

employer 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.esgstaffingsolutions.com

# New Hire Application

**Personal Data-- PLEASE PRINT LEGIBLY IN INK**

Last Name CARMEL First Name SHANE Middle Initial K  
 Street Address 729 177<sup>th</sup> AVE #27 Apt/Ste \_\_\_\_\_  
 City/State/Zip LONGMONT, CO 80501  
 Phone Number 700-822-4047 Email Address SHANE.CARMEL@YAHOO.COM  
 Company/Employer LAKE MEDICAL

**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.

SHANE CARMEL Shane Carmel 12-15-2014  
 Name (Print or type) Applicant's Signature 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 _____                                |
| Emergency Contact Info _____ | Background Release Form _____ | Background Results _____ | Unemployment Letter (if applicable) _____ |
| <b>For ESSG Client Use</b>   |                               |                          |   |
| DOH _____                    | ROP _____                     | Work Site Loc. _____     | WC Code _____                             |

# 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](http://www.irs.gov/w4).

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

- A** Enter "1" for yourself if no one else can claim you as a dependent . . . . . **A** 1
- B** Enter "1" if:   
 • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.   
 . . . . . **B**
- C** Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.) . . . . . **C**
- D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . **D**
- E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . . . **E**
- F** Enter "1" if you have at least \$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**
- G** **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then **less** "1" if you have three to six eligible children or **less** "2" if you have seven or more eligible children.   
 • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . . **G**
- H** Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ **H**

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. -----

|   |   |  |  |
|---|---|--|--|
| <b>W-4</b><br>Form<br>Department of the Treasury<br>Internal Revenue Service  | <b>Employee's Withholding Allowance Certificate</b> | OMB No. 1545-0074<br><b>2013</b>                 |  |
| ▶ 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. |   | 2 Your social security number <u>029-44-4815</u> |  |

|  |                            |   |   |
|--|----------------------------|---|---|
| 1 Your first name and middle initial<br><u>SHANE K</u>   | Last name<br><u>CANNEL</u> | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withold at higher Single rate.                               | 2 Your social security number<br><u>029-44-4815</u> |
| Home address (number and street or rural route)<br><u>729 17TH AVE #27</u>   |                            | Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.  |   |
| City or town, state, and ZIP code<br><u>LOWMONT, CO 80501</u>  |                            | 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. ▶ <input type="checkbox"/> |   |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)   |                            | 5 <u>1</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.<br>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and<br>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.<br>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.) ▶  **Date** ▶ 12-15-2014

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)

This form cannot be used for employees hired prior to September 6, 2012.



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: CARMEL SHANE K 10-26-1953  
Last First Middle Date of Birth

Social Security Number: 029 - 44 - 4815 Date of Hire: 12/15/2014 (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.

\_\_\_\_\_  
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)<br><b>CARMEL</b>                    |  | First Name (Given Name)<br><b>SHANE</b>           |             | Middle Initial<br><b>K</b>                      | Other Names Used (if any) |                          |
| Address (Street Number and Name)<br><b>729 17TH AVE #27</b> |  |   | Apt. Number | City or Town<br><b>LOWMONT</b>                  | State<br><b>CO</b>        | Zip Code<br><b>80501</b> |
| Date of Birth (mm/dd/yyyy)<br><b>10/26/1953</b>             |  | U.S. Social Security Number<br><b>029-44-4815</b> |             | E-mail Address<br><b>SHANE.CARMEL@YAHOO.COM</b> |                           |                          |
|   |  |   |             | Telephone Number<br><b>726-822-4047</b>         |                           |                          |

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

**OR**

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

Foreign Passport Number: \_\_\_\_\_  
Country of Issuance: \_\_\_\_\_

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

|   |   |
|---|---|
| Signature of Employee:<br><i>Shane Carmel</i> | Date (mm/dd/yyyy):<br><b>12/14/2014</b> |
|---|---|

3-D Barcode  
Do Not Write in This Space

**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)<br>First Name (Given Name) |  |                    |          |
| Address (Street Number and Name)                   |  | City or Town       | State    |
|  |  |                    | Zip Code |

**STOP** Employer Completes Next Page **STOP**



### Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: **CARMEL, SHANE K**

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity                    | List C<br>Employment Authorization |
|---|----|---------------------------------------|------------------------------------|
| 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):           |    |                                       |                                    |

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): \_\_\_\_\_ (See instructions for exemptions.)

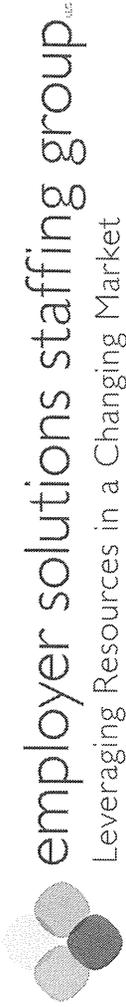
|   |                              |  |
|---|------------------------------|--|
| Signature of Employer or Authorized Representative  | Date (mm/dd/yyyy)            | Title of Employer or Authorized Representative   |
| Last Name (Family Name)   | First Name (Given Name)      | Employer's Business or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

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

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

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



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**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 SHANE K CARMEL SSN# (last 4 digits) 4815 Effective Date 12-15-2014

**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**

Update Bank Account  
 Bank Name: ELEVATIONS CREDIT UNION  
 Routing#: 307074580  
 Account#: 1008000265665  
 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 SKC Date 12-15-2014

- 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**

Shane K Carmel  
 1716 A North Main St#302  
 Longmont CO 80501

Pay to the Order of VOID \$ \_\_\_\_\_ Dollars  
 Date \_\_\_\_\_

**ELEVATIONS CREDIT UNION**  
 PO Box 8904  
 Boulder, CO 80301-8904  
 303.443.6672 800.429.7926  
 ElevationsCU.com

MEMO Shane Carmel

0134  
 82-7458/3070

City 307074580:100800026566510134

**GET TEXT ALERTS**, when your paycheck is deposited on your card:  Yes  No  
 All we need to know your cell phone service provider and mobile number above! My mobile service provider is: \_\_\_\_\_

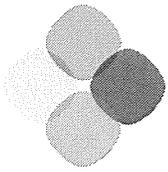
RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)  
 Payroll Debit Card Routing # 122242597 Payroll Debit Card Account # \_\_\_\_\_

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: SHANE.CARMEL@YAHOO.COM  
 this information will only be used to send your paystubs electronically  
 Employee's Signature: Shane Carmel Date: 12.15.2014



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**STATEMENT OF CONFIDENTIALITY**

This agreement made this 15 day of DECEMBER, 2014, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and SHANE CARMEL 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

▶ See separate instructions.

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

Your name SHANE K. CARMEL Social security number ▶ 029-44-4815

Street address where you live 729 17<sup>TH</sup> AVE #22

City or town, state, and ZIP code LOVEMONT, CO 80501

County BOULDER Telephone number 720-822-4047

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** ▶ \_\_\_\_\_ Date 12-15-2014

**For Privacy Act and Paperwork Reduction Act Notice, see page 2.**

## 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.

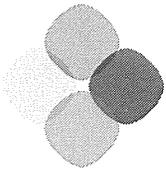
Notify your employer immediately of any new injuries or conditions that impact your physical condition.

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:  \_\_\_\_\_

Printed Name: SHANE CARNEZ



employer solutions staffing group LLC  
Leveraging Resources in a Changing Market

# Important/Importante

## LOST OR STOLEN PAYCHECKS

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

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

## CHEQUES DE PAGO PERDIDOS O ROBADOS

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

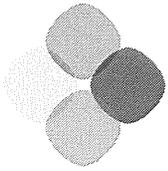
Si su cheque de pago fue robado, primero debe denunciar el robo a la policía antes de que podamos volver a emitir el cheque. Una vez hecho esto, usted debe proporcionar una copia de la denuncia a su reclutador de personal que el cheque fue robado. Si el cheque no ha sido cobrado y si la pérdida del cheque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

AGREED/SE ACUERDA—

Name/Nombre (con letra de molde):

SHANE CARMEL

Signature/Firma:



employer solutions staffing group<sup>LLC</sup>

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## **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. SKC (Initial)

  
Employee Signature:

Date:

12-15-2014

SHANE K CARMEL  
Employee (please print your name here)

