

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.esgstaffingsolutions.com

## New Hire Application

Last Name Starke First Name Brandy Middle Initial N  
Street Address 211 Northview Drive Apt/Ste \_\_\_\_\_  
City/State/Zip Sanford NC 27332  
Phone Number 7578460653 Email Address brandygirl314@hotmail.com  
Staffing Agency/Recruitment Partner Corporate Management Group

**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 rehiring.

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.

If you agree, ESSG requires that you certify your application by submitting an electronic signature. To certify your application, read the text below and provide an electronic signature or print out and sign.

Brandy Starke  
Name (Print or type)

Brandy Starke  
Applicant's Signature

Digitally signed by Brandy Starke  
Date: 2015.05.18 12:58:24 -04'00'

05/18/2015  
Date

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

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

# Form W-4 (2015)

**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 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,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

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.

Complete all worksheets that apply. 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.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried 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. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**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/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------|
| <b>A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>A</b> | <u>2</u>        |
| <b>B</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Enter "1" if: <div style="display: inline-block; vertical-align: middle;">• You are single and have only one job; or<br/>• You are married, have only one job, and your spouse does not work; or<br/>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div> . . . . .                                                                                                                                                                                                 | <b>B</b> | <u>        </u> |
| <b>C</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Enter "1" for your <b>spouse</b> . 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.) . . . . .                                                                                                                                                                                                                                                                                          | <b>C</b> | <u>        </u> |
| <b>D</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .                                                                                                                                                                                                                                                                                                                                                                                                     | <b>D</b> | <u>        </u> |
| <b>E</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .                                                                                                                                                                                                                                                                                                                                                                              | <b>E</b> | <u>        </u> |
| <b>F</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .                                                                                                                                                                                                                                                                                                                                                                                       | <b>F</b> | <u>        </u> |
| <b>G</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.<br>• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children.<br>• 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 . . . . . | <b>G</b> | <u>        </u> |
| <b>H</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶                                                                                                                                                                                                                                                                                                                                                                        | <b>H</b> | <u>        </u> |
| For accuracy, complete all worksheets that apply. <div style="display: inline-block; vertical-align: middle;">• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.<br/>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.<br/>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                 |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                     |  |                                                                                                                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Form <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>Employee's Withholding Allowance Certificate</b> |  | OMB No. 1545-0074<br><b>2015</b>                                                                                                                                                                                                                                        |  |
| ▶ <b>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.</b>                                                                                                                                                                                                                                                                    |  |                                                     |  |                                                                                                                                                                                                                                                                         |  |
| <b>1</b> Your first name and middle initial<br><b>Brandy</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Last name</b><br><b>Starke</b>                   |  | <b>2</b> Your social security number<br><b>575-21-8384</b>                                                                                                                                                                                                              |  |
| <b>Home address (number and street or rural route)</b><br><b>211 Northview Drive</b>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                     |  | <b>3</b> <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br><b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |  |
| <b>City or town, state, and ZIP code</b><br><b>Sanford NC 27332</b>                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                     |  | <b>4</b> 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. ▶ <input type="checkbox"/>                                                                                            |  |
| <b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)                                                                                                                                                                                                                                                                                                                                                        |  |                                                     |  | <b>5</b> <u>2</u>                                                                                                                                                                                                                                                       |  |
| <b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                     |  | <b>6</b> <u>\$</u>                                                                                                                                                                                                                                                      |  |
| <b>7</b> I claim exemption from withholding for 2015, and I certify that I meet <b>both</b> of the following conditions for exemption.<br>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b><br>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.<br>If you meet both conditions, write "Exempt" here . . . . . ▶ <b>7</b> |  |                                                     |  |                                                                                                                                                                                                                                                                         |  |
| 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.                                                                                                                                                                                                                                                                                                                       |  |                                                     |  |                                                                                                                                                                                                                                                                         |  |
| <b>Employee's signature</b><br>(This form is not valid unless you sign it.) ▶ <b>Brandy Starke</b> Digitally signed by Brandy Starke<br>Date: 2015.05.18 13:00:28 -04'00' <b>Date</b> ▶ <b>05/18/2015</b>                                                                                                                                                                                                                                                                         |  |                                                     |  |                                                                                                                                                                                                                                                                         |  |
| <b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)                                                                                                                                                                                                                                                                                                                                                                              |  |                                                     |  | <b>9</b> Office code (optional) <b>10</b> Employer identification number (EIN)                                                                                                                                                                                          |  |

# NC-4 Employee's Withholding Allowance Certificate

**PURPOSE** - Complete Form NC-4, Employee's Withholding Allowance Certificate, so that your employer can withhold the correct amount of State income tax from your pay. **If you do not provide an NC-4 to your employer, your employer is required to withhold based on single with zero allowances.**

**FORM NC-4 EZ** - You may use this form if you intend to claim either: exempt status, or the N.C. standard deduction and no tax credits or only the credit for children.

**FORM NC-4 NRA** - If you are a nonresident alien you must use Form NC-4 NRA.

**FORM NC-4 BASIC INSTRUCTIONS** - Complete the **Allowance Worksheet**. The worksheet will help you figure the number of withholding allowances you are entitled to claim. The worksheet is provided for employees to adjust their withholding allowances based on N.C. itemized deductions, federal adjustments to income, N.C. additions to federal adjusted gross income, N.C. deductions from federal adjusted gross income, and N.C. tax credits. However, you may claim fewer allowances if you wish to increase the tax withheld during the year. If your withholding allowances decrease, you must file a new NC-4 with your employer within 10 days after the change occurs. Exception: When an individual ceases to be head of household after maintaining the household for the major portion of the year, a new NC-4 is not required until the next year.

**TWO OR MORE JOBS** - If you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using one Form NC-4 Allowance Worksheet. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other. You should also refer to the Multiple Jobs Table to determine the additional amount to be withheld on line 2 of Form NC-4 (See Allowance Worksheet).

**NONWAGE INCOME** - If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form NC-40 to avoid underpayment of estimated tax interest. Form NC-40 is available on our website at [www.dornrc.com](http://www.dornrc.com) under individual income tax forms.

**HEAD OF HOUSEHOLD** - Generally you may claim head of household status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. Note: "Head of Household" for State tax purposes is the same as for federal tax purposes.

**QUALIFYING WIDOW(ER)** - You may claim qualifying widow(er) status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

1. Your home is maintained as the main household of a child or stepchild for whom you can claim a federal exemption; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death.

**MARRIED TAXPAYERS** - For married taxpayers, both spouses must agree as to whether they will each complete the Allowance Worksheet based on married filing jointly or married filing separately.

- For married taxpayers completing the Allowance Worksheet based on married filing jointly, you will consider the sum of both spouses incomes, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.
- For married taxpayers completing the worksheet on the basis of married filing separately, each spouse will consider only his or her portion of income, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.

**All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.**

**CAUTION:** If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Cut here and give this certificate to your employer. Keep the top portion for your records.

NC-4

Web  
11-13

## Employee's Withholding Allowance Certificate

North Carolina Department of Revenue

**1. Total number of allowances you are claiming**

(Enter zero (0), or the number of allowances from Page 2, line 16 of the NC-4 Allowance Worksheet)

0

**2. Additional amount, if any, withheld from each pay period (Enter whole dollars)**

.00

|                                                            |  |                                                                                                                                                |                    |
|------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Social Security Number                                     |  | Marital Status                                                                                                                                 |                    |
| 575218384                                                  |  | <input type="checkbox"/> Single <input checked="" type="checkbox"/> Head of Household <input type="checkbox"/> Married or Qualifying Widow(er) |                    |
| First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) |  | M.I.                                                                                                                                           | Last Name          |
| Brandy                                                     |  | N                                                                                                                                              | Stark              |
| Address                                                    |  | County (Enter first five letters)                                                                                                              |                    |
| 211 Northview Drive                                        |  | NC                                                                                                                                             | 27322              |
| City                                                       |  | State                                                                                                                                          | Zip Code (5 Digit) |
| SANFORD                                                    |  | NC                                                                                                                                             | 27322              |
|                                                            |  | Country (If not U.S.)                                                                                                                          | HARNE              |

Employee's Signature

Date 5/18/2015

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on line 1 above.



## 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.

|                                                                                                                                                                                                          |  |                                                 |                                       |                            |                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|---------------------------------------|----------------------------|---------------------------------------------------------|
| <b>Section 1. Employee Information and Attestation</b> (Employees must complete and sign Section 1 of Form I-9 no later than the <b>first day of employment</b> , but not before accepting a job offer.) |  |                                                 |                                       |                            |                                                         |
| Last Name (Family Name)<br><b>Starke</b>                                                                                                                                                                 |  | First Name (Given Name)<br><b>Brandy</b>        |                                       | Middle Initial<br><b>N</b> | Other Names Used (if any)                               |
| Address (Street Number and Name)<br><b>211 Northview Drive</b>                                                                                                                                           |  | Apt. Number                                     | City or Town<br><b>Sanford</b>        |                            | State<br><b>NC</b>                                      |
| Zip Code<br><b>27332</b>                                                                                                                                                                                 |  | Date of Birth (mm/dd/yyyy)<br><b>03/14/1983</b> |                                       |                            | U.S. Social Security Number<br><b>5 7 5 2 1 8 3 8 4</b> |
| E-mail Address<br><b>brandygirl314@hotmail.com</b>                                                                                                                                                       |  |                                                 | Telephone Number<br><b>7578460653</b> |                            |                                                         |

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:

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: \_\_\_\_\_

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

3-D Barcode  
Do Not Write in This Space

|                                             |                                                                        |                                      |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------|
| Signature of Employee: <b>Brandy Starke</b> | Digitally signed by Brandy Starke<br>Date: 2015.05.18 13:01:20 -04'00' | Date (mm/dd/yyyy): <b>05/18/2015</b> |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------|

**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



## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

| LIST A<br>Documents that Establish<br>Both Identity and<br>Employment Authorization                                                                                                                                                                                                                                                                                                                                                                             | OR | LIST B<br>Documents that Establish<br>Identity                                                                                                                                                                    | AND | LIST C<br>Documents that Establish<br>Employment Authorization                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. U.S. Passport or U.S. Passport Card                                                                                                                                                                                                                                                                                                                                                                                                                          |    | 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address |     | 1. A Social Security Account Number card, unless the card includes one of the following restrictions:<br>(1) NOT VALID FOR EMPLOYMENT<br>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION<br>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)                                                                                                                                                                                                                                                                                                                                                                                      |    | 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address                |     | 2. Certification of Birth Abroad issued by the Department of State (Form FS-545)                                                                                                                                                          |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa                                                                                                                                                                                                                                                                                                                              |    | 3. School ID card with a photograph                                                                                                                                                                               |     | 3. Certification of Report of Birth issued by the Department of State (Form DS-1350)                                                                                                                                                      |
| 4. Employment Authorization Document that contains a photograph (Form I-766)                                                                                                                                                                                                                                                                                                                                                                                    |    | 4. Voter's registration card                                                                                                                                                                                      |     | 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal                                                                             |
| 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:<br>a. Foreign passport; and<br>b. Form I-94 or Form I-94A that has the following:<br>(1) The same name as the passport; and<br>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. |    | 5. U.S. Military card or draft record                                                                                                                                                                             |     | 5. Native American tribal document                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | 6. Military dependent's ID card                                                                                                                                                                                   |     | 6. U.S. Citizen ID Card (Form I-197)                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | 7. U.S. Coast Guard Merchant Mariner Card                                                                                                                                                                         |     | 7. Identification Card for Use of Resident Citizen in the United States (Form I-179)                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | 8. Native American tribal document                                                                                                                                                                                |     | 8. Employment authorization document issued by the Department of Homeland Security                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | 9. Driver's license issued by a Canadian government authority                                                                                                                                                     |     |                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | <b>For persons under age 18 who are unable to present a document listed above:</b>                                                                                                                                |     |                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | 10. School record or report card                                                                                                                                                                                  |     |                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | 11. Clinic, doctor, or hospital record                                                                                                                                                                            |     |                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | 12. Day-care or nursery school record                                                                                                                                                                             |     |                                                                                                                                                                                                                                           |
| 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI                                                                                                                                                                                                       |    |                                                                                                                                                                                                                   |     |                                                                                                                                                                                                                                           |

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**

**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:

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity                                                                                                                         | AND | List C<br>Employment Authorization                       |
|-------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------|
| Document Title:                                 |    | Document Title: <u>Driver's License</u>                                                                                                    |     | Document Title: <u>Social Security Card</u>              |
| Issuing Authority:                              |    | Issuing Authority: <u>North Carolina</u>                                                                                                   |     | Issuing Authority: <u>Social Security Administration</u> |
| Document Number:                                |    | Document Number: <u>32266165</u>                                                                                                           |     | Document Number: <u>575-21-8384</u>                      |
| Expiration Date (if any)(mm/dd/yyyy):           |    | Expiration Date (if any)(mm/dd/yyyy):<br><u>03/14/2021</u>                                                                                 |     | Expiration Date (if any)(mm/dd/yyyy):                    |
| Document Title:                                 |    | <div style="border: 1px solid black; padding: 10px; text-align: center;"> <b>3-D Barcode</b><br/> <b>Do Not Write in This Space</b> </div> |     |                                                          |
| Issuing Authority:                              |    |                                                                                                                                            |     |                                                          |
| Document Number:                                |    |                                                                                                                                            |     |                                                          |
| Expiration Date (if any)(mm/dd/yyyy):           |    |                                                                                                                                            |     |                                                          |
| Document Title:                                 |    |                                                                                                                                            |     |                                                          |
| Issuing Authority:                              |    |                                                                                                                                            |     |                                                          |
| Document Number:                                |    |                                                                                                                                            |     |                                                          |
| Expiration Date (if any)(mm/dd/yyyy):           |    |                                                                                                                                            |     |                                                          |

**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): 05/18/2015 (See instructions for exemptions.)

|                                                                                                         |  |                                           |                                                                                          |                          |
|---------------------------------------------------------------------------------------------------------|--|-------------------------------------------|------------------------------------------------------------------------------------------|--------------------------|
| Signature of Employer or Authorized Representative<br><u>Caitlin Scholl</u>                             |  | Date (mm/dd/yyyy)<br><u>05/20/2015</u>    | Title of Employer or Authorized Representative<br><u>Administrative Assistant</u>        |                          |
| Last Name (Family Name)<br><u>Scholl</u>                                                                |  | First Name (Given Name)<br><u>Caitlin</u> | Employer's Business or Organization Name<br><u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u> |                          |
| Employer's Business or Organization Address (Street Number and Name)<br><u>7301 OHMS LANE SUITE 405</u> |  | City or Town<br><u>EDINA</u>              | State<br><u>MN</u>                                                                       | Zip Code<br><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](http://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](http://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: Brandygirl314@hotmail.com)

Signature: Brandy Starke

Digitally signed by Brandy Starke  
Date: 2015.05.18 13:03:27 -04'00'

Date: 05/18/2015

**BACKGROUND INFORMATION**

Last Name: Starke First: Brandy Middle: N

Other Names/Alias: \_\_\_\_\_

Social Security #: 575218384 Date of Birth (mm/dd/yyyy)\*: 03/14/1983

Driver's License #: 32266165 State of Driver's License: North Carolina

Present Address: 211 Northview Drive Telephone # (Primary): 7578460653

City/State/Zip: Sanford NC 27332

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

## A Summary of Your Rights Under the Fair Credit Reporting Act

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The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to:**

**Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies.

See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See: [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

## EMERGENCY CONTACT INFORMATION

|                                                                                         |
|-----------------------------------------------------------------------------------------|
| EMPLOYER SOLUTIONS STAFFING GROUP<br>IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION |
|-----------------------------------------------------------------------------------------|

Employee Name: Brandy Starke  
Address: 211 Northview Drive Sanford NC 27332  
Home Phone: 7578460653

| EMERGENCY CONTACTS                                                                        |                                                                                           |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Please list two people (in priority order) who could be contacted in case of an emergency |                                                                                           |
| <b>Contact #1</b><br><br>Name: Henry Starke<br><br>Relationship: Husband                  | Home Phone: 757-327-1909<br><br>Cell Phone: 757-3247-1909<br><br>Work Phone: 757-327-1909 |
| <b>Contact #2</b><br><br>Name: Jessica Murphy<br><br>Relationship: Close Friend           | Home Phone: 919-499-4644<br><br>Cell Phone: 919-888-2550<br><br>Work Phone:               |

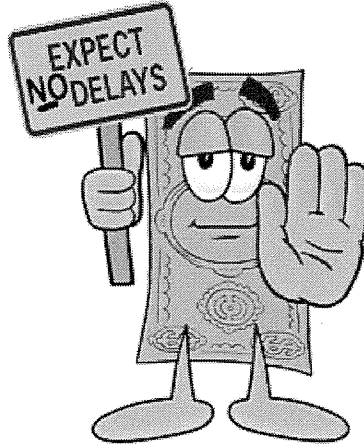
Additional information you want Employer Solutions Staffing Group and our clients to know in the event of an emergency:

Emergency Contact:  
Erica Smith 919-777-3417

*This information will remain confidential and will only be used in the case of an emergency.*



## RECEIVE YOUR PAY WITHOUT DELAY



In order for you to continue to receive your pay each week without delay we are encouraging all employees to use direct deposit or Global Cash Card. **It is becoming more and more difficult for employees to cash checks without fees or delay due to increased security at all banks. Also, if your check is lost or stolen you will have to wait 3 days for another check.**

### GLOBAL CASH CARD

If you don't have a bank account, computer access or don't want to use direct deposit you can use **Global Cash Card** which works like a Visa.

- There are **NO FEES** for the card for your first transaction as a cash withdrawal at an ATM or if you use it like a credit card (not debit) to make individual signature purchases.
- **If you don't have access to a computer you can receive TEXT notifications for your pay check amount on pay day as well as what the current balance is. You can also receive low balance notifications set to the dollar amount that you determine on the attached form.**
- You may call Customer Service 24 hours a day, 7 days a week, 365 days a year at 888-220-4477 for balance inquiries or other questions. (Para Español, apriete dos)
- You can pay bills with the GCC (by phone/internet/in person). You can also set up your online account to make automatic payments.

Please complete the attached form and turn it in to your manager as soon as possible indicating whether you would like direct deposit or Global Cash Card. Please make sure you include an email address.

**Fill Out This Form!**

