

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security

E-Verify

Report Prepared: 05/07/2015

Page: 1 of 1

Case Verification Number: 2015127112627TK

Case Information:

Employee Information:
 Last Name: Brown
 Middle Initial:
 Social Security Number: *** ** 7864
 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: ID card
 Driver's License or ID Card Number:
 Alien Number:
Additional Information:
 Hire Date: 05/07/2015
 Three-Day Rule Reason: JMFS3269
 Submitted By:
Initial Case Result:
 Case Result: Employment Authorized

Employee Referred to SSA:

Referred By:
 Case Result from SSA (after SSA Tentative Nonconfirmation):
 Case Result:
 Response Date:

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

Last Name:
 Middle Initial:
 Social Security Number:
 Resubmitted By:
 First Name:
 Other Names Used:
 Date of Birth:
 Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:
 Submitted By:
 Submitted On:
 Case Result from DHS (after DHS Verification in Process):
 Case Result:
 Response Date:

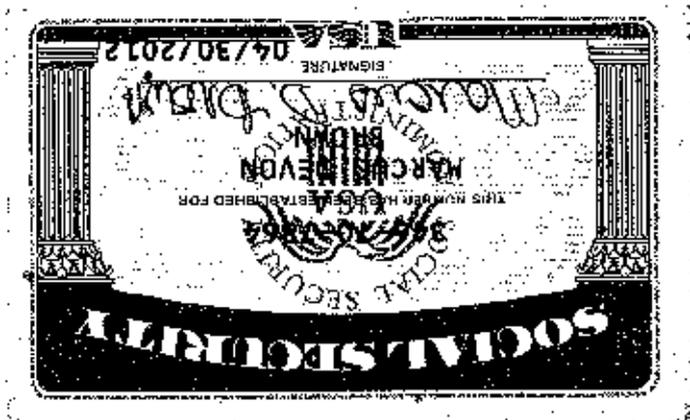
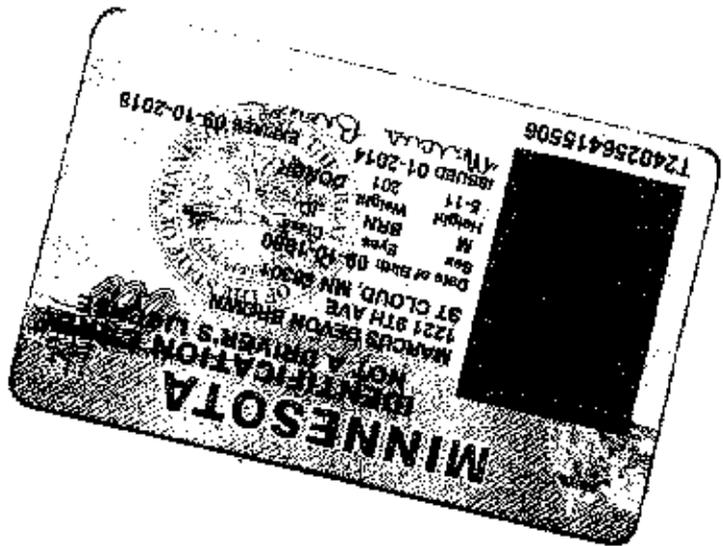
Employee Referred to DHS:

Referred By:
 Case Result from DHS (after DHS Tentative Nonconfirmation):
 Case Result:
 Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):





New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Brown First Name Marcus Middle Initial D
 Street Address 1001 9th Ave #5 Apt/Ste _____
 City/State/zip St. Cloud, MN 56301
 Phone Number (320) 298-5475 Email Address _____ @ _____
 Staffing Agency/Recruitment Partner Kenny Missell

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 Staffing Group (ESG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESG 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 ESG. 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 ESG policies.

I release ESG and other persons or entities from any claims that might be based on ESG'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 ESG.

Name (Print or type) Marcus Brown
 Applicant's Signature Marcus Brown
 Date 05/07/15

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

For ESG Office Use Only				
DOH	NHW	I-9	8850	WA
Emergency Contact Info	Background Release Form	Background Results	Unemployment Letter (if applicable)	ESC Application
For ESG Client Use				
DOH	ROP	Work Site Loc.	WC Code	

Form W-4 (2015)

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

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 marital situation changes. Exemption from withholding. If you are exempt, complete lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 15, 2016. See Pub. 506, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on the tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income for exempted, interest and dividend.

Exemption. 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.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular filing information, see the instructions for Form W-4. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular filing information, see the instructions for Form W-4. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular filing information, see the instructions for Form W-4.

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 individual(s). See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for the definition.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Rounding your allowable number of withholding allowances. Rounding may be claimed using the Personal Allowances Worksheet below. See Pub. 506 for information on tax credit carryover. See Pub. 506 for information on the credit carryover.

Future developments. Information about any future developments regarding Form W-4 (such as legislative enactments after we release it) will be posted at www.irs.gov/w-4.

Personal Allowances Worksheet (keep for your records.)

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

B Enter "1" if:

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

C Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.)

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

E Enter "1" if you will file as head of household on your tax return (see conditions under **Head of household** above).

F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit. (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. 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.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)

I If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.

J If you are single and have more than one job or are married and your spouse has more than one job and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.

If neither of the above situations applies, stop here and enter the number from line H of Form W-4 below.

Employee's Withholding Allowance Certificate

OMB No. 1545-0047 2015

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.

1 Your first name and middle initial: Marcus D

2 Your social security number: 346707864

3 Single Married Married, but withheld at higher Single rate

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.

City or town, state, and ZIP code: Oakland, MN 55301

Home address (number and street or rural route): 1231 9th Ave S

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2): 3

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.

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

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature: Marcus Brown

Date: 05/27/15



Address (Street Number and Name)		City or Town	State	Zip Code
Last Name (Family Name)		First Name (Given Name)		
Signature of Preparer or Translator		Date (m/dd/yyyy)		

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

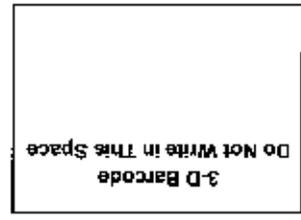
Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

Signature of Employee: Marcus Brown
 Date (m/dd/yyyy): 05/10/2015

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

Country of Issuance: _____
 Foreign Passport Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:



2. Form I-94 Admission Number: _____
 OR
 1. Alien Registration Number/USCIS Number: _____

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number.

- An alien authorized to work until (expiration date, if applicable, m/dd/yyyy) _____ (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number) _____
- A noncitizen national of the United States (See instructions)
- A citizen of the United States

I attest, under penalty of perjury, that I am (check one of the following):

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

Date of Birth (m/dd/yyyy)		U.S. Social Security Number		E-mail Address		Telephone Number	
09/10/1980		34474-7864				(30) 298-5475	
Address (Street Number and Name)		Apt. Number		City or Town		State	
1221 9th Ave S.				St. Cloud		MN	
Last Name (Family Name)		First Name (Given Name)		Middle Initial		Other Names Used (if any)	
Brown		Marcus		D			

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.)

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.

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



Employment Eligibility Verification
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

DISCLOSE 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 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING'S website is at www.orangetreescreening.com, or another outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.
New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.
Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and a SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING'S website is at: www.orangetreescreening.com, another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law. **Minnesota and Oklahoma applicants or employees only:** Please check the box if you would like to receive a copy of a consumer report if one is obtained by ESSG. [Must include email address: _____]

BACKGROUND INFORMATION

Signature: Marcus Brown Date: 05/07/15

Last Name: Brown First: Marcus Middle: Devon

Other Names/Aliases: _____

Social Security #: 346-70-7864

Date of Birth (mm/dd/yyyy)*: 09/10/1980

State of Driver's License: VA

Driver's License #: T99025645506

Present Address: 1001 9th Ave S

Telephone # (Primary): 330-298-5475

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.

EMERGENCY CONTACT INFORMATION

EMPLOYER SOLUTIONS STAFFING GROUP
 IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Employee Name: Marcus Brown

Address: 1221 9th Ave S St. Cloud, MN 56301

Home Phone: (320) 298-5475

<p>Home Phone:</p> <p>Cell Phone: <u>(320) 292-5432</u></p> <p>Work Phone:</p>	<p>Contact #1</p> <p>Name: <u>Celia Schlangen</u></p> <p>Relationship: <u>friend</u></p>
<p>Home Phone:</p> <p>Cell Phone: <u>(708) 378-4591</u></p> <p>Work Phone:</p>	<p>Contact #2</p> <p>Name: <u>Stanley Brown</u></p> <p>Relationship: <u>Cousin</u></p>

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

Direct Deposit/Payroll Debit Card Authorization

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card. If you do not provide a written election, wages will be paid by Payroll Debit Card.

SECTION 1 BASIC INFORMATION

Employee Name: Marcus Brown SSN# (last 4 digits): 7864 Effective Date: 05/15/15

SECTION 2 PAYROLL ELECTION

Direct Deposit (Please complete Sections 3 and 5 below)
 Payroll Debit Card (Please complete Sections 4 and 5 below)

SECTION 3 DIRECT DEPOSIT

Update Bank Account
 Bank Name: _____
 Routing: _____
 Account#: _____
 Account Type: Checking Savings Other
 I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect. Initial: _____ Date: _____

SECTION 4 PAYROLL DEBIT CARD (GLOBAL CASH CARD)

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.

CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)

First Name: _____ M.I.: _____ Last Name: _____
 Social Security#: _____
 Date of Birth: _____
 City: _____ State: _____ Zip: _____
 Cell Phone (mobile): _____

GET TEXT ALERTS, when your paycheck is deposited on your card? Yes, sign me up, for text alerts No, thank you

All we need to know your cell phone service provider and mobile number above? My mobile service provider is: _____

RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Routing #: 073972181
 Payroll Debit Card Account #: _____

I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature: _____ Date: _____

SECTION 5 AUTHORIZATION

I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). *E-mail is required for pay stub information.

*E-mail: _____@_____

this information will only be used to send your paystubs electronically

Employee's Signature: Marcus Brown Date: 05/07/15

ENROLLMENT FORM

REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK or BLUE INK

(Must Be Filled Out)
Social Security Number 344-70-7844

Date of Birth 09/10/1980 Sex M F

Name Marcus Brown

Street Address 1201 9th Ave S

City State zip 54301 MN

Home Phone 320-298-5475

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

BENEFICIARY INFORMATION

Name _____

Social Security Number _____

Date of Birth _____ Sex M F

Relationship: Spouse Child Domestic Partner

Name _____

Social Security Number _____

Date of Birth _____ Sex M F

Relationship: Spouse Child Domestic Partner

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.

NAME OF BENEFICIARY _____

RELATIONSHIP _____

Accidental Death & Dismemberment is part of the Term Life Benefit.

I have read the benefit packet and understand its limitations. I understand that making no benefit selection is a declination of coverage. Signature *Maia Cus Brown* Date 05/07/2015

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

\$0.60 Employee Only

\$0.90 Employee + 1

\$1.80 Employee + Family

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

Monthly Rates

\$58.87 Employee Only

\$87.73 Employee + 1

\$186.99 Employee + Family

NO to MEC Wellness/Preventive Plan