or Town	State
		Zip Code

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

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

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

Document Title: _____ Document Number: _____ Expiration Date (if any)(mm/dd/yyyy): _____

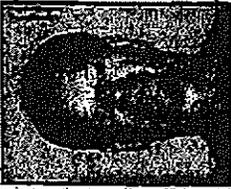
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

Colorado ★
Driver License

80-266-0592 Expires: 11-27-2016
Class: R Issued: 10-09-2013

Height: 5'11" DOB: 11/27/1965
Sex: M Previous Lic: N/A
Ht: 6'07" Wt: 182 Eyes: Blue Sex: M
Voter:



STEVE BARNHILL WILLIAMS
REGISTRAR OF
BROOMFIELD, CO 80020

SOCIAL SECURITY

2595705243

THIS NUMBER HAS BEEN ESTABLISHED FOR

STEVE BARNHILL WILLIAMS

Steve Barnhill Williams
SIGNATURE

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

Start As Soon As Possible

Stop Future Paydate

Change _____

Name (Last, First, Middle Initial) WILLIAMS Steve A		City Broomfield	State CO	Zipcode 80020
Home Address 284 Dover Ct		Daytime Phone Number 303-905-2373	Social Security Number 459-70-5243	
Date (Mo/Day/Yr) 7/9/2014	Employee Signature <i>Steve Williams</i>			

SUBMISSION OF THIS FORM MEANS YOUR ENTIRE

PAYROLL CHECK WILL GO TO THIS FINANCIAL INSTITUTION

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

FIRST NATIONAL BANK OF COLORADO

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 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.

62-20/1070

3231

DATE

\$

DOLLARS

60 CHECKING PLUS

MEMO

1070002620 515007535 3231

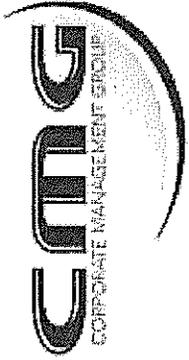
7/9/2014

First National Bank
(800) 450-7771
www.1stnationalbank.com

C. Williams
S. Williams
284 Dover Ct.
Broomfield, Co 80020

PAY TO THE ORDER OF

1st



12000 N. Washington St. Ste. 290
Thornton, CO. 80241
Phone – 866.920.1425
Fax – 303.736.7767

Background Screening Request – Corporate Management Group

Accellent Package

Submitted by Irene Rival

Return Fax Number: (303) 736-7767

This fax contains the following:

- Authorization form
- Resume

Notes: Please limit the search to the following criteria

- Social Security Trace
- County Criminal History Search - 7 years of address history
- Instant Nationwide
- State Sex Offender
- Education Verification



Nation's Search
ILLUSTRATING THE DIFFERENCE

Nationsearch.com 11160 Huron St. #201 Thornton, CO. 80234
Phone 800.827.9550 Fax 800.827.6118

AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

I hereby authorize Nationsearch.com, and its designated agents and representatives to conduct a review of my background through a consumer report and /or an investigative consumer report to be generated for employment purposes, promotion, reassignment or retention as an employee of

Steve A Williams

I understand and am aware that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: names and dates of previous/current employment, work experience, criminal history records, sexual offenders lists, motor vehicle records, educational records, professional license verification, credit history, civil cases, OFAC list, CIG/GSA lists and any other sanctions lists. Upon request, Nationsearch.com will supply a copy of the consumer report (completed) along with a copy of the rights under the FCRA.

I, Steve A Williams, authorize the release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at (company name) Atlassian.

I hereby release Nationsearch.com and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of any kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization for release of information. I hereby certify that all information provided below and on my resume, CV or questionnaire is correct to the best of my knowledge. Any false statements provided on this form and/or on my resume, CV or application questionnaire will be considered just cause for the termination of employment at any time. This authorization and consent shall be valid in original, fax, copy or scanned form.

Please provide the following information, which is required by government agencies and other entities for identification purposes when conducting the background screening process. This information is confidential and will not be used for any other purpose.

Steve Williams

Applicant Signature

7/9/14

Date

Other Names Used: STEVOA A WILLIAMS

Social Security Number <u>459-70-5243</u>	
Date of Birth: To be used for screening purposes only <u>11-27-1945</u>	
Drivers License number : State of Issue: <u>98-266-0592</u>	

Street Address	City	State	Zip Code
<u>284 Dover CT</u>	<u>Broomfield</u>	<u>CO</u>	<u>80020</u>