

<b>For ESSG Office Use Only</b>				
DOH	NHW	1-9	8850	W4
Emergency Contact Info	Background Release Form	Background Results	Unemployment Letter (if applicable)	ESC Application
<b>For ESSG Client Use</b>				
DOH	ROP	Work Site Loc.	WC Code	

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

Name (Print or type) Phyllis Hernandez  
 Applicant's Signature *Phyllis Hernandez*  
 Date 2-3-15

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.

**Applicant Certification and Authorization**

Are you legally authorized to work in the United States of America?  YES  NO

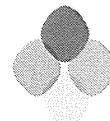
All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Personal Data--PLEASE PRINT LEGIBLY IN INK

Last Name Hernandez First Name Phyllis Middle Initial H  
 Street Address 817 S 1st Ave Apt/Ste \_\_\_\_\_  
 City/State/zip Brighton CO 80601  
 Phone Number 720-879-4272 Email Address Phyllis164076@yahoo.com  
 Company/Employer BASF

**New Hire Application**

empoyer solutions staffing group  
 Leveraging Resources in a Changing Market



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

# 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, you may also want to make estimated tax payments.

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

**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).

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

- A** Enter "1" for yourself if no one else can claim you as a dependent. . . . .
- 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.
- 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.)
- D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. . . . .
- E** Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)
- 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.)
- 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.   
 • If your total income will be between \$84,000 and \$119,000 if married, enter "1" for each eligible child.
- 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** 9
- 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.

## Employee's Withholding Allowance Certificate

Department of the Treasury Internal Revenue Service

**W-4**

OMB No. 1545-0074 **2013**

1 Your first name and middle initial Phyllis A Last name Hermudez

2 Your social security number 523-29-1640

3  Single  Married  Married, but withheld 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) 9

6 Additional amount, if any, you want withheld from each paycheck \$

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

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) Phyllis A Hermudez

9 Office code (optional) 10 Employer identification number (EIN) 213/2015

Date 01/31/2015

Employee's signature Phyllis A Hermudez

(This form is not valid unless you sign it.)

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.



**Affirmation of Legal Work Status**  
Pursuant to § 8-2-122, Colorado Revised Statutes

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

Employee Name: Hernandez Phyllis H  
Last First Middle  
Date of Birth 4-13-1973  
Social Security Number: 523-29-1440 Date of Hire: \_\_\_\_\_ (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.

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.

This mandatory affirmation is provided by the Colorado Division of Labor. Visit [www.colorado.gov/cdle/evr](http://www.colorado.gov/cdle/evr) for more information.

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

Document Title:	Document Number:	Expiration Date (if any)(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.

**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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Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405	City or Town EDINA	State MN	Zip Code 55439
Last Name (Family Name) First Name (Given Name)		EMPLOYER SOLUTIONS STAFFING GROUP LLC	
Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	

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

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.

**Certification**

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

Document Title: \_\_\_\_\_ Issuing Authority: \_\_\_\_\_ Document Number: \_\_\_\_\_ Expiration Date (if any)(mm/dd/yyyy): \_\_\_\_\_

Document Title: \_\_\_\_\_ Issuing Authority: \_\_\_\_\_ Document Number: \_\_\_\_\_ Expiration Date (if any)(mm/dd/yyyy): \_\_\_\_\_

Employee Last Name, First Name and Middle Initial from Section 1: \_\_\_\_\_

**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.)

**DISCLOSURE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that 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 number validation, motor vehicle records ("driving records"), verification of your education or employment history, 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. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled 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 obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING'S website is at [www.orange-tree-screening.com](http://www.orange-tree-screening.com), or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p><b>New York and Maine applicants or employees only:</b> You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.</p>
<p><b>New York applicants or employees only:</b> Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p><b>Oregon applicants or employees only:</b> Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.</p>
<p><b>Washington State applicants or employees only:</b> 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.</p>

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the 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 these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG 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, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING'S website is at [www.orange-tree-screening.com](http://www.orange-tree-screening.com), another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.  
**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

 (Must include email address: \_\_\_\_\_)

Signature: Sharon A. Stuardy Date: 2-3-15

Last Name: Herrnandez First: Shyllis Middle: A

Other Names/Aliases: \_\_\_\_\_  
 Social Security #: 523-29-1640  
 Date of Birth (mm/dd/yyyy)\*: 04/13/1973

Driver's License #: 94-103-0530  
 State of Driver's License: CO

Present Address: 817 S. 1st Ave  
 Telephone # (Primary): 720-879-4272

City/State/Zip: Denver CO 80601

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

**EMERGENCY CONTACT INFORMATION**

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

Employee Name: Phyllis Hernandez  
 Address: 817 S. 1st Ave  
Brighton Co 80207  
 Home Phone: 720-879-4272

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

Contact #1 Name: Edward Gonzales Relationship: Husband Home Phone: 720-377-6556 Cell Phone: Work Phone:	Contact #2 Name: John Hernandez Relationship: Father Home Phone: Cell Phone: 970-599-4986 Work Phone:
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Additional information you want Employer Solutions Staffing Group and our clients to know in the event of an emergency:

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**STATEMENT OF CONFIDENTIALITY**

This agreement made this 3<sup>rd</sup> day of February, 2015, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Phyllis Herunsky 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.

Phyllis Herunsky  
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 Angel's H. Hernandez Street address where you live 817 S. 1st Ave Brighton Co City or town, state, and ZIP code Brighton 80207 County Hadams Telephone number 720-879-4272 Social security number 523-29-1640

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

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 Angel's H. Hernandez

Date 2-3-15

TAX CREDIT QUESTIONNAIRE

Specialists in Tax Credit Administration



EMPLOYER SECTION:

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

EMPLOYEE SECTION:

Employee Name:	Street Address:	City/State:	Zip:
SS#: 623-29-1640	Date of Birth: 04/13/1973	Age: 41	Have you worked for this company before? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of the person receiving benefits:		Relationship to you:	City: _____ County: _____ State: _____

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

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.)

No  Yes

2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months?

No  Yes

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.

No  Yes

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: \_\_\_\_\_

*\*If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.*

5. Are you a Veteran of the U.S. Military? *\*If yes, please provide a copy of your DD-214 and letter of separation.*

(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?

No  Yes

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: \_\_\_\_\_

No  Yes

**Additional Tax Credits**

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

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

CA Residents:  Are you the child of foster parents?  Do you receive CalWorks?  Workforce Investment Act?  Have you ever been convicted of a misdemeanor?

SC Residents:  Do you receive Family Independence Benefits?  Are you a migrant or seasonal farm worker?  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: *Phyllis H. Hernandez*

Date: 2-3-15

# 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.

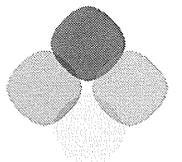
Maintain regular, weekly, communication with your employer if you are unable to return to work. Contact your employer a minimum of after every visit with your primary health care provider. Keep the claims representative advised of your status.

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: Cheryl A. Hernandez  
Printed Name: Physicis H. Hernandez



# Importante/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.

—ACUERDA/SE ACUERDA—

Name/Nombre (con letra de molde): *Phyllis A. Hernandez*

Signature/Firma: *Phyllis A. Hernandez*

**Notification of Colorado Law Requirement –  
Unemployment Acknowledgement**

According to Colorado Statutes section 8-73-105.3. A temporary employee who is given a notice that the employee is required to contact or notify the employer upon completion of an assignment and to be available to work, as agreed upon at the time of hire, during a specified period of time, on specified dates, or upon call by the employer on an as-needed basis and who does not contact or notify the employer upon completion of an assignment in compliance with the notice and is not available to work at the agreed-upon times is deemed to have voluntarily terminated employment for the purpose of determining benefits pursuant to section 8-73-108 (5) (e). Also, a temporary employee who agrees to work on an as-needed basis and refuses all work within three separate pay periods when contacted by the employer is deemed to have voluntarily terminated employment for reasons that may or may not allow an award of benefits pursuant to section 8-73-108.

It is your responsibility to contact or notify ESSG (For example, by calling 303-920-1425, or using another means of contact) once your assignment ends. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact or notify ESSG once an assignment ends. I also acknowledge that I have received a separate copy of this form. *JH* (initial)

Employee Signature: *Oliver A. Alvarez* Date: *2-9-15*  
Employee (please print your name here) *Phyllis D. Hernandez*

**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.

<b>APPLICANT INFORMATION</b> (please print clearly & accurately)	
Position Applying For: <b>BRST / Production</b>	Expected Salary:
Last Name: <b>Hernandez</b>	First Name: <b>Angelis</b>
Maiden Name:	Any Other Name(s) Used:
Home Address: <b>817 S. 1st Ave</b>	E-Mail Address:
City: <b>Brighton CO</b>	State: <b>CO</b>
Zip: <b>80007</b>	County: <b>Adams</b>
From Mth/Yr: <b>3/2008</b>	To Mth/Yr: <b>2/2015</b>
Social Security Number: <b>523-29-1640</b>	Date of Birth: <b>04-13-1973</b>
*For background screening purposes only	
Driver's License Number: <b>94-103-0530</b>	State License was Issued: <b>CO</b>
High School: <b>Valley High School</b>	Year Graduated: <b>1991</b>
Full Name Diploma Issued Under: <b>Angelis Hernandez</b>	Name Used for GED: <b>Hernandez</b>
College: <b>Kaplan College</b>	City/State Location: <b>Thornton CO</b>
Year Graduated: <b>2003</b>	Full Name Used: _____
Degree Rec'd: <input checked="" type="checkbox"/> Bachelor <input type="checkbox"/> Associate <input type="checkbox"/> Master <input type="checkbox"/> Other	Student ID Number: _____
Last Previous Addresses (to cover last 7 years)	
Address: _____	City/State: _____
County: _____	From Mth/Yr: _____
To Mth/Yr: _____	Zip: _____
Address: _____	City/State: _____
County: _____	From Mth/Yr: _____
To Mth/Yr: _____	Zip: _____

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---

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

YOU MUST COMPLETE AND RETURN THE BACKGROUND INFORMATION FORM, THE DISCLOSURE FORM AND THE AUTHORIZATION FORM FOR A BACKGROUND CHECK

Printed Name Phyllis H. Hernandez Company Applying To BASF/

Signature Phyllis H. Hernandez X Date 2-9-15

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.

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.

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**





8850 Tyler Blvd., Mentor, OH 44060 Phone 800-991-9694 Fax (440) 205-8355  
Visit our website at: www.backtracker.com or email us at: btsearches@backtracker.com

**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.

Printed Name

Phyllis H. Hernandez

Company Applying To

BHSF

Signature

Phyllis H. Hernandez

Date

2-3-15

# PHYLLIS HERNANDEZ

817 S. 1st Ave, Brighton, Co 80601 | (H) 720-879-4272 | (C) 720-377-6556 | philly164076@yahoo.com

~~Phyllis Hernandez~~  
The  
Phyllis Hernandez

## Skills

- Assembly line production
- Production procedures
- Exceptional organizational skills
- Extremely quick learner
- Word processing
- Independent worker
- 14 years Logistic Experience

## Work History

### Quality Assurance

Walmart Distribution – Loveland, CO

- Maintained necessary level of communications between shifts.
- Responsible for achieving production requirements.
- Made sure that products were produced on time and are of good quality.
- Monitored product standards and quality-control programs.
- Prepared and maintained production reports and personnel records.
- Assisted with receptionist duties, file organization and research and development.
- Loaded products onto trailers for delivery.
- Moved freight, stock and other materials to and from storage and production areas and loading docks.
- Cleaned and maintained the warehouse in compliance with OSHA safety standards.
- Stocked, staged and transported goods.
- Verified computations against physical count of stock.
- Operated forklifts and other heavy machinery safely.

## Education

### High School Diploma:

Valley High School - Gilcrest, CO

Certificate: Pharmacy Technician

Kaplan College - Thornton, CO

1991

2006



Employer Completes Next Page



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

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.

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

Signature of Employee: <i>Angela A. Hernandez</i>	Date (mm/dd/yyyy): <i>2-3-15</i>
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Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Country of Issuance: \_\_\_\_\_

Foreign Passport Number: \_\_\_\_\_

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

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

OR

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

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

(See instructions)

An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy). Some aliens may write "N/A" in this field.

A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_

A noncitizen national of the United States (See instructions)

A citizen of the United States

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

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.

Date of Birth (mm/dd/yyyy): <i>07/13/1973</i>		U.S. Social Security Number: <i>523-29-1640</i>		E-mail Address: <i>Phyllis164076@gmail.com</i>		Telephone Number: <i>780-879-4272</i>	
Address (Street Number and Name): <i>817 S. 1st Ave</i>		Apt. Number:	City or Town: <i>Brighton</i>	State: <i>CO</i>	Zip Code: <i>80207</i>		
Last Name (Family Name): <i>Hernandez</i>		First Name (Given Name): <i>Phyllis</i>		Middle Initial: <i>H</i>	Other Names Used (if any):		

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.)

ANTI-DISCRIMINATION NOTICE: Read instructions carefully before completing this form. The instructions must be available during completion of this form. 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.



# Employment Eligibility Verification

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

# YOUR SOCIAL SECURITY CARD

Detach the card below and sign it in ink immediately.  
Keep your card in a safe place to prevent loss or theft.  
Do not laminate your card.

**SOCIAL SECURITY**

523-29-1640

THIS NUMBER HAS BEEN ESTABLISHED FOR  
**PHYLLIS ANN HERNANDEZ**

*Phyllis Ann Hernandez*  
SIGNATURE

**Colorado**  
**Driver License**

94-103-0530 Expires: 04-13-2015  
Class: R Issued: 06-23-2010  
End: DOB: 04-13-1973  
Rest: V Previous Type: A  
Ht: 5'01" Wt: 125 Eyes: BRO Sex: F  
Voter:

*Phyllis Ann Hernandez*

PHYLLIS ANN HERNANDEZ  
817 S 1ST AVE  
BRIGHTON, CO 80601

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security

Report Prepared: 02/03/2015

E-Verify

Page: 1 of 1

Case Verification Number: 2015034135944DK

Case Information:

Employee Information:

Last Name:	Hernandez
Middle Initial:	
Social Security Number:	*** ** 1640
Citizenship Status:	A citizen of the United States

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession
Document Name:	Driver's license
Driver's License or ID Card Number:	
Alien Number:	

Additional Information:

Hire Date:	02/03/2015
Three-Day Rule Reason:	EPOR4912
Submitted By:	

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name: First Name: Other Names Used: Date of Birth: Resubmitted On:

Middle Initial: Social Security Number: Resubmitted By: Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments: Submitted By: Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date: