

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify
Report Prepared: 05/19/2015
Page: 1 of 1

Case Verification Number: 2015139105307JV

Case Information:

Employee Information:

Last Name: Alagio
First Name: Beni
Middle Initial:
Social Security Number: *** ++ 9791
Citizenship Status: A lawful permanent resident
Document Information:
List A Document:
Card Number: IOE8340492738
Alien Number: 063747598
Additional Information:
Employer Case ID: 05/19/2015
Three-Day Rule Reason: JMIS3269
Submitted By: Submitted On: 05/19/2015

Initial Case Result

Last Name (in DHS records): ALAGIO
First Name (in DHS records): BENI
Document Expiration Date (in INDEFINITE DHS records):

Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:
Case Result: Case Result from SSA (after SSA Tentative Nonconfirmation):
Response Date:

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

Last Name: Middle Initial: Social Security Number: Resubmitted By: Resubmitted On: First Name: Other Names Used: Date of Birth: Resubmitted On:

Case Result from SSA (after Resubmission):

Request Name Review:

Comments: Submitted By: Submitted On: Case Result: Case Result from DHS (after DHS Verification in Process):
Response Date:

Employee Referred to DHS:

Referred By: Referred On: Case Result: Case Result from DHS (after DHS Tentative Nonconfirmation):
Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

The employee continues to work for the employer after receiving an Employment Authorized result.
JMIS3269
Closed On: 05/19/2015

SENSITIVE BUT UNCLASSIFIED

UNITED STATES OF AMERICA PERMANENT RESIDENT

Surrounding: 29 DEC 1992
AVALO
GIVEN NAME: BENI
US Citizen Category: DV1
Country of Birth: TOGO
Date of Birth: 29 DEC 1992 M
Sex: M
Card Expires: 01/19/25
Resident Since: 01/19/15



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.esstaffingsolutions.com

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name ALFALO First Name BENI Middle Initial _____
 Street Address 1536 northway dr Apt 213 Apt/Ste _____
 City/State/zip St. Cloud, mn 56303
 Phone Number 872.4017019 Email Address Benialfalo@galiso.com
 Staffing Agency/Recruitment Partner Kenny Missel

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.

Name (Print or type) Alfalo Beni
 Applicant's Signature [Signature]
 Date 05-19-2015

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

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

The exceptions do not apply to supplemental wages greater than \$1,000.00.

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-earner/multiple jobs situations.

Example: If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 10, 2018. 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 \$500 of unearned income (for example, interest and dividends).

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

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

Personal Allowances Worksheet (Keep for your records).
The exceptions do not apply to supplemental wages greater than \$1,000.00.
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-earner/multiple jobs situations.

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 2015. See Pub. 506, especially if your earnings exceed \$130,000 (single) or \$193,000 (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/w-4.

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 \$2,000 of child or dependent care expenses for which you plan to claim a credit.
G Child Tax Credit (including additional child tax credit). See Pub. 508, Child and Dependent Care Expenses, for details.
• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then lease "1" if you have two to four eligible children or less "2" if you have five or more eligible children.
• If your total income will be between \$65,000 and \$84,000 (\$100,000 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.)
For accuracy, complete all worksheets that apply.
• 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 \$60,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
• 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.

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

Employee's Withholding Allowance Certificate

1 Your first name and middle initial: Ben. Last name: Algislo.
Home address (number and street or rural route): 1536 Northway Drive #213.
City or town, state, and ZIP code: St. Cloud, MN 56303.

2 Your social security number: 087-61-9791.
3 Single [X] Married []
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): 1.
6 Additional amount, if any, you want withheld from each paycheck: \$1.
7 I claim exemption from withholding for 2015, 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.

8 If you meet both conditions, write "Exempt" here.
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: [Signature]
Date: 05-19-2015



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) Alajo		First Name (Given Name) Ben		Middle Initial 		Other Names Used (if any) 	
Address (Street Number and Name) 1536 northway drive				Apt. Number 213		City or Town St. Cloud	
State mn		Zip Code 56303		Date of Birth (mm/dd/yyyy) 12/29/1992			
U.S. Social Security Number 057-61-9791				E-mail Address 872-401-7219			

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): **063-747-598**
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy). Some aliens may write "N/A" in this field.

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

3-D Barcode
Do Not Write in This Space

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: _____

Signature of Employee: 	Date (mm/dd/yyyy): 05-19-2015
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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

Signature of Employer or Authorized Representative:	Date (m/d/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) (m/d/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) (m/d/yyyy):

Signature of Employer or Authorized Representative	Date (m/d/yyyy)	Title of Employer or Authorized Representative
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name
7301 OHMS LANE SUITE 405	EDINA	City or Town
State	MIN	Zip Code
55439		

The employee's first day of employment (m/d/yyyy): 05-19-2015 (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 Number:	Expiration Date (if any) (m/d/yyyy):
Permanent Resident Card	063-797-598	01/19/2015
Issuing Authority:	United States of America	
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Issuing Authority:		
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Issuing Authority:		
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Issuing Authority:		

Identify and Employment Authorization OR List A AND List B AND List C Employment Authorization

Employee Last Name, First Name and Middle Initial from Section 1: **Algado, Ben**

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.orangetreescreening.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>New York and Maine applicants or employees only: 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>New York applicants or employees only: 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>Oregon applicants or employees only: 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>Washington State applicants or employees 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.</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.orangetreescreening.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:  Date: 05-18-2015

BACKGROUND INFORMATION

Last Name: Aliglo First: Berni Middle: _____
 Other Names/Aliases: _____
 Social Security #: 08-7-61-9791
 Date of Birth (mm/dd/yyyy): 12-27-1992
 State of Driver's License: Illinois
 Driver's License #: 4240-6092-3704
 Present Address: 1536 Northway drive #213
 Telephone # (Primary): 872-401-2219
 City/State/zip: St. Cloud, MN 56303

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

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: Berni Alq10

SSN# (last 4 digits): 9751

Effective Date: 05-19-2015

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: _____

Routing# _____

Account# _____

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 _____

Date _____

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 submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity. Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)

First Name _____

M.I. _____

Last Name _____

Date of Birth _____

Street Address (no box or apt. acronym) _____

Social Security# _____

City _____

State _____

Zip _____

Cell Phone (mobile) _____

GET TEXT ALERTS, when your paycheck is deposited on your card! Yes, sign me up, for text alerts

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 # _____

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: 05-19-2015

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: _____

@

this information will only be used to send your paystubs electronically

Employee's Signature: [Signature]

Date: 05-19-2015

ENROLLMENT FORM

REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK or BLUE INK

Social Security Number 087-61-9791

Date of Birth 12/29/1992 Sex M F

Name Brent Riglio

Street Address 1536 Northway drive #213

City St. Cloud State mn Zip 56303

Home Phone 872-401-7219

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)

3.

2.

1.

REQUIRED DEPENDENT INFORMATION

Name _____

Social Security Number _____

Date of Birth _____ Sex M F

Relationship: Spouse Child Domestic Partner

Name _____

Social Security Number _____

Date of Birth _____ Sex M F

Relationship: Spouse Child Domestic Partner

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.

Signature [Signature]

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 declaration of coverage.

Date 05/19/2015

OPTION 1

FIXED INDEMNITY PLAN

Weekly Rates

\$20.91 Employee Only

\$42.44 Employee + 1

\$56.67 Employee + Family

NO to all Indemnity benefits.

This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

FIXED INDEMNITY MEDICAL

You MUST enroll in the Indemnity Medical Insurance Plan before adding any additional Indemnity benefits, except Dental. Your coverage level for the Term Life will be identical to your medical plan selection.

DENTAL

\$5.99 Employee Only

\$11.98 Employee + 1

\$19.77 Employee + Family

NO

TERM LIFE

\$0.60 Employee Only

\$0.90 Employee + 1

\$1.80 Employee + Family

YES

NO

SHORT-TERM DISABILITY

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



OPTION 2 82193010-M-E-MP Monthly Rates

MFC WELLNESS/PREVENTIVE PLAN

\$58.87 Employee Only

\$87.73 Employee + 1

\$186.99 Employee + Family

NO to MFC Wellness/Preventive Plan