

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

7301 Ohms Lane Suite 405
Edina, MN 55439
Tel: 952.835.1288 • Fax: 952.835.1255
www.esgstaffingsolutions.com

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Dallarosa First Name Peter Middle Initial E
Street Address 1880 Hoffman Way Apt/Ste _____
City/State/Zip Thornton, CO. 80229
Phone Number 720-350-0534 Email Address peterpipermsi@yahoo.com
Company/Employer BASF

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.

Peter Dallarosa
Name (Print or type)

Peter Dallarosa
Applicant's Signature

11-08-2014
Date

A 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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Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

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

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u>1</u>
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	<u>1</u>
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	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u>1</u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
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	<u> </u>
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	<u>3</u>
For accuracy, complete all worksheets that apply. • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.			

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2013	
▶ 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.					
1 Your name and middle initial <i>Peter E.</i>		Last name <i>Dallara</i>		2 Your social security number <i>522-43-0004</i>	
Home address (number and street or rural route) <i>1880 Hoffman Way</i>				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.	
City or town, state, and ZIP code <i>Thornton, CO 80229</i>				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 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ <u> </u>	
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶ <i>Peter Dallara</i>				Date ▶ <i>11-06-2014</i>	
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)	



Revision Date: 09/06/12
Expiration Date: 10/01/14

Affirmation of Legal Work Status

Pursuant to § 8-2-122, Colorado Revised Statutes

Employee Name: Dallarosa Peter Erik 07-20-1984
Last First Middle Date of Birth

Social Security Number: 522 - 43 - 8004 Date of Hire: 11-06-2014 (MM/DD/YYYY)

In accordance with § 8-2-122, C.R.S., within 20 days after hiring the new employee listed above,

I affirm all four of the following by signing this form:

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

BASF

Print Name of Employer (or Designated Representative) Official Title

Signature of Employer (or Designated Representative) Date Signed by Employer (MM/DD/YYYY)

Business or Organization Name Employer Phone Number

The provision of false or fraudulent information on this form may subject the employer to a significant fine and/or additional penalties.

This form and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.



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>Dallagrosa</i>		First Name (Given Name) <i>Peter</i>		Middle Initial <i>E.</i>	Other Names Used (if any)	
Address (Street Number and Name) <i>1880 Hoffman way</i>		Apt. Number	City or Town <i>Thornton</i>		State <i>CO</i>	Zip Code <i>80229</i>
Date of Birth (mm/dd/yyyy) <i>07-20-1984</i>	U.S. Social Security Number <i>522-43-0004</i>		E-mail Address <i>peterpipermusic@yahoo.com</i>			Telephone Number <i>720-350-0534</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)

3-D Barcode
Do Not Write in This Space

Signature of Employee: <i>Pete Dallagrosa</i>	Date (mm/dd/yyyy): <i>11-06-2014</i>
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

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



Employer Completes Next Page



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:

Dallarosa, Peter, E.

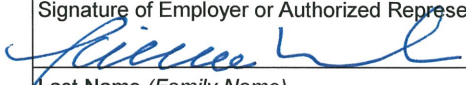
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):	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

3-D Barcode
 Do Not Write in This Space

Certification

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

The employee's first day of employment (mm/dd/yyyy): 11-25-14 (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
		<u>11-25-14</u>	<u>Acct Mgr.</u>	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name		
<u>hsol</u>	<u>Tina</u>	EMPLOYER SOLUTIONS STAFFING GROUP LLC		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
<u>7301 OHMS LANE SUITE 405</u>		<u>EDINA</u>	<u>MN</u>	<u>55439</u>

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

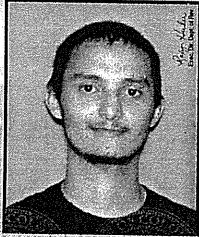
A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

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

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

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

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



Colorado
Driver License

00-271-0240 Expires: 07-20-2015
Class: R Issued: 07-22-2010
End: DOB: 07-20-1984
Rest: Previous Type: A
Ht: 5'05" Wt: 120 Eyes: BRO Sex: M
Voter:

Peter Dallarosa

PETER ERIK DALLAROSA
1880 HOFFMAN WAY
THORNTON, CO 80229

DATE REGISTERED BY STATE REGISTRAR

AUG 14 1984

STATE OF COLORADO
CERTIFICATE OF LIVE BIRTH

105

84025932

STATE FILE NUMBER

CHILD	CHILD-NAME FIRST MIDDLE LAST			SEX	DATE AND HOUR OF BIRTH (MONTH, DAY, YEAR, HOUR)	
	1. Peter Erik DALLAROSA			2. Male	3. July 20, 1984 @ 7:15 AM	
	HOSPITAL-NAME (If not in hospital, give street and number)			CITY, TOWN OR LOCATION OF BIRTH		COUNTY OF BIRTH
	4a. St. Anthony North Hospital			4b. Westminster		4c. Adams
	CERTIFIER - I CERTIFY THAT THE STATED INFORMATION CONCERNING THIS CHILD IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.				DATE SIGNED (Month, Day, Year)	
	5a. (Signature) <i>H. Jacobs</i> M.D., D.O., OTHER (SPECIFY)				5b. 7-20-84	
	NAME (Type or print)			MAILING ADDRESS (Street or R.F.D. No., City, State, Zip)		
	5c. Herbert L. Jacobs M.D.			5d. 8380 Zuni, Denver, Colorado 80221		
	REGISTRAR				DATE RECEIVED BY REGISTRAR (Month, Day, Year)	
	6a. (Signature) <i>Rebecca Ann Hood, Deputy</i>				6b. AUG 1 1984	
PARENTS	MOTHER-NAME FIRST MIDDLE LAST (MAIDEN)			AGE (At time of this birth)	STATE OF BIRTH (If not in U.S.A., name country)	
	7a. Storm Irene Garcia			7b. 27	7c. Colorado	
	RESIDENCE-STATE	COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER		INSIDE CITY LIMITS (Yes or No)
	8a. Colorado	8b. Jefferson	8c. Westminster	8d. 9286 W. 98th Place		8e. Yes
	MOTHER'S MAILING ADDRESS					
	9. 9286 W. 98th place, Westminster, Colorado 80030					
	FATHER-NAME FIRST MIDDLE LAST			AGE (At time of this birth)	STATE OF BIRTH (If not in U.S.A., name country)	
	10. Karl Louis Dallarosa			10b. 33	10c. Colorado	
	I certify that the information provided on this certificate is correct to the best of my knowledge and belief.				RELATION TO CHILD	
	11a. (Signature of Informant) <i>Storm I. Garcia Dallarosa</i>				11b. Mother	

STATE OF COLORADO

United States of America

I hereby certify this document is a true and correct copy of the original record in my custody. Issued in Denver this 7th day of September A.D. 1984.

Not valid without the raised seal of the Colo. Dept. of Health

Kristin M. Paulson
Kristin M. Paulson
State Registrar of Vital Statistics

PENALTY BY LAW if any Person alters, uses, attempts to use, or furnishes to another for deceptive use any vital statistics certificate.

EMERGENCY CONTACT INFORMATION

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

Employee Name: Peter Dallarosa
Address: 1880 Hoffman Way, Thornton, CO. 80229
Home Phone: 720-350-0534

EMERGENCY CONTACTS

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

Contact #1 Name: <u>Storm Sutherland</u> Relationship: <u>Mother</u>	Home Phone: Cell Phone: <u>303-667-5194</u> Work Phone:
Contact #2 Name: <u>Karl Dallarosa</u> Relationship: <u>Father</u>	Home Phone: <u>303-232-9294</u> Cell Phone: Work Phone:

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

Direct Deposit/Payroll Debit Card Authorization

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card.

If you do not provide a written election, wages will be paid by Payroll Debit Card.

SECTION 1 BASIC INFORMATION

Employee Name	SSN# (last 4 digits)	Effective Date
Peter Dallarosa	0004	11-06-2014

SECTION 2 PAYROLL ELECTION

☒ **Direct Deposit** (Please complete Sections 3 and 5 below)
☐ **Payroll Debit Card** (Please complete Sections 4 and 5 below)

SECTION 3 DIRECT DEPOSIT

ACCOUNT	☐ Update Bank Account
	Bank Name: <u>U.S. Bank</u>
	Routing#
	Account# <u>103673342556</u>
	Account Type: ☒ Checking ☐ Savings ☐ Other _____

I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.

Initial PJR Date 11-06-2014

- To help us avoid making an error, please attach a copy of a voided check. **(a deposit slip will not work)**
- If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods.

SECTION 4 PAYROLL DEBIT CARD (GLOBAL CASH CARD)

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not provide this information, we cannot issue you a Payroll Debit Card to pay your benefits. Please print or type the following information and verify you are the person named below.

PETER E DALLAROSA	23-2/1020	1434
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Except for transaction costs, then sign α wages.

CARDH(

First Nam

Street Address

City

GET TEX

All we nee

RECEIPT

© DELUXE SECURITY PAPER	PETER E DALLAROSA 1880 HOFFMAN WAY THORNTON, CO 80229-4619	23-2/1020	1434
	VOID	DATE _____	\$ _____
		DOLLARS ⓘ Security Features included. Details on Back.	
		MP	
	MEMO _____	_____	
	⑆ 10 20000 2 1 ⑈ 103673342558 ⑈ 1434		

Card account or
conditions. You will
payday you receive

Payroll Debit Card Routing # 122242597	Payroll Debit Card Account # _____
--	---------------------------------------

I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature: _____ Date: _____

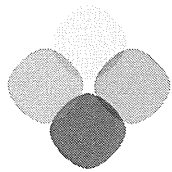
SECTION 5 AUTHORIZATION

I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). *** E-mail is required for pay stub information.**

*E-mail: peterpipermusic@yahoo.com
this information will only be used to send your paystubs electronically

this information will only be used to send your paystubs electronically

Employee's Signature: Rob Vallone Date: 11-06-2014



employer solutions staffing group^{LLC}

Leveraging Resources in a Changing Market

STATEMENT OF CONFIDENTIALITY

This agreement made this 06 day of November, 2014, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Peter Dallarosa 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.


Employee Signature

Employer Solutions Staffing Group LLC, Representative

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

OMB No. 1545-1500

► See separate instructions.

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

Your name Peter Dallarosa Social security number ► 522-43-8004
Street address where you live 1880 Hoffman way
City or town, state, and ZIP code Thornton, CO. 80229
County Adams Telephone number 720-350-0534
If you are under age 40, enter your date of birth (month, day, year) 07-20-1984

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ 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 unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ 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 ►

Pete Dallarosa

Date

11-06-2014

EMPLOYER SECTION:

ESG FEIN#:	ESG Client Name & State:	
Hiring Manager:	Position:	Starting Wage: \$

EMPLOYEE SECTION:

Employee Name: <i>Peter Dallarosa</i>	Street Address: <i>1880 Hoffman Way</i>	City/State: <i>Thornton, CO.</i>	Zip: <i>80229</i>
SS#: <i>522-43-8004</i>	Date of Birth: <i>07/20/1984</i>	Age: <i>30</i>	Have you worked for this company before? ☐ Yes ☒ No
If yes, location:			

Please complete all questions, and sign and date the form.

Yes No

1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997? (If yes, please provide information below.) Name of the person receiving benefits: _____ Relationship to you: _____ City: _____ County: _____ State: _____	☐	☒
2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months? (If yes, please provide information below.) Name of the person receiving benefits: _____ Relationship to you: _____ City: _____ County: _____ State: _____	☐	☒
3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months? Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits. <i>*If you checked yes please provide a copy of your SSI documentation.</i>	☐	☒
4. Have you received any type of vocational rehabilitation services within the past two years? If yes, please indicate which type of agency you worked with and provide their location information below: ☐ Vocational Rehabilitation Agency ☐ Dept. of Veterans Affairs ☐ Employment Network (Ticket to Work Program) Name of Agency: _____ Phone #: _____ City: _____ County: _____ State: _____ <i>*If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.</i>	☐	☒
5. Are you a Veteran of the U.S. Military? <i>*If yes, please provide a copy of your DD-214 and letter of separation.</i> (If yes, please provide information below. If no, please continue to question #6.) Dates of Service - From: ____/____/____ To: ____/____/____ Branch of Service: _____ Are you entitled to or are you receiving compensation for a service-connected disability? Have you been unemployed at any time during the last 12 months? If yes, dates of unemployment - From: ____/____/____ To: ____/____/____ Did you receive unemployment compensation at any point during your unemployment?	☐	☒
6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months? 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? <i>*If you checked yes please provide a copy of your CDIB card.</i>	☐	☒
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:

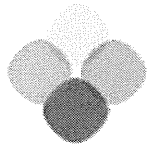
Under penalties of perjury, I declare the information above to be true and accurate to the best of my knowledge, and I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative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

New Employee Signature:

Pete Dallarosa

Date:

11-06-2014



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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.

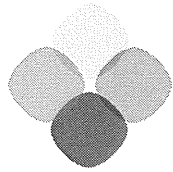
Notify your employer immediately of any new injuries or conditions that impact your physical condition.

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: Pete Dallarosa

Printed Name: Peter Dallarosa



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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 police 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): Peter Dallarosa

Signature/Firma: Peter Dallarosa

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

Social Security Number 522-43-0004
Date of Birth 07/20/1904 Sex ☒ M ☐ F
Name Peter Dallarosa
Street Address 1880 Hoffman Way
City Thornton State CO Zip 80229
Home Phone 720-350-0534

Do you or any dependents have Medicare?

☐ Yes ☒ No If Yes:

Medicare Health Insurance Claim Number (HICN) _____

Medicare Effective Date ____/____/____

Names of Covered Person(s)

1. _____
2. _____
3. _____

BENEFIT SELECTION

Weekly Rates

MEDICAL

- ☒ \$20.91 Employee Only
☐ \$42.44 Employee + One
☐ \$56.67 Employee + Family
☐ NO to MEDICAL, TERM LIFE, and STD benefits.

DENTAL

- ☒ \$ 5.99 Employee Only
☐ \$11.98 Employee + One
☐ \$19.77 Employee + Family
☐ NO

TERM LIFE

- ☐ YES \$0.60 Employee Only
☐ YES \$0.90 Employee + One
☒ NO \$1.80 Employee + Family

SHORT-TERM DISABILITY

- ☐ YES
☒ 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.

REQUIRED DEPENDENT INFORMATION

Name _____

Social Security Number _____

Date of Birth ____/____/____ Sex ☐ M ☐ FRelationship: ☐ Spouse ☐ Child ☐ Domestic Partner

Name _____

Social Security Number _____

Date of Birth ____/____/____ Sex ☐ M ☐ FRelationship: ☐ Spouse ☐ Child ☐ Domestic Partner

Name _____

Social Security Number _____

Date of Birth ____/____/____ Sex ☐ M ☐ FRelationship: ☐ 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** Peter Dallarosa

Date 07/20/1904

BACKGROUND INFORMATION FORM FOR BACKGROUND CHECK

BackTrack, Inc. is an employment screening company that conducts background checks on prospective employees/employees for our clients as part of their standard hiring procedure. In order to perform this check, we need you to provide the following information. Please be sure to fill out this form completely and legibly.

APPLICANT INFORMATION (please print clearly & accurately)					
Position Applying For: <u>Production</u>			Expected Salary:		
Last Name <u>Dallarosa</u>		First Name <u>Peter</u>		Middle Name <u>Erik</u>	
Maiden Name		Any Other Name(s) Used		Phone <u>(720) 350-0534</u>	
Home Address <u>1880 Hoffman way</u>			E-Mail Address <u>peterpipermusic@yahoo.com</u>		
City <u>Thornton</u>	State <u>CO</u>	Zip <u>80229</u>	County <u>Adams</u>	From Mth/Yr <u>11/09</u> To Mth/Yr <u>11/14</u>	
Social Security Number * <u>522-43-8004</u>		Date of Birth * <u>07-20-1984</u>		Military Branch of Service	
*For background screening purposes only					
Driver's License Number <u>00-271-0240</u>		State License was Issued <u>Colorado</u>			
High School	City/State Location	Year Graduated	Full Name Diploma Issued Under		
If GED received, in what State <u>CO</u>	City/State Location <u>Lakewood</u>	Date Received <u>2001</u>	Name Used for GED <u>Peter Dallarosa</u>		
College <u>Red Rocks</u>	City/State Location <u>Lakewood, CO.</u>	Year Graduated <u>2010</u>			
Degree Rec'd: ☒ Associate ☐ Bachelor ☐ Master ☐ Other _____ Student ID Number: _____ Full Name Used <u>Peter Dallarosa</u>					
List Previous Addresses (to cover last 7 years)					
Address <u>Kline St.</u>		City/State <u>Lakewood, CO.</u>		Zip	
County <u>Jefferson</u>	From Mth/Yr <u>04-2006</u>	To Mth/Yr <u>09-2010</u>			
Address		City/State		Zip	
County	From Mth/Yr	To Mth/Yr			

NOTE: The absence of any of the above information could result in a delay in processing your background. If necessary, a representative from BackTrack, Inc. will contact you for additional information in order to expedite the background process. Thank you for your assistance.

---FOR CLIENT USE ONLY -- DO NOT WRITE BELOW THIS LINE---

CLIENT INFORMATION		SERVICES REQUESTED ☐ RUSH ORDER (\$27 extra charge)	
Name:	PACKAGE:		
Title:	☐ Level I (employment, education, criminal search, credit or SSN search, driving) ☐ Level II (employment, criminal search, credit or SSN search, driving) ☐ Level III (employment, education, criminal search) ☐ Level IV (employment, criminal search, credit or SSN search) ☐ Level V (criminal and SSN search) ☐ Level VI (employment, education, criminal search, credit or SSN search)		
E-Mail Address:	(Above packages check here for 5 year emp. history ☐ Check here for only 3 year ☐)		
Company Name:	☐ Criminal History (county) ☐ Federal District Search ☐ Civil Litigation ☐ Statewide Search (where available) ☐ CrimeTrack (Criminal Database and National Sex Offender Search) ☐ GlobalTrack (Patriot Act Search)		
Address:	☐ Credit Report		
City/State/Zip:	☐ Employment History ☐ Education ☐ Driving Record ☐ SSN Search		
If Applicable, Division or Code #:	☐ Workers' Comp. ☐ Military ☐ Credential ☐ Bus/Personal Ref.		
Phone Number:			
Fax Number:			

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, workers compensation claims or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. Workers compensation will only be requested in compliance with the ADA and/or any other applicable laws.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by BackTrack, Inc., 8850 Tyler Boulevard, Mentor, OH 44060, (800) 991-9694, www.backtracker.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature X Peter Dallarosq Date 11-06-2014
Printed Name Peter Dallarosq Company Applying To BASF

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **Employer** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by BackTrack, Inc., 8850 Tyler Boulevard, Mentor, OH 44060, (800) 991-9694, www.backtracker.com and/or the company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

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

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

Signature

X

Peter Dallarosa

Date

11-06-14

Printed Name

Peter Dallarosa

Company Applying To

BASF

@1:30
B

1880 Hoffman Way, Thornton, CO. 80229
720-350-0534
peterpipermusic@yahoo.com

Peter E. Dallarosa



Objective

My Goal is to have a career with a strong and successful company. I want to be part of a hard working and motivated team, with possibilities of leading that future team. I want to continue building my skills and to teach others the skills they need to succeed.

My future goal is to go back to school and to get my Bachelors or Masters in Photography and to run my own Portrait Studio.

Experience

2012-Current Sam's Club Thornton, CO
Technology Supervisor

- Supervising Electronics, Cell Phones, and Photo Depts.
- Key Carrier helping to open, close, and overall function of store
- Seasonal Merchandise Change
- Certified Forklift and Scissor Lift
- Working Receiving

2002-2012 K-Mart/Sears Holding Arvada, CO
Supervisor of Electronics and Home Appliances

- Promoted four times.
- Managed
- Supervised Electronics Dept. Photo Dept. and Hardware Dept.
- Assistant Manager of Shipping and Receiving

2004-2005 Best Buy Lakewood, CO
Digital Imaging

- Promoted three times.
- Worked in Media
- Worked in Digital Imaging with product and customers

2000-2002 Media Play Westminster, CO
Media

- Promoted to Media and Books
- Customer Service

Education

2010 Red Rocks Lakewood, CO.
• AAS Degree in Professional Photography
• GPA 3.4

Interests

Photography, music, hiking. yard work, working on my house, computer work, Adobe products such as CS3 and CS4