

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security E-Verify Report Prepared: 05/26/2015 Page: 1 of 1

Case Verification Number: 2015146161758NW

Case Information:

Employee Information:

Last Name: Berryhill First Name: Renee Middle Initial: Other Names Used: Date of Birth: 08/10/1962 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 Number: 08/10/2017 Document Expiration Date: 08/10/2017 Alien Number: I-94 Number: Social Security Card

Additional Information:

Hire Date: 05/26/2015 Employer Case ID: Three-Day Rule - Other: Submitted On: 05/26/2015 Three-Day Rule Reason: Submitted By: JMIS3269

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: 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:

JMIS3269

Closed On:

05/26/2015

**SENSITIVE BUT UNCLASSIFIED**

**MINNESOTA**  
**DRIVER'S LICENSE**

RENEE MICHELE BERRYHILL  
1328 UNIVERSITY DR SE  
ST CLOUD, MN 56304

Date of Birth 08-10-1962  
Sex F  
Eyes BRN  
Class D

Height 5-6  
Weight 150  
ISSUED 10-2013  
Expires 08-10-2017

Name Renee Berryhill



Y485261439017



# ENROLLMENT FORM

ESC NAV\*SAD P2M v15.0

## OPTION 1 FIXED INDEMNITY PLAN

Weekly Rates  
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**  
 YES \$0.60 Employee Only  
 YES \$0.90 Employee + 1  
 **NO** \$1.80 Employee + Family

**SHORT-TERM DISABILITY**  
 YES \$4.20 Employee Only  
 **NO**

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

\$58.87 Employee Only  
 \$87.73 Employee + 1  
 \$186.99 Employee + Family  
 **NO to MEC Wellness/Preventive Plan**

## REQUIRED EMPLOYEE INFORMATION

**PRINT USING BLACK or BLUE INK**  
 (Must Be Filled Out)  
 Social Security Number 33662-5552  
 Date of Birth 05/15/1962 Sex  M  F

Name Kenneth Bergquist  
 Street Address 949 12th Ave S  
 City St Cloud State \_\_\_\_\_ Zip 56301  
 Home Phone 612-800-3079

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

## 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.

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.  
 Signature Kenneth Bergquist  
 Date 03/26/2015

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

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) Renee Bernhill  
 Applicant's Signature Renee Bernhill  
 Date 5-26-15

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.

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Bernhill First Name Renee Middle Initial \_\_\_\_\_  
 Street Address 929 1st Ave South Apt/Ste \_\_\_\_\_  
 City/State/zip St. Cloud MN 56301  
 Phone Number 82-800-304 3079 Email Address bernhillr@essg.com  
 Staffing Agency/Recruitment Partner AME - kenny missed

**New Hire Application**

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

employer solutions staffing group  
 Leveraging Resources in a Changing Market



# Form W-4 (2015)

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**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.

**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 2015 expires February 16, 2016. 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 \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

**Head of household.** Generally, you can claim head of household 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. Tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**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](http://www.irs.gov/W-4).

**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 2015. 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/W-4](http://www.irs.gov/W-4).

**Form W-4 (2015)**  
OMB No. 1545-0074  
2015

**Employee's Withholding Allowance Certificate**  
Department of the Treasury  
Internal Revenue Service

**Form W-4**  
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.

Your first name and middle initial  
Last name  
Home address (number and street or rural route)  
City or town, state, and ZIP code

3  Single  Married  Married, but withheld at higher Single rate.  
Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

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 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 Employee's signature  
Date

9 Office code (optional)  
10 Employer identification number (EIN)

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.

For Privacy Act and Paperwork Reduction Act Notice, see page 2.  
Cat. No. 1022200  
Form W-4 (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) <i>Bernhill</i>		First Name (Given Name) <i>Kenneth</i>		Middle Initial <i>M.</i>	Other Names Used (if any)
Address (Street Number and Name) <i>924 14th Ave South</i>		Apt. Number	City or Town <i>St. Cloud</i>	State <i>MN</i>	Zip Code <i>56304</i>
Date of Birth (mm/dd/yyyy) <i>8-10-62</i>		U.S. Social Security Number <i>336-62-5556</i>		E-mail Address <i>800-379-612</i>	
Telephone Number <i>800-379</i>					

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.

OR

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

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: \_\_\_\_\_

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

Signature of Employee: <i>Kenneth Bernhill</i>	Date (mm/dd/yyyy):
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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):
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Last Name (Family Name)		First Name (Given Name)	
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Address (Street Number and Name)		City or Town	State	Zip Code
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Employer Completes Next Page





**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.orange-treescreening.com](http://www.orange-treescreening.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><b>New York and Maine applicants or employees only:</b> 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><b>New York applicants or employees only:</b> 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><b>Oregon applicants or employees only:</b> 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><b>Washington State applicants or employees only:</b> 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.orange-treescreening.com](http://www.orange-treescreening.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: lbercynhill@slahs2009@gmail.com)

**BACKGROUND INFORMATION**

Last Name: Bercynhill First: Renee Middle: Michelle

Other Names/Aliases: \_\_\_\_\_

Social Security #: 336-22-5556 Date of Birth (mm/dd/yyyy)\*: 8-10-1962

Driver's License #: Y485251439617 State of Driver's License: MN

Present Address: 324 4th Ave North Telephone # (Primary): 612-860-3079

City/State/Zip: St. Cloud MN 56301

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

Signature: Renee Bercynhill Date: 5-26-15

### 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.

<b>SECTION 1 BASIC INFORMATION</b>	
Employee Name <i>Renee Berchmill</i>	SSN# (last 4 digits) <i>5556</i>
Effective Date <i>5/26/2015</i>	
<b>SECTION 2 PAYROLL ELECTION</b>	
<input type="checkbox"/> Direct Deposit (Please complete Sections 3 and 5 below)	<input type="checkbox"/> Payroll Debit Card (Please complete Sections 4 and 5 below)
<b>SECTION 3 DIRECT DEPOSIT</b>	
<input type="checkbox"/> Update Bank Account Bank Name: Routing# Account# 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 _____ Date _____
<b>SECTION 4 PAYROLL DEBIT CARD (GLOBAL CASH CARD)</b>	
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.	
<b>CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)</b>	
First Name <i>Renee</i>	M.I. <i>M.</i>
Last Name <i>Berchmill</i>	Date of Birth <i>8-10-62</i>
Street Address (PO BOX NOT ACCEPTABLE) <i>924 12th Ave South</i>	Social Security# <i>336-62-5556</i>
City <i>St. Cloud</i>	Cell Phone (mobile) <i>612-800-3079</i>
State <i>MN</i>	Zip <i>56301</i>
GET TEXT ALERTS, when your paycheck is deposited on your card: <input checked="" type="checkbox"/> Yes, sign me up, for text alerts My mobile service provider is: <i>walmart family mobile</i>	
RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card) Payroll Debit Card Routing # <i>073972181</i> Payroll Debit Card Account # <i>4853-4001-5319-3760</i>	
I have received my Payroll Debit Card, welcome brochure, program fees, 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: <i>Renee Berchmill</i> Date: <i>5-26-15</i>	
<b>SECTION 5 AUTHORIZATION</b>	
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: <i>berchmill5556@gmail.com</i> this information will only be used to send your paystubs electronically. Employee's Signature: <i>Renee Berchmill</i> Date: <i>5-26-15</i>	