



New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Brown First Name Jessica Middle Initial L
 Street Address 8947 Graham Brantley RD Apt/Ste _____
 City/State/Zip Bailey NC 27807
 Phone Number (252) 567-6851 Email Address jessicabrook@yahoo.com
 Staffing Agency/Recruitment Partner Moraly Cazares

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.

Jessica Brown Name (Print or type)
Jessica Brown Applicant's Signature
8-13-14 Date

Copy or facsimile ("fax") will be considered the same as an original signature. Email will ONLY be used for employment correspondence

For ESSG Office Use Only

DOH _____	NHW _____	I-9 _____	8850 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Unemployment Letter (If applicable) _____	ESC Application _____

For ESSG Client Use

DOH _____	ROP _____	Work Site Loc. _____	WC Code _____
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Background Investigation Information Release Form

I consent to have a consumer report made as to my credit history, employment history, motor vehicle driving record, social security information, criminal record, and other pertinent information for employment purposes, including initial hiring decisions, promotions, reassignments, and/or retention. I hereby authorize **Corporate Management Group, Inc.** to obtain a background report containing the foregoing information from Express Screening, P.O. Box 812289, Boca Raton, Florida 33481.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request To Express Screening within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify Express Screening, its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from Express Screening, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Express Screening, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

AUTHORIZE CMG TO CONTACT PRIOR EMPLOYER **YES** **NO**

8-13-14

Jessica Brown

DATE

APPLICANT'S SIGNATURE

Printed Name: Jessica Brown

Social Security No. 239 53-9556

Birth date: 7-22-1987

Address: 8947 Graham Brantley RD

City/State/Zip: Bailey NC 27807

Responses to these questions 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 person in the event we discover adverse information during our background investigation.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.

EMERGENCY CONTACT INFORMATION

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

Employee Name: Jessica Brown
Address: 8947 Graham Brantley RD Bailey NC 27804
Home Phone: (252) 567-6851

EMERGENCY CONTACTS

Please list two people (in priority order) who could be contacted in case of an emergency

Contact #1 <u>Ruth Joyner</u> Relationship: <u>mother</u>	Home Phone: Cell Phone: <u>(252) 245-2798</u> Work Phone: <u>(252) 459-7777</u>
Contact #2 <u>Ester Evans</u> Relationship: <u>Grandmother</u>	Home Phone: <u>(252) 237-8100</u> Cell Phone: <u>(252) 245-0035</u> Work Phone:

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



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By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify Express Screening, its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from Express Screening, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Express Screening, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

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AUTHORIZE CMG TO CONTACT PRIOR EMPLOYER **YES** **NO**

8-13-14

Jessica Brown

DATE

APPLICANT'S SIGNATURE

Printed Name: Jessica Brown

Social Security No. 289 53- 9556

Birth date: 7-22-1987

Address: 8947 Graham Brantley RD

City/State/Zip: Bailey NC 27807

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

ING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer r
"investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applica
d, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, sc
ity (public or private), information service bureau, company, or insurance company to furnish any and all background information re
nge Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANG
YMENT SCREENING's website is at: www.orangetreescreening.com, another outside organization acting on behalf of the company,
pany itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

(Must include email address: _____)

Signature: Jessica Brown 8-13-14 Date

BACKGROUND INFORMATION

Name: Brown First: Jessica Middle: Lee-Ann

Other Names/Alias: _____
Security #: 839.53.9556 Date of Birth (mm/dd/yyyy)*: 07-22-1987

License #: 27180847 State of Driver's License: North Carolina

Address: 8747 Graham Brantley RD Telephone # (Primary): (252) 567-6851

State/Zip: Bailey NC 27807

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

U.S. DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES
FORM I-9
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.

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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.

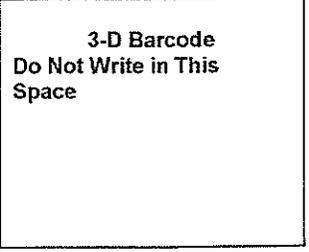
Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)					
Last Name (Family Name) <i>Brown</i>		First Name (Given Name) <i>Jessica</i>	Middle Initial <i>J</i>	Other Names Used (if any)	
Address (Street Number and Name) <i>8947 Graham Brantley RD</i>		Apt. Number	City or Town <i>Bailey</i>	State <i>NC</i>	Zip Code <i>27807</i>
Date of Birth (mm/dd/yyyy) <i>07-22-1987</i>	U.S. Social Security Number <i>239-539556</i>	E-mail Address <i>Jessica.brown@yahoo.com</i>		Telephone Number <i>252-567-6851</i>	

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)

Important: You must complete a new Form NC-4 EZ or NC-4 for tax year 2014. As a result of recent law changes, how you determine the number of allowances for tax year 2014 will differ from previous years. Most taxpayers will not be entitled to as many allowances, and as a result, more taxpayers should claim zero (0) allowances. Additionally, you are no longer allowed to claim a N.C. withholding exemption for yourself, your spouse, your children, or any other qualifying dependents.

PURPOSE - Complete Form NC-4, Employee's Withholding Allowance Certificate, so that your employer can withhold the correct amount of State income tax from your pay. If you do not provide a new NC-4 to your employer, your employer is required to withhold based on single with zero allowances.

FORM NC-4 EZ - A new form was created for tax year 2014 for taxpayers who intend to claim either: exempt status, or the N.C. standard deduction and no tax credits or only the credit for children.

FORM NC-4 BASIC INSTRUCTIONS - Complete the Allowance Worksheet.

The worksheet will help you figure the number of withholding allowances you are entitled to claim. The worksheet is provided for employees to adjust their withholding allowances based on N.C. itemized deductions, federal adjustments to income, N.C. additions to federal adjusted gross income, N.C. deductions from federal adjusted gross income, or N.C. tax credits. However, you may claim fewer allowances if you wish to increase the tax withheld during the year. If your withholding allowances decrease, you must file another NC-4 with your employer within 10 days after the change occurs. Exception: When an individual ceases to be head of household after maintaining the household for the major portion of the year, a new NC-4 is not required until the next year.

TWO OR MORE JOBS - If you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using one Form NC-4 Allowance Worksheet. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other. You should also refer to the Multiple Jobs Table to determine the additional amount to be withheld on line 2 of Form NC-4 (See Allowance Worksheet).

NONWAGE INCOME - If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form NC-40 to avoid underpayment of estimated tax interest. Form NC-40 is available on our website at www.dornc.com under individual income tax forms.

HEAD OF HOUSEHOLD - Generally you may claim head of household 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. Not "Head of Household" for State tax purposes is the same as for federal tax purpose:

QUALIFYING WIDOW(ER) - You may claim qualifying widow(er) status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

- 1. Your home is maintained as the main household of a child or stepchild for whom you can claim a federal exemption; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death.

MARRIED TAXPAYERS - For married taxpayers, both spouses must agree as to whether they will each complete the Allowance Worksheet based on married filing jointly or married filing separately.

For married taxpayers completing the Allowance Worksheet based on married filing jointly, you will consider the sum of both spouses income: adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.

For married taxpayers completing the worksheet on the basis of married filing separately, each spouse will consider only his or her portion of income, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.

All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.

CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Cut here and give this certificate to your employer. Keep the top portion for your records.

- 1. Total number of allowances you are claiming for 2014 (Enter zero (0), or the number of allowances from Page 2, line 16 of the NC-4 Allowance Worksheet)
2. Additional amount, if any, withheld from each pay period (Enter whole dollars) .0

Social Security Number

239-53-9556

Marital Status

Single Head of Household Married or Qualifying Widow(er)

First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Jessica

M.I. Last Name

L Brown

Address

8947 Graham Brantley RD

County (Enter first five letters)

Nash

City

Bailey

State

NC

Zip Code (5 Digit)

27807

Country (If not U.S.)

Employee's Signature

Jessica L Brown

Date

8-13-14

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on line 1 above.

Did you receive unemployment compensation at any point during your unemployment? yes

6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months? NO

Conviction Date: ___/___/___ Release Date: ___/___/___

Was this a Federal or State conviction? If State - County: _____ State: _____

Additional Tax Credits

IEC (Native American): Are you or your spouse a member of a Native American Tribe? NO

*If you checked yes please provide a copy of your CDIB card.

CA Residents: Are you the child of foster parents? Do you receive CalWorks? Workforce Investment Act?

Are you a migrant or seasonal farm worker? Have you ever been convicted of a misdemeanor?

SC Residents: Do you receive Family Independence Benefits?

PLEASE READ, SIGN, AND DATE:

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

New Employee Signature: Jessica Brown

Date: 8-13-14



INJURY MANAGEMENT PROGRAM

Injured Worker's Responsibilities

As your employer, we are concerned about your full recovery. Reasonable and necessary medical care will be paid for any compensable work injury. Medically authorized time away from work will be reimbursed in accordance with the **State of Minnesota workers' compensation laws**. Wherever possible light duty restrictions imposed as a result of your injury will be accommodated.

RESPONSIBILITIES OF THE INJURED WORKER:

Minnesota Rule Sec. 5221.0430, Subp. 1 requires that you choose one primary health care provider. Subpart 2 places limitations on your right to change primary health care providers. Discuss with your employer any change in health care provider.

Attend all scheduled appointments. While on physical limitations, visits should be a minimum of once every two weeks. Failure to have current medical support for

disability may result in termination of benefits. Schedule your next appointment immediately after your doctor visit, before you leave the clinic if possible.

Obtain a Report of Workability from your physician at every appointment, a minimum of once every two weeks. M.R. 5221.0420 requires that your physician cooperate with return to work planning and that you be released to return to work at the earliest appropriate time.

Immediately following your appointment, provide a copy of the report to the designated employer representative. You should deliver this in person so that changes in work restrictions may be addressed and any questions answered.

Follow all physical restrictions at home and at work.

Report to work and perform physically suitable tasks as assigned. These may or may not be in your regular department. The work may or may not be on your usual shift.

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

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

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

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

Signed Jessica Brown 8-13-14

Printed Name: Jessica Brown

Important/Importante

LOST OR STOLEN PAYCHECKS

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

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

CHEQUES DE PAGO PERDIDOS O ROBADOS

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

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

AGREED/SE ACUERDA—

Name/Nombre (con letra de molde):

Jessica Brown

Signature/Firma:

Jessica Brown

Employee Keeps This Form

GET TEXT ALERTS, when your paycheck is deposited on your card!
All we need to know your cell phone service provider and mobile number above!

Yes, sign me up, for text alerts
My mobile service provider is:

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_____ this information will only be used to send your paystubs electronically _____

Employee's Signature:

Date:



employer solutions staffing group LLC

Leveraging Resources in a Changing Market

STATEMENT OF CONFIDENTIALITY

This agreement made this 13th day of August, 2014, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Jessica Brown hereafter referred to as "employee".

WITNESSETH:

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

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

Important: You must complete a new Form NC-4 EZ or NC-4 for tax year 2014. As a result of recent law changes, how you determine the number of allowances for tax year 2014 will differ from previous years. Most taxpayers will not be entitled to as many allowances, and as a result, more taxpayers should claim zero (0) allowances. Additionally, you are no longer allowed to claim a N.C. withholding exemption for yourself, your spouse, your children, or any other qualifying dependents.

PURPOSE - Complete Form NC-4, Employee's Withholding Allowance Certificate, so that your employer can withhold the correct amount of State income tax from your pay. If you do not provide a new NC-4 to your employer, your employer is required to withhold based on single with zero allowances.

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QUALIFYING WIDOW(ER) - You may claim qualifying widow(er) status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

- 1. Your home is maintained as the main household of a child or stepchild for whom you can claim a federal exemption; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death.

MARRIED TAXPAYERS - For married taxpayers, both spouses must agree as to whether they will each complete the Allowance Worksheet based on married filing jointly or married filing separately.

For married taxpayers completing the Allowance Worksheet based on married filing jointly, you will consider the sum of both spouses incomes, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.

For married taxpayers completing the worksheet on the basis of married filing separately, each spouse will consider only his or her portion of income, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.

All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.

CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Cut here and give this certificate to your employer. Keep the top portion for your records.

NC-4 Employee's Withholding Allowance Certificate

Web

1. Total number of allowances you are claiming for 2014 (Enter zero (0), or the number of allowances from Page 2, line 16 of the NC-4 Allowance Worksheet) 0

2. Additional amount, if any, withheld from each pay period (Enter whole dollars) .00

Social Security Number

239-53-9556

Marital Status

Single Head of Household Married or Qualifying Widow(er)

First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Jessica

M.I. Last Name

L Brown

Address

8947 Graham Brantley RD

County (Enter first five letters)

Nash

City

Bailey

State

NC

Zip Code (5 Digit)

27807

Country (If not U.S.)

Employee's Signature

Jessica Brown

Date

8-14-14

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on line 1 above.

Jessica Brown
Date (mm/dd/yy)

ator Certification (To be completed and signed if Section 1 is prepared by a p

Date: 8/13/14
Jessica Brown 8/13/14
Brown Jessica
8947 Graham Brantley RD
Bailey NC, 27807

erjury, that I have assisted in the completion of this form and that to the be

rrect.

ator:
Brown
C

First Name (Given Name)

Jessica

ame)
City or Town

Brantley RD
Bailey
Sta
N



Employer Completes Next Page



8947 GRAHAM BRANTLEY RD
BAILEY NC 27807-9103

class: C endors: None restr: 1
issued: 07-23-2012 expires: 07-22-2020
sex: F ht: 5-03 eyes: BRO hair: BLK race:

birthdate:
07-22-1987

Jessica Brown

State of North Carolina
Driver licence 27180842
Jessica Leeann Brown

BIRTH REGISTRATION CARD
NORTH CAROLINA — WILSON COUNTY
OFFICE OF REGISTER OF DEEDS • WILSON, N.C. 27893

NAME JESSICA LEEANN BROWN

BIRTH DATE JULY 22, 1987

BIRTHPLACE WILSON CO., NC

SEX FEMALE VOL 1987 PAGE 593

DATE FILED 7-30-87 DATE ISSUED 7-20-98

THIS CERTIFIES THAT THE ABOVE IS A TRUE COPY
OF THE FACTS RECORDED IN THIS OFFICE ON BIRTH



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 Employer Solutions Staffing Group LLC		4. Employer Identification Number (EIN) 20-8084369	
5. Employer address 7301 Ohms Lane Suite 405		6. Employer phone number 952-767-9519	
7. City Edina	8. State MN	9. ZIP code 55439	

10. Who can we contact about employee health coverage at this job?

ESSG Health Benefits Team

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.

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)

4. 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)

5. 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.

5. 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? \$