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 OMARI First Name DANIEL Middle Initial K

Street Address 4840 QUARRYMAN RD

City/State/Zip RALEIGH, NC 27610

Home Phone _____ Cell / Message Phone 252-548-7312

Company/Employer Hospira, NC

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.

DANIEL OMARI	[signature]	8-26-14
Name (Print or type)	Applicant's Signature	Date

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

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

Form **8850** (Rev. August 2009)
Department of the Treasury
Internal Revenue Service

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

▶ See separate instructions.

OMB No. 1545-1500

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name DANIEL OMARI Social security number ▶ 048-11-3844

Street address where you live 4840 QUARRYMAN RD

City or town, state, and ZIP code RALEIGH, NC 27610

County WAKE Telephone number (252 548-7312

If you are under age 40, enter your date of birth (month, day, year) 01-30-80

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 ▶ [signature] Date 8 26 14

Form W-4 (2014)

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 2014 expires February 17, 2015. 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).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than $1,000,000.

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 2014. 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*.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for **yourself** if no one else can claim you as a dependent	A	1
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less. . . .	B	
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 $2,000 of **child or dependent care expenses** for which you plan to claim a credit . . . (**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
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 . . .	G	
H	Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ▶	H	1

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 $50,000 ($20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form **W-4** — Department of the Treasury, Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **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.**

OMB No. 1545-0074

2014

1 Your first name and middle initial	Last name	2 Your social security number
DANIEL K	OMARI	048-11-3844

Home address (number and street or rural route): 4840 QUARRYMAN RD

City or town, state, and ZIP code: RALEIGH, NC 27610

3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate.
Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

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. ▶ ☐

5	Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2)	5	1
6	Additional amount, if any, you want withheld from each paycheck	6	$
7	I claim exemption from withholding for 2014, 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.) ▶ [signature] Date ▶ 8-26-14

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Employee Acknowledgement Form (Temps)

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

[redacted] 8-27-14

Employee Signature Date

Employer's Representative Date

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

Documentation Instructions:

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

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

Employees: *Please retain the handbook for future reference*.

Bank of America

Non-Federal Direct Deposit Enrollment Request Form

Authorization agreement for automatic deposits (ACH credits)

Directions for Customer Use:

1) ***Ensure entire form is complete, then sign and date***
   - Use the ABA routing number from the state where your account was opened
2) ***Ensure appropriate Employer / Company address is used when mailing completed form.***
3) ***Employer/Company should review this form for completeness and suitability.*** *If Employer / Company prefers or requires their own form, use account type, number and ABA routing number below to help complete their form*
4) ***Mail form directly to Employer / Company*** (Note: It is not necessary for employer or company to return the form to the bank once direct deposit is set up into the payroll system)

Employer / Company Name:	Employer Solutions Staffing Group LLC		
7301 Ohms Lane Suite 405	Edina	MN	55439
Employer Address	**City**	**State**	**Zip**

I (we) authorize the above named **Company** to initiate credit entries to my **Bank of America** Checking and/or Savings accounts indicated below and to credit the same to such amount. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Note: Funds can be deposited into one account or split between accounts as a set percent or dollar amount.

Account type	☑ Checking ☐ Savings	State Acct Opened
Account number	237024854872	NC
ABA Routing Number	053000196	
Deposit Amount	_____ % **OR** $ _____ (Flat Amount)	**OR** ☐ Remaining

Account type	☐ Checking ☐ Savings	State Acct Opened
Account number		
ABA Routing Number		
Deposit Amount	_____ % **OR** $ _____ (Flat Amount)	**OR** ☐ Remaining

Account type	☐ Checking ☐ Savings	State Acct Opened
Account number		
ABA Routing Number		
Deposit Amount	_____ % **OR** $ _____ (Flat Amount)	**OR** ☐ Remaining

If monies to which I am not entitled are deposited to my account, I authorize the Company (issuer) to direct the financial institution to return said funds and I authorize the financial institution to act on the Company's direction and to return said funds. This authority will remain in effect until Employer/Company has received written notification from me of its termination in such time and in such manner as to afford Company and financial institution a reasonable opportunity to act on it.

Daniel	Kwaku	Omari	
First Name	Middle Name	Last Name	
4840 Quarryman Rd	Raleigh	NC	27610
Address	City	State	Zip
[signature]	8-26-14	252 548 7312	
Signature (required)	Date	Tel Number	

NOTE: Written credit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

00-53-2276NSB 04-2010

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 paydate for the deposit to show.

Please print

Check one of the following	Effective Date
☒ Start	☐ As Soon As Possible
☐ Stop	☐ Future Paydate ___/___/___
☐ Change	

Social Security Number: 048-11-3844

Name (Last, First Middle Initial): OMARI, DANIEL K

Home Address, Street	City	State	Zipcode
4840 QUARRYMAN RD	RALEIGH	NC	27610

Date (Mo/Day/Yr)	Employee Signature	Daytime Phone Number
8-26-14	[signature]	252-598-7312

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

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

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.

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

8/26/2014

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

Name: DANIEL OMARI

Address: 4840 QUARRYMAN RD, RALEIGH, NC 27610

Home Phone: 252-548-7312

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

1. Name: CONNIE BRYANT

   Phone (work): 704-244-9069

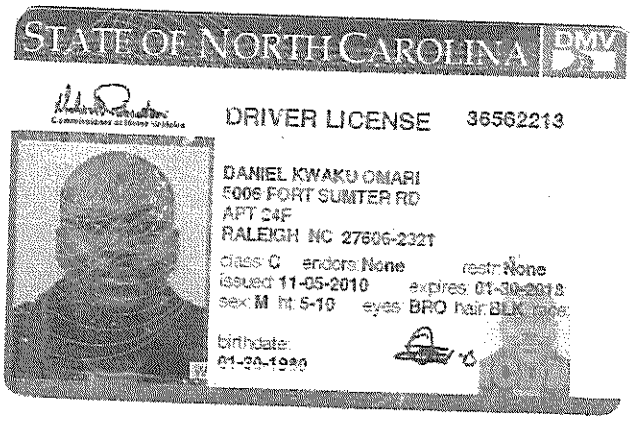
   Phone (home): _____

2. Name: CYVONNE GAINES

   Phone (work): 704-244-6553

   Phone (home): _____

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

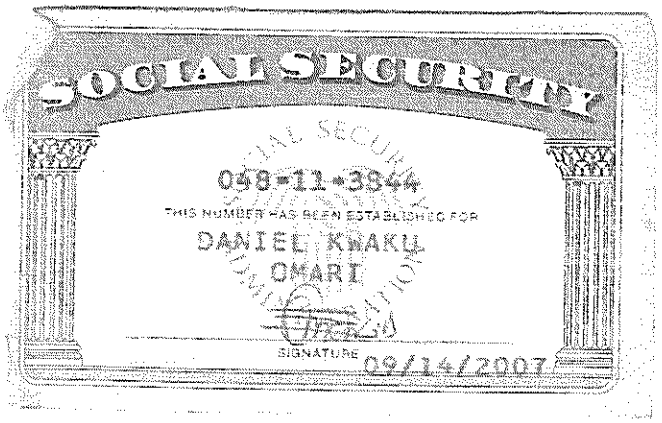

STATE OF NORTH CAROLINA DMV

DRIVER LICENSE 36562213

DANIEL KWAKU OMARI
5006 FORT SUMTER RD
APT 24F
RALEIGH NC 27606-2321

class C endors None restr None
issued 11-05-2010 expires 01-30-2018
sex M ht 5-10 eyes BRO hair BLK race

birthdate
01-30-1980


SOCIAL SECURITY

048-11-3844

THIS NUMBER HAS BEEN ESTABLISHED FOR

DANIEL KWAKU
OMARI

SIGNATURE 09/14/2007

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)*	First Name *(Given Name)*	Middle Initial	Other Names Used *(if any)*
OMARI	DANIEL	K	

Address *(Street Number and Name)*	Apt. Number	City or Town	State	Zip Code
4840 QUARRYMAN RD		RALEIGH	NC	27610

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	E-mail Address	Telephone Number
01/30/1980	648-11-3847	omaridan@Hotmail.com	252-548-7312

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)*

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date *(mm/dd/yyyy)*: 08/26/2014

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date *(mm/dd/yyyy)*:
Last Name *(Family Name)*	First Name *(Given Name)*	

Address *(Street Number and Name)*	City or Town	State	Zip Code

STOP *Employer Completes Next Page* STOP

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: Driver License		Document Title: SSCard
Issuing Authority:		Issuing Authority: NC		Issuing Authority: SSadmin
Document Number:		Document Number: 36562213		Document Number: 048-11-3844
Expiration Date *(if any)(mm/dd/yyyy)*:		Expiration Date *(if any)(mm/dd/yyyy)*: 1-30-18		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)*: 8-26-14 **(*See instructions for exemptions.*)**

Signature of Employer or Authorized Representative	Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative
[signature]	8-29-14	Acct Mgr

Last Name *(Family Name)*	First Name *(Given Name)*	Employer's Business or Organization Name
Krol	Tina	

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:

investigate and resolve the incident. CMG recognizes the serious nature of harassment and therefore will endeavor to protect the employee who may have been subjected to harassment, any witnesses and the party against whom allegations have been filed to every possible extent.

Harassment is unlawful and has a negative impact on employees. Violation of the Anti-harassment Policy will not be tolerated by CMG and may result in discipline up to and including termination. Offensive acts or conduct have no legitimate business purpose; accordingly, any employee, regardless of his/her position within CMG, who it is determined has engaged in such conduct will be made to bear the full responsibility for such unlawful conduct.

With respect to sexual harassment, the following is prohibited:

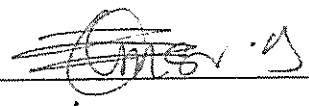
1. Unwelcome sexual advances, request for sexual favors, and all other verbal or physical conduct of a sexual or otherwise offensive nature, especially where:

   - ☐ Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
   - ☐ Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
   - ☐ Such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment.

2. Offensive comments, jokes, innuendoes and other sexually-oriented statements.

If Harassment Occurs:

1. When possible, confront the harasser and tell him/her to stop. Sometimes a simple confrontation will end the situation.
2. If confrontation is unsuccessful, immediately contact your CMG supervisor to report the harassment.
3. An investigation will be conducted and appropriate action taken, including disciplinary measures. We will investigate, in confidence; all reported incidents of harassment and retaliation.

Employee Signature: 

Date: 8-26-14

VSI-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 CU (NAVY SAID) P2 v13.0

Social Security Number 048-11-3844

Date of Birth 01/30/1980 Sex [X] M [ ] F

Name DANIEL OMARI

Street Address 4840 QUARRYMAN RD

City RALEIGH State NC Zip 27610

Home Phone 252-548-7312

Do you or any dependents have Medicare?
[ ] Yes [X] No If Yes:
Medicare Health Insurance Claim Number (HICN)

Medicare Effective Date ___/___/_____

Names of Covered Person(s)
1.
2.
3.

BENEFIT SELECTION

MEDICAL

[ ] $20.91 Employee Only

[ ] $42.44 Employee + One

[ ] $56.67 Employee + Family

[X] NO to MEDICAL, TERM LIFE, and STD benefits.

DENTAL

[ ] $ 5.99 Employee Only

[ ] $11.98 Employee + One

[ ] $19.77 Employee + Family

[X] NO

TERM LIFE

[ ] YES $0.60 Employee Only
$0.90 Employee + One
[X] NO $1.80 Employee + Family

SHORT-TERM DISABILITY

[ ] YES
[X] NO $4.20 Employee Only

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.

REGISTERED DEPENDENT INFORMATION

Name _____

Social Security Number ___-___-_____

Date of Birth ___/___/_____ Sex [M] [F]

Relationship: [ ] Spouse [ ] Child [ ] Domestic Partner

Name _____

Social Security Number ___-___-_____

Date of Birth ___/___/_____ Sex [M] [F]

Relationship: [ ] Spouse [ ] Child [ ] Domestic Partner

Name _____

Social Security Number ___-___-_____

Date of Birth ___/___/_____ Sex [M] [F]

Relationship: [ ] Spouse [ ] Child [ ] Domestic Partner

BENEFICIARY INFORMATION

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

NAME OF BENEFICIARY

RELATIONSHIP

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

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

▷ Signature [signature] Date 05/26/2014