

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
 Report Prepared: 01/29/2015
 Page: 1 of 1

Case Verification Number: 2015029142601QA

Case Information:

Employee Information:
 Last Name: Pavin
 First Name: Anthony
 Middle Initial:
 Social Security Number: *** ** 5667
 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
 Document State: Minnesota
 Document Expiration Date: 06/28/2015
 Alien Number:
 Number:
 Driver's License or ID Card:
 Additional Information:
 Hire Date: 01/29/2015
 Three-Day Rule Reason: SSER1299
 Employer Case ID: Three-Day Rule - Other
 Submitted On: 01/29/2015
 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:

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

Last Name:
 Middle Initial:
 Social Security Number:
 Date of Birth:
 Other Names Used:
 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:

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:

SSER1299

Closed On:

01/29/2015

SENSITIVE BUT UNCLASSIFIED

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 _____	MHW _____	I-9 _____	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) Anthony Patrin
 Applicant's Signature [Signature]
 Date 1-29-15

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.

Staffing Agency/Recruitment Partner _____

Phone Number 763-898-0038 Email Address Anthony.Patrin@gmail.com

City/State/Zip St Cloud, MN/56304

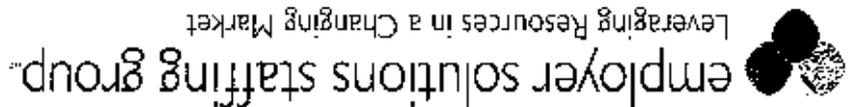
Street Address 1425 E. St Germain Apt/Suite 305

Last Name Patrin First Name Anthony Middle Initial F

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.essgstaffingsolutions.com



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

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.

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 marital status, deductions, certain credits, adjustments to income, or two-earner/multiple jobs situations. 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.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim 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 and Estimated Tax.

Personal Allowances Worksheet (Keep for your records.)

Form with sections A through H. 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. 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. 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 you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earner/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.

Employee's Withholding Allowance Certificate

Form W-4 with fields for: 1. Your first name and middle initial, Last name. 2. Your social security number. 3. Marital status (Single, Married, or Separated). 4. If your last name differs from that shown on your social security card, check here. 5. Total number of allowances you are claiming. 6. Additional amount, if any, you want withheld from each paycheck. 7. Claim exemption from withholding for 2014, and certify that you meet both of the following conditions for exemption. 8. Employer's name and address.

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. If you meet both conditions, write "Exempt" here. * This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. * Last year I had a refund of all federal income tax withheld because I had no tax liability, and I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption.



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)
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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: _____

3-D Barcode
 Do Not Write in This Space

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)	U.S. Social Security Number	E-mail Address	Telephone Number
05/26/1994	977-175667	long.patrin@gmail.com	463-895-0038
Address (Street Number and Name)		Apt. Number	City or Town
445 E. St. Germantown		305	ST. CLOUD
Last Name (Family Name)		First Name (Given Name)	Middle Initial
Patrin		Anthony	F
Other Names Used (if any)		State	
		MN	
		Zip Code	
		56304	

Section 1 - Employee Information and Attestation (Employers must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before a job offer is made.)

▶ **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.



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
Let Name (Family Name) M'issell	First Name (Given Name) Jennifer	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC
Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405	City or Town EDINA	State MN Zip Code 55439

The employee's first day of employment (m/d/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 employee is authorized to work in the United States.

Certification

Document Title: Drivers License	Issuing Authority: State of Minnesota	Document Number: K604297990710	Expiration Date (if any)(m/d/yyyy): 5-28-2015
Document Title: Social Security Card	Issuing Authority: Department of Health and Human Services	Document Number: 477-27-5267	Expiration Date (if any)(m/d/yyyy):

Employee Last Name, First Name and Middle Initial from Section 1: Jennifer Patricia Anthony, F

List A OR List B AND List C

Section 2: Employer or Authorized Representative Review and Verification

(Employer 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 List 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 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 Chms 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 credit 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 Chms 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: Tom.Patrin@mdt.com)

Signature: [Signature] Date: 1-29-15

BACKGROUND INFORMATION

Last Name: Patrin First: Anthony Middle: Frank

Other Names/Aliases:

Date of Birth (mm/dd/yyyy)*: 05/28/1994

Social Security #: 477-27-5667

State of Driver's License: MN MN 5094

Driver's License #: X604 297 490 210

Telephone # (Primary): 763-898-0838

Present Address: Mpls E-St Germain

City/State/zip: St. Cloud/MN/56304

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

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: Anthony Patton
 SSN# (last 4 digits): 567
 Effective Date: 1-29-15

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
 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):
 • 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.

CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)
 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 and account or transactions. On your first payday, you will receive your new Payroll Debit Card and a packet. Your Payroll Debit Card will be reloaded on each payday you receive wages. Then sign acknowledging that you received the Payroll Debit Card and packet.

RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)
 Payroll Debit Card Routing # 073972181
 Payroll Debit Card Account # _____
 City _____ State _____ Zip _____
 Street Address (no box or apartment) _____
 Social Security# _____
 Date of Birth _____
 Last Name _____
 M.I. _____
 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: _____

SECTION 5 AUTHORIZATION
 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 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.

Employee's Signature: _____
 Date: _____

* E-mail: _____
 this information will only be used to send your pay stubs electronically.

Employee's Signature: Anthony Patton
 Date: 1-29-15

ENROLLMENT FORM

ESC NAV#SAD P2M v15.0

VS1-IND 219301-EMP OFFICE USE ONLY LOCATION Retiree Date

REQUIRED EMPLOYEE INFORMATION

(Must Be Filled Out)
 Social Security Number 972-27-5662
 Date of Birth 05/28/94 Sex M F
 Name Anthony Pagan
 Street Address 1945 E. 56th Ave
 City St. Cloud State MN Zip 56304
 Home Phone 763-898-0034

Do you or any dependents have Medicare?

Yes No If Yes:

Medicare Health Insurance Claim Number (HICN)

Medicare Effective Date

Names of Covered Person(s)

1. _____
2. _____
3. _____

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 Anthony Pagan

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 01/11/2015

OPTION 1 FIXED INDEMNITY PLAN

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.

FIXED INDEMNITY MEDICAL

\$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.

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

\$4.20 Employee Only

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 MEC WELLNESS/PREVENTIVE PLAN

82193010-M-EMP Monthly Rates

MEC WELLNESS/PREVENTIVE PLAN

\$58.87 Employee Only

\$87.73 Employee + 1

\$186.99 Employee + Family

NO to MEC Wellness/Preventive Plan