



### Addendum to Application

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4 DATE 7-27-14

Name Sanders Kaitlyn Nichole  
Last First Middle Maiden

Social Security No. 640-46-5061

Telephone 910-636-7675

If under 18, please list age \_\_\_\_\_ Referred by Jeff Sanders

Position applied for (1) Stores Days/hours available to work  
 and salary desired (2) \$13 No Pref  Thur \_\_\_\_\_  
 (Be specific) Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? 40+ Can you work nights? no

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

When available for work? 7-28-14

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

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

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Town Park High School	1 Bob Dawson Dr	4	basics
College	Vernon College	4105 Maplewood Ave	1	basics
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. \_\_\_\_\_

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>Rue 21</u>	Supervisor name <u>Derek</u>	
Position <u>Sales Associate</u>	Employment dates	Pay or salary
Company _____	From <u>Jan, 2011</u>	Start <u>7.50</u>
Address <u>3111 Midwestern Pkwy</u>	To <u>April, 2011</u>	Final <u>7.50</u>
Telephone <u>(940) 690-4555</u>	Your last job title _____	

Reason for leaving (be specific) Needed more hours and money

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

Sales associate, cashier, phones

Name <u>Sincerely Yours</u>	Supervisor name <u>Chyanne Neal</u>	
Position <u>Deliver</u>	Employment dates	Pay or salary
Company _____	From <u>May 2011</u>	Start <u>8.00</u>
Address <u>309 North Wall St</u>	To <u>July 2011</u>	Final <u>8.00</u>
Telephone <u>(940) 592-2493</u>	Your last job title _____	

Reason for leaving (be specific) Summer Job only

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

Van driver, phones

Name <u>GCA</u>	Supervisor name <u>Wade Stocker</u>	
Position <u>Housekeeper</u>	Employment dates	Pay or salary
Company _____	From <u>Aug. 2013</u>	Start <u>8.25</u>
Address <u>1501 W Magnolia Ave</u>	To <u>July 2014</u>	Final <u>8.25</u>
Telephone <u>(940) 592-6502</u>	Your last job title _____	

Reason for leaving (be specific) More money

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

Housekeeper

Who were you referred by? Jeff Sanders

May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No  
 What is your means of transportation to work? car  
 Driver's license number 33766630 State of issue \_\_\_\_\_  
 Operator  Commercial (CDL)  Chauffeur \_\_\_\_\_  
 Expiration date 2-24-2019  
 Have you had any accidents during the past three years?  Yes  No  
 If so, how many? 1  
 Have you had any moving violations during the past three years?  Yes  No  
 If so, how many? \_\_\_\_\_

**OFFICE USE ONLY**

Typing  Yes  No      Personal Computer  Yes  No      10-key  Yes  No  
 \_\_\_\_\_ WPM                      \_\_\_\_\_ PC \_\_\_\_\_ Mac  
 Word Processing  Yes  No      Other \_\_\_\_\_  
 \_\_\_\_\_ WPM                      Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name <u>Becky Gilbert</u>	Name <u>Deelynn Philips</u>
Position <u>Receiver</u>	Position <u>Office Clerk</u>
Company <u>Lowe's</u>	Company <u>Texas Specialty Hospital</u>
Address <u>400 West Park</u>	Address <u>1103 Grace St</u>
Telephone <u>(940) 592-9831</u>	Telephone <u>(940) 763-7908</u>

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

People, phone, computer.

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No  
 ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No  
 Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**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

Kaitlye Dawls

Date:

7-22-14

# 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, 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 \$130,000 (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](http://www.irs.gov/w4).

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

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>0</u>
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	_____
<b>C</b>	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.) . . . . .	<b>C</b>	_____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . . . . .	<b>F</b>	_____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 . . . . .</li> </ul>	<b>G</b>	_____
<b>H</b>	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.) ▶	<b>H</b>	<u>0</u>

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.

<b>Form W-4</b>	<b>Employee's Withholding Allowance Certificate</b>	OMB No. 1545-0074
Department of the Treasury Internal Revenue Service	▶ 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.	<b>2013</b>
Your first name and middle initial <u>Kaitlyn N</u>		Last name <u>SANDERS</u>
Home address (number and street or rural route) <u>1102 FM 368 S</u>		Your social security number <u>1040-46-5061</u>
City or town, state, and ZIP code <u>IOWA PARK TX 76367</u>		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)		5 <u>0</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here. ▶ <b>7</b>		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ <u>Kaitlyn Sanders</u>		Date ▶ <u>7-22-14</u>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)



July 23, 2014

To Whom This May Concern,

This is to verify that Kaitlyn N. Sanders has a checking account with Secured Advantage Credit Union. Her checking account # 1003914874. Our routing # 253279714. If you have any questions or concerns please feel free to call me at 940-592-5602.

Thank you,

Yvonne Downs

A handwritten signature in black ink, appearing to read "Yvonne Downs". The signature is fluid and cursive, with a large loop at the end.

### 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 type="checkbox"/> As Soon As Possible
<input type="checkbox"/> Stop	<input type="checkbox"/> Future Paydate
<input type="checkbox"/> Change	____/____/____

Social Security Number
640-46-5061

Name (Last, First Middle Initial)				
Sanders Kaitlyn Nichole		Towa Park		TX
Home Address	Street	City	State	Zipcode
P.O. Box 73		1102 Em 368 South		76367
Date (Mo/Day/Yr)	Employee Signature		Daytime Phone Number	
7-22-14	Kaitlyn Sanders		940-636-2625	

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

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)
Secured Advantage
Type of Account
<input checked="" type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market Checking <input type="checkbox"/> 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.

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



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: Kaitlyn Sanders

Social Security Number: 640-46-5061 Date of Birth: 02-24-1995

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: Kaitlyn Sanders Date 7-22-14

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

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

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: Kaitlyn Sanders Date: 7-22-14

Please PRINT clearly: Position applied for: \_\_\_\_\_

Name: Kaitlyn Nichole Sanders Maiden / AKA: \_\_\_\_\_  
First Middle Last

Soc. Sec. #: 640-46-5661 \*Sex: Fm \*Race: W \*Date of Birth: 2-24-1995

Current Address: P.O. Box 73 County: Wichita

City: Iowa Park State: TX Zip: 76367 How long: 19 yrs to \_\_\_\_\_

Previous Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long: \_\_\_\_\_ to \_\_\_\_\_

Motor Vehicle Report Fax to: (208)769-7282  
Name as it appears: Kaitlyn Sanders License #: 3371666030 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. 03/06/01

### 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:

Kaitlyn Sanders  
and, further, that 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.

<u>640-46-5061</u> Social Security Number	<u>33766630</u> Driver's License No:	<u>TX</u> State
<u>Sanders</u> Last Name	<u>Kaitlyn</u> First Name	<u>W</u> M.I
<u>Maiden and/or Other Last Names Used</u>		
<u>P.O. Box 73</u> Current Address	<u>Iowa Park</u> City and County	<u>TX 76367</u> State and Zip Code
<u>2-24-1995</u> Date of Birth	Circle One: Male / <u>Female</u>	

Signature: Kaitlyn Sanders Date: 7-22-14

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

Name: Kaitlyn Sanders  
Address: P.O. Box 73  
Home Phone: 940-636-2625

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

1. Name: Lori Sanders  
Phone (work): \_\_\_\_\_  
Phone (home): ~~940-636-2625~~ 940-631-3048

2. Name: Jeff Sanders  
Phone (work): 940-592-2111  
Phone (home): 940-636-3479

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

Asthma  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name <b>Kaitlyn Sanders Employer Solutions Staffing Group LLC</b>		4. Employer Identification Number (EIN) <b>20-8084369</b>	
5. Employer address <b>7301 Ohms Lane Suite 405</b>		6. Employer phone number <b>952-767-9519</b>	
7. City <b>Edina</b>	8. State <b>MN</b>	9. ZIP code <b>55439</b>	
10. Who can we contact about employee health coverage at this job? <b>ESSG Health Benefits Team</b>			
11. Phone number (if different from above) <b>952-767-9519</b>		12. Email address <b>health@employersolutionsgroup.com</b>	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - All employees.
  - Some employees. Eligible employees are: **Site by site basis, to employees who work 30+ hours/week, 1560+ hours/year**
- With respect to dependents:
  - We do offer coverage. Eligible dependents are: **Dependents of enrolled employees working at sites that have elected insurance**
  - We do not offer coverage.

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

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

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

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

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

No (STOP and return this form to employee)

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

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

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

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

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

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

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



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 Sanders First Name Kaitlyn Middle Initial W Street Address P.O. Box 73 City/State/Zip Iowa Park, TX, 76367 Home Phone 940-636-2625 Cell / Message Phone Company/Employer CMG

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.

Kaitlyn Sanders Kaitlyn Sanders 7-22-14 Name (Print or type) Applicant's Signature Date

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

Table with 5 columns: DOH, NHW, I-9, 8850, W4. Row 1: DOH, NHW, I-9, 8850, W4. Row 2: Emergency Contact Info, Background Release Form, Background Results, 5 Day Letter (If applicable), ESC Application.

VSI-IND 219301-EMP OFFICE USE ONLY Refire Date

EMPLOYEE INFORMATION (Must Be Filled Out) ENROLLMENT FORM - PLAN 2 USE BLACK or BLUE INK ONLY ESC CU(NAV/SAD) P2 v13.0

Social Security Number 640-46-5061
Date of Birth 02/24/1993 Sex M F
Name Kaitlyn Sanders
Street Address P.O. Box 73
City Iowa Park State TX Zip 76367
Home Phone 940-634-2425

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
\$0.90 Employee + One
NO \$1.80 Employee + Family



SHORT-TERM DISABILITY

YES \$4.20 Employee Only
NO



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 Jeff Sanders
RELATIONSHIP Dad

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 Kaitlyn Sanders

Date 7/22/2014



# 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) <b>Sanders</b>		First Name (Given Name) <b>Kaitlyn</b>		Middle Initial <b>N</b>	Other Names Used (if any)	
Address (Street Number and Name) <b>P.O. Box 73</b>			Apt. Number	City or Town <b>Iowa Park</b>	State <b>TX</b>	Zip Code <b>76307</b>
Date of Birth (mm/dd/yyyy) <b>2-24-95</b>	U.S. Social Security Number <b>040-44-510011</b>	E-mail Address <b>Kaitlyn.Sanders257@yahoo.com</b>			Telephone Number <b>940-630-2625</b>	

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

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

- A citizen of the United States
- A 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**

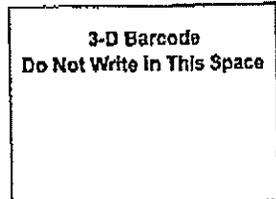
2. Form I-94 Admission Number: \_\_\_\_\_

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: <b>Kaitlyn Sanders</b>	Date (mm/dd/yyyy): <b>7-22-14</b>
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**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: <b>Kaitlyn Sanders</b>		Date (mm/dd/yyyy): <b>07-22-14</b>	
Last Name (Family Name) <b>Sanders</b>		First Name (Given Name) <b>Kaitlyn</b>	
Address (Street Number and Name) <b>P.O. Box 73</b>		City or Town <b>Iowa Park</b>	State <b>TX</b>
		Zip Code <b>76307</b>	



**Employer Completes Next Page**



UNDER 21 UNTIL  
02/24/2016

33766630

DOB 02/24/1995

04/17/2013 - Exp 02/24/2019

SANDERS  
KAITLYN NICHOLE

4102 PINEA SOUTH  
OWA PARK TX 76867

Restriction: NONE Eye: NONE

Hgt: 5-03 Hair: BLU

DD: 06812390126 07336351

SOCIAL SECURITY

3080

THIS NUMBER IS USED TO IDENTIFY THE INDIVIDUAL FOR SOCIAL SECURITY PURPOSES

KAITLYN NICHOLE SANDERS

04/04/2014

**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: Kaitlyn Sanders N

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

**3-D Barcode**  
Do Not Write In This Space

**Certification**

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

The employee's first day of employment (mm/dd/yyyy): 07/28/2014 (See instructions for exemptions.)

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
<u>[Signature]</u>	<u>7/28/2014</u>	<u>RECRUITER</u>	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name	
<u>WEAVER</u>	<u>KONARD</u>	<u>CMG</u>	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	Zip Code
<u>12000 WASHINGTON ST</u>	<u>THORNTON</u>	<u>CO</u>	<u>80241</u>

**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 **8850**  
(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 Kaitlyn Sanders Social security number ▶ 640-46-5061  
 Street address where you live P.O. Box 73  
 City or town, state, and ZIP code Lawa Park, TX, 76367  
 County Wichita Telephone number 940 636-2025  
 If you are under age 40, enter your date of birth (month, day, year) 02-24-1995

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 ▶ Kaitlyn Sanders Date 07/22/2014

For Employer's Use Only

Employer's name Employer Solutions Staffing Group Telephone no. (952) 835 - 1288 EIN           

Street address 7301 Ohms Lane, Suite 405

City or town, state, and ZIP code Edina, MN 55439

Person to contact, if different from above Associated Consultants, Inc. Telephone no. (800) 925 - 0557

Street address 3730 Washington Boulevard

City or town, state, and ZIP code Indianapolis, IN 46205

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6)           

Date applicant: Gave information   /  /   Was offered job   /  /   Was hired   /  /   Started job   /  /  

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job           

Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature Kaitlyn Davis Title            Date 7/22/14

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping . . . . . 3 hrs., 16 min.
- Learning about the law or the form . . . . . 46 min.
- Preparing and sending this form to the SWA . . . . . 42 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

### Form A (revised 07/09) WORK OPPORTUNITY TAX CREDIT

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

Name Kaitlyn Sanders  
 Address P.O. Box 73  
 City Iowa Park State Tx Zip 76367 Social Security # 040-46-5064  
 Date of Birth 2-24-95 Age 19

Please CHECK ONE ANSWER for each of the following questions, and complete question #5:

1. Have you or any family member living with you received Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) during the past 24 months? Yes  No
2. Have you or any family member living with you received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) at any time during the past fifteen (15) months? Yes  No
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days? Yes  No
4. Are you part of the Ticket to Work program? Yes  No

5. Name of person who received benefits _____ Relationship _____ City & State where benefits received _____
--

6. Are you a veteran? Yes  No  and Disabled due to service? Yes  No   
 Service Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Branch: \_\_\_\_\_

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

8. Have you been convicted of a felony or released from prison in the last 12 months?  
 Date of Conviction: \_\_\_\_\_ Date of Release: \_\_\_\_\_ Yes  No   
 Parole Officer's Name: \_\_\_\_\_ Parole Officer's Phone # \_\_\_\_\_

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

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

11. Did you receive a high school diploma or GED? If yes, date received: 6-1-13 Yes  No   
 Have you been employed or been admitted to technical school or college since then? Yes  No

12. How much in gross wages have you earned TOTAL in the past six months? \$ \_\_\_\_\_

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 Kaitlyn Sanders DATE 7-22-14

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

Resume

Karlyn Sanders, P.O. Box 73

I graduated from Iowa Park High School and went to

Vernon College to do my basics.

I have people, computer, register and phone skills.

References - DeLynn Phillips 940-631-787  
Iowa Park TX

Becky Gilbert 940-636-5676 Iowa Park TX

I was a Varsity cheerleader for four years and was also a homecoming nominee for high school.

I was involved in sports, gymnastics, church, riding dirt bikes and loved visiting with family and friends.