

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
Report Prepared: 02/19/2015
Page: 1 of 1

Case Verification Number: 2015050111710TV

Case Information:

Employee Information:

Last Name: Almetia
First Name: Rostant
Middle Initial:
Social Security Number: *** ** 6810
Citizenship Status: A citizen of the United States
Document Information:
List B Document: Driver's license or ID card issued by a U.S.
List C Document: state or outlying possession
Document Name: Driver's license
Document State: Minnesota
Document Expiration Date: 02/03/2018
Number:
Alien Number:
Additional Information:
Hire Date: 02/19/2015
Three-Day Rule Reason: JNBS3269
Submitted By:
Initial 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:

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:

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.

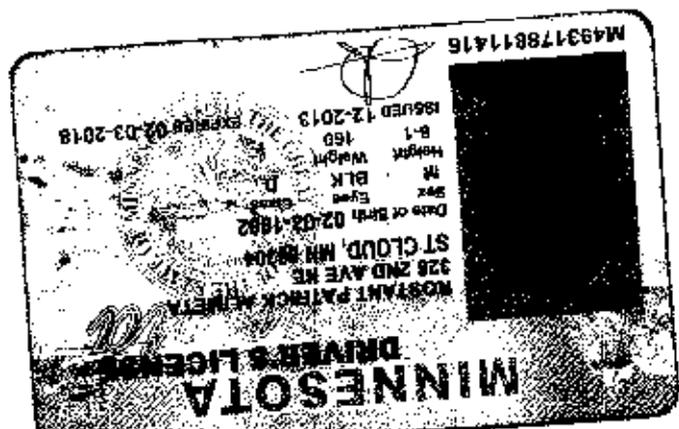
Closed By:

JMHS3269

Closed On:

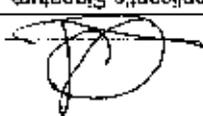
02/19/2015

SENSITIVE BUT UNCLASSIFIED



DOH		ROP	Work Site Loc.	WG Code
For ESSG Client Use				
Emergency Contact Info	Background Release Form	Background Results	Unemployment Letter (if applicable)	ESSG Application
DOH	NHW	1-8	8850	W4
For ESSG Office Use Only				

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) Prostent Patrick Almeida
 Applicant's Signature 
 Date 8-19-2015

I agree to abide by the policies and procedures of ESSG.
 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.
 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 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.

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.

Staffing Agency/Recruitment Partner _____

Phone Number 320 744 8050 Email Address almeida@prostent.com @ yellow.fr
 City/State/zip St Cloud / MN 56301
 Street Address 396 2nd Ave NE Apt/Site 4
 Last Name Almeida First Name Patrick Middle Initial Almeida

Personal Data-- PLEASE PRINT LEGIBLY IN INK

New Hire Application

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

empoyer solutions staffing group.
 Leveraging Resources in a Changing Market



Form W-4 (2014)

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 2014 expires February 17, 2015. See Pub. 505, Tax Withholding

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 \$950 of unearned income (for example, interest and dividends).

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

- is age 65 or older,
- is blind, or
- Will claim adjustments to income; tax credits; or nonrefundable deductions, on his or her tax return.

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 worksheet on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

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 other. See Pub. 505 for details.

Nonresident alien: If you are a nonresident alien, see Notice 1382, Supplemental Form W-4 instructions for Nonresident Aliens, before completing the 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 liability. See Pub. 505, especially if your earnings exceed \$130,000 (single) or \$180,000 (married).

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

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent.

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. 972, Child Tax Credit, for more information. (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

• If your total income will be less than \$65,000 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 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 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 your spouse both work and the combined earnings from all jobs exceed \$50,000 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

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.

Form W-4
Department of the Treasury
Internal Revenue Service

OMB No. 1545-0074
2014

1 Your first name and middle initial
Patrick

Last name
Almeida

Home address (number and street or rural route)
381 2nd Ave S
APT 4

City or town, state, and ZIP code
St Cloud, MN 56301

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)

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

7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption:
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here.

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.)

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)

Date: 8-19-15

STOP **Employer Completes Next Page** STOP

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:	Date (mm/dd/yyyy): 2-19-15
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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: _____

Do Not Write in This Space
3-D Barcode

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): 02-03-1982		U.S. Social Security Number: 46-8157-6810		E-mail Address: _____		Telephone Number: 320 774 8050	
Address (Street Number and Name): 891 2nd Ave SE		Apt. Number: 4		City or Town: St Cloud		State: MN	
Zip Code: 56301		Last Name (Family Name): Almeida		First Name (Given Name): Roshant Patrick		Middle Initial: _____	
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.)					

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of the 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.



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 Renewal (if applicable) (mm/dd/yyyy):

Employer's Business or Organization Name	City or Town	State	Zip Code
7301 OHMS LANE SUITE 405 EDINA MN 55439	EDINA	MN	55439
Last Name (Family Name)	First Name (Given Name)	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
Jennifer	M. Sperl	02-19-2015	Office Staff
Signature of Employer or Authorized Representative	The employee's first day of employment (mm/dd/yyyy): 02-19-2015 (See instructions for exemptions.)		

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.

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

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
Drivers License	M493178811416	02-03-2018
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
Social Security	468-57-6810	

Employee Last Name, First Name and Middle Initial from Section 1: Alimeta, Rostant P

List A OR List B AND List C

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. This information 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 obtained with regard to applicants for employment. It 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: _____)

BACKGROUND INFORMATION

Signature: _____
 Date: 8-19-15

Last Name: Abraham First: Robert Middle: _____
 Other Names/Alia: _____
 Social Security #: 1468-57-6810
 Date of Birth (mm/dd/yyyy): 02-03-1982
 State of Driver's License: MN
 Driver's License #: MN49247884416
 Present Address: 391 2nd Ave S Apt 4
 Telephone # (Primary): 320 774 8050
 City/State/Zip: 56 Cloud MN, 56301

**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: Rodmund Patrick Alvinha SSN# (Last 4 digits): 468-54-6810 Effective Date: 2-19-15

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

<input checked="" type="checkbox"/> Update Bank Account	Bank Name: <u>AFFINITY PLUS</u>
	Routing#: <u>256096201</u>
	Account#: <u>1077520</u>
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> 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: RP Date: 2-19-15

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.

Keep in mind that 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	MI	Last Name	Date of Birth
Street Address (no box not acceptable)	Social Security#	City	State
Zip	Cell Phone (mobile)	All we need to know your cell phone service provider and mobile number above!	

Yes, sign me up, for text alerts
 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 #
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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 my credit entries made in error to my account(s).

* E-mail is required for pay stub information.

@ Yakow.fr

This information will only be used to send your pay stubs electronically

Employee's Signature: _____

Date: 2-19-15

