



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2015327095506GH

Report Prepared: 11/23/2015

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Adams

First Name: Arnold

Date of Birth: 07/09/1985

Social Security Number: *** ** 3483

Hire Date: 11/20/2015

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 List C Document: Social Security Card
outlying possession

Document Name: Driver's license

Document State: Illinois

Driver's License or ID Card Number:

Document Expiration Date: 07/09/2018

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 11/23/2015

Case Submitted By: LAMO6609

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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: Adams, Arnold

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Drivers License</u>		Document Title: <u>Illinois</u>		Document Title: <u>Social Security Card</u>
Issuing Authority: <u>ILLINOIS</u>		Issuing Authority: <u>ILLINOIS</u>		Issuing Authority: <u>Social Security Administration</u>
Document Number: <u>3520-0085-195A</u>		Document Number: <u>3520-0085-195A</u>		Document Number: <u>574-80-3483</u>
Expiration Date (if any)(mm/dd/yyyy): <u>07/09/2018</u>		Expiration Date (if any)(mm/dd/yyyy): <u>07/09/2018</u>		Expiration Date (if any)(mm/dd/yyyy): <u>N/A</u>
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): 11/20/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>[Signature]</u>	Date (mm/dd/yyyy) <u>11/23/2015</u>	Title of Employer or Authorized Representative <u>Administrative Assistant</u>
Last Name (Family Name) <u>Arnott</u>	First Name (Given Name) <u>Lindsey</u>	Employer's Business or Organization Name <u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u>
Employer's Business or Organization Address (Street Number and Name) <u>7301 OHMS LANE SUITE 405</u>	City or Town <u>EDINA</u>	State <u>MN</u>
		Zip Code <u>55439</u>

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

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:

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.

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.
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.
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.
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.

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: adams.arnold85@gmail.com)

Signature:  Date: Nov 20, 2015
arnold adams (Nov 20, 2015)

BACKGROUND INFORMATION

Last Name: adams First: arnold Middle: _____

Other Names/Alias: _____

Social Security #: 574803483 Date of Birth (mm/dd/yyyy)*: 07/09/1985

Driver's License #: A35200085195 State of Driver's License: illinois

Present Address: 415 e 142nd st Telephone # (Primary): 3126468202

City/State/Zip: Dolton, IL 60419

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

ILLINOIS
Jesse White, Secretary of State
ID CARD



Arnold Adams Jr

ID No.: 3520-0085-195A
DOB: 07-09-85
Expires: 07-09-18
Issued: 07-31-14
Class:
Type: DUP

ARNOLD ADAMS JR
415 E 142ND ST
DOLTON IL 60419

Male 6'03" 270 lbs BRN Eyes

07/27/25
11/13/2014

SOCIAL SECURITY

574-80-3483

THIS NUMBER HAS BEEN ESTABLISHED FOR
ARNOLD
ADAMS JR

Arnold Adams Jr
SIGNATURE 02/04/2013

