



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 Murphy First Name Shalonda Middle Initial AL
 Street Address 844 W. Kemper Rd
 City/State/Zip Cin OH 45240
 Home Phone (513) 830-3681 Cell / Message Phone _____
 Company/Employer Heinz

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 rehiring.

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.

Shalonda Murphy
Name (Print or type)

[Signature]
Applicant's Signature

9.29.14
Date

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

For ESSG Office Use Only				
DOH _____	NHW _____	I-9 _____	8860 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	5 Day Letter (if applicable) _____	ESC Application _____

HIRE Act FICA Payroll Holiday and Employee Retention Tax Credit Employee Affidavit

Employer Name: ~~(Shaloust Murphy)~~ Heinz FEIN: _____

Hire Location: _____

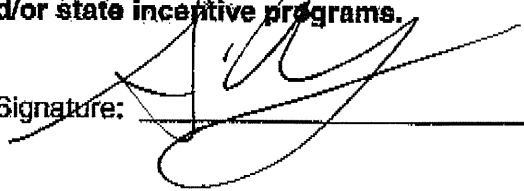
Employee Name: Shaloust Murphy

Social Security Number: 298-88-4733 1st Day of Work: 9-29-14

EMPLOYEE: Please check one statement that applies to you and sign and date where indicated below.

- I was unemployed during the entire 60 day-period prior to my first day of employment at this company.
 - I worked less than a total of 40 hours during the 60-day period prior to my first day of employment at this company.
- OR
- I worked MORE than a total of 40 hours during the 60-day period prior to my first day of employment at this company.

Under penalties of perjury, I hereby declare that the information above is true and correct to the best of my knowledge. By signing this form, I hereby authorize the release to my new employer or its agents information held by any parties needed to determine my eligibility for federal and/or state incentive programs.

Employee Signature:  Today's Date: 9-29-14

For employer's use only:

- Employee is being hired for a new position within the company.
- Employee is replacing an employee who either quit or was terminated with just cause.
- Employee is replacing an employee who was laid off.

Hiring Manager's Signature: _____ Date: _____



employer solutions staffing group^{uc}
Leveraging Resources in a Changing Market

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 re-issue 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: Shalonda Murphy

Signature/Firma: 

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 CUNAS *SADJ P2 A130

Social Security Number 298-88-4733
Date of Birth 07/18/1988 Sex M
Name Sha'LOUDA Murphy
Street Address 844 W. Kemper Rd
City Cincinnati State OH Zip 45240
Home Phone 513-930-3481

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.

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.

DENTAL

[] \$ 5.99 Employee Only
[] \$11.98 Employee + One
[] \$19.77 Employee + Family
[] NO

REQUIRED DEPENDENT INFORMATION

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

TERM LIFE

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

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

SHORT-TERM DISABILITY

[] YES
[] NO \$4.20 Employee Only

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

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

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

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declination of coverage.
Signature Date 09/29/2014

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

Name: David Washington

Address: ~~405~~ 2372 Walden Glen circle Apt B

Home Phone: (513) 390-1122

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

1. Name: _____

Phone (work): _____

Phone (home): _____

2. Name: _____

Phone (work): _____

Phone (home): _____

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



ANTI-HARASSMENT POLICY

It is Corporate Management Group's (CMG) policy that all employees should be able to enjoy a work environment free from all forms of discrimination, including harassment. As such, CMG is committed to vigorously enforcing their Anti-harassment Policy. This policy applies to all employees of the organization (without regard to position) and individuals not directly connected to CMG (e.g., an outside vendor, consultant, customer or guest). Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation or veteran status. Harassment is considered a form of discrimination and is specifically included among the prohibitions under Title VII of the Civil Rights Act of 1964. In addition, retaliation or reprisal taken against anyone who has expressed concern about harassment or discrimination against the individual raising the concern is illegal.

The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as "unwelcome sexual advances, requests for sexual favors, sexual comments, or other verbal or physical acts of a sexual or sex-based nature including, but not limited to drawings, pictures, jokes, and/or teasing where (1) submission to such conduct is made either explicitly or implicitly a term or a condition of an individual's employment; (2) an employment decision is based on an individual's acceptance or rejection of such conduct; or (3) such conduct interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment."

The Anti-harassment Policy prohibits harassment and/or retaliation by any individual employed by, doing business with or for, or visiting CMG. Employees who believe they have been the subject of harassment and/or retaliation or an employee who may have been witness to harassment and/or retaliation must report the incident immediately. Information and/or allegations must be reported to a manager of CMG (**by telephoning 866.920.1425 or 303.920.1425**). Only those who have an immediate need to know, including the alleged target of harassment or retaliation, the alleged harassers or retaliators, and any witnesses may find out the identity of the complainant. All individuals contacted in the course of an investigation will be advised that all persons involved in a charge are entitled to respect and that any retaliation or reprisal against an individual who is an alleged target of harassment or retaliation, who has made a complaint, or who has provided information in connection with a complaint, is a separate violation of CMG's policy. All information will be disclosed only on a need-to-know basis to allow CMG to

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.

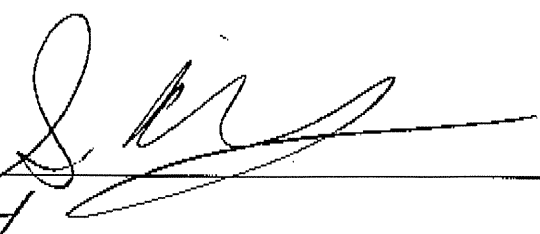
With respect to sexual harassment, the following is prohibited:

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: 9.29.14

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: <i>Drivers License</i>		Document Title: <i>Social Security Card</i>
Issuing Authority:		Issuing Authority: <i>State of Ohio</i>		Issuing Authority: <i>Social Security Administration</i>
Document Number:		Document Number: <i>TE964082</i>		Document Number: <i>298-88-4733</i>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <i>7-18-2017</i>		Expiration Date (if any)(mm/dd/yyyy): <i>NA</i>
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): 9/29/2014 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>[Signature]</i>		Date (mm/dd/yyyy) <i>9/30/2014</i>	Title of Employer or Authorized Representative <i>On-Site Rep</i>	
Last Name (Family Name) <i>Chezum</i>		First Name (Given Name) <i>Amy</i>	Employer's Business or Organization Name <i>Employers Solution Group</i>	
Employer's Business or Organization Address (Street Number and Name) <i>7301 Ohms Ln Ste 405</i>			City or Town <i>Edina</i>	State <i>MN</i> Zip Code <i>55439</i>

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):
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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):
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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:
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JOHN R. KASICH GOVERNOR
Mike Rankin Registrar DMV

Class
D

Ohio

3150UC8568150001

USA

DRIVER LICENSE



1 MURPHY
2 SHALONDA NICOLE
3 844 W KEMPER RD
CINCINNATI, OH 45240

4 LICENSE NO. 5 BIRTHDATE 6 ISSUE DATE
TE964082 07-18-1988 01-07-2014

7 CLASS 8 EXPIRES 9 ENDORS 10 RESTR
D 07-18-2017 A

07-18-1988

Shalonda Nicole Murphy

11 Sex: F 12 Ht: 5-09 13 Wt: 155
14 Eyes: BRO 15 Hair: BRO



SOCIAL SECURITY

298-88-4733

THIS NUMBER HAS BEEN ESTABLISHED FOR

SHALONDA N
MURPHY

Shalonda Nicole Murphy



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-004
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) Murphy		First Name (Given Name) Shalanda		Middle Initial N	Other Names Used (if any)	
Address (Street Number and Name) 841 W Kemper			Apt. Number	City or Town Cincinnati	State OH	Zip Code 45240
Date of Birth (mm/dd/yyyy) 7-18-1988	U.S. Social Security Number 298-88-4733	E-mail Address Murphyshalanda87@gmail.com			Telephone Number (513) 830-368	

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

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

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____ Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

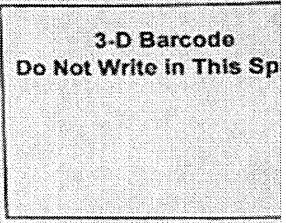
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)



Signature of Employee:	Date (mm/dd/yyyy): 9-19-20
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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 information is true and correct.

Signature of Preparer or Translator:	Date (mm/dd/yyyy):
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Last Name (Family Name)	First Name (Given Name)
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Address (Street Number and Name)	City or Town	State	Zip Code
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STOP *Employer Completes Next Page* **STOP**

Form W-4 (2014)

Employee's Withholding Allowance Certificate
 This certificate is used to determine the amount of federal income tax to be withheld from your pay. It is not valid unless you have signed it and your employer has received it. You must give a new certificate to your employer if your marital status, number of dependents, or other information changes. You must also give a new certificate if you are no longer an employee of the employer to whom you gave the certificate. You must also give a new certificate if you are no longer a resident of the United States. You must also give a new certificate if you are no longer a citizen of the United States. You must also give a new certificate if you are no longer a resident of the United States. You must also give a new certificate if you are no longer a citizen of the United States.

Head of Household. Generally, you can claim head of household if you are unmarried and you have a dependent who lives with you for more than half the year. You must also have a dependent who is a child, stepchild, or foster child, or a dependent who is a child, stepchild, or foster child, or a dependent who is a child, stepchild, or foster child. You must also have a dependent who is a child, stepchild, or foster child, or a dependent who is a child, stepchild, or foster child. You must also have a dependent who is a child, stepchild, or foster child, or a dependent who is a child, stepchild, or foster child.

Multiple jobs. If you have a second job, you must give a separate Form W-4 to each employer. You must also give a separate Form W-4 to each employer. You must also give a separate Form W-4 to each employer. You must also give a separate Form W-4 to each employer. You must also give a separate Form W-4 to each employer. You must also give a separate Form W-4 to each employer. You must also give a separate Form W-4 to each employer.

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: <ul style="list-style-type: none"> 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 \$1,000 or less. 	B	1
C	Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.)	C	0
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.	D	1
E	Enter "1" if you will be at least of head of household on your tax return (see conditions under Head of Household above).	E	0
F	Enter "1" if you have at least \$1,000 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	0
G	Child Tax Credit including additional child tax credit. See Pub. 502, Child Tax Credit, for more information. <ul style="list-style-type: none"> If your total income will be less than \$25,000 (\$25,000 if married), enter "1" for each eligible child that less "1" if you have more than one eligible child. If your total income will be between \$25,000 and \$44,000 (\$25,000 and \$44,000 if married), enter "1" for each eligible child. 	G	0
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	3

For accuracy, complete all worksheets that apply:

- If you plan to 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 \$20,000 (\$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 104 or 1040.

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

W-4

Employee's Withholding Allowance Certificate

OMB No. 1545-0047
2014

Whether you are entitled to claim a certain number of allowances, or exemption from withholding is added to income by the IRS. Your employer may be required to send a copy of this form to the IRS.

Your name (print and include middle initial) Shalonda M Last name Morphy Your social security number 298 88 4735

Your address (print and include street name) 244 W Kemper Rd Single Married Married, but exempt or higher filer status. (See Form 1040 for more information.)

Columbia, MO 65204 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-6889 for a replacement card.

Total number of allowances you are claiming from line H above or from the applicable worksheet on page 2 3

Additional amount, if any, you want withheld from each paycheck 0

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.

Date of signature 9/29/14

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:

_____ 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.

298-88-4733

Social Security Number

TE964082

Driver's License No:

Murphy

Last Name

Sharon

First Name

OH

State

N

M.I

Maiden and/or Other Last Names Used

844 W Kemper Rd

Current Address

7-18-88

Date of Birth

Cincinnati Hamilton

City and County

Circle One:
Male / Female

OH 45240

State and Zip Code

Signature: 

Date: 9-18-14

