

**MINNESOTA**  
IDENTIFICATION CARD

JOHN EDWARD BRADY  
NOT A DRIVER License

ST. CLOUD, MN 56303  
Date of Birth: 01-13-1981  
Sex: Male  
Eye: Blue  
Hair: Blue  
M: 511  
Height: 5-11  
Weight: 275  
Issued: 02-2013  
Expires: 01-13-2017

*John Brady*

AB71070391413



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

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

Name (Print or type) John Brugh  
 Applicant's Signature *John Brugh*  
 Date 2-26-15

If hired, I agree to abide by the policies and procedures of ESSG.

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.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check. 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 understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

**Applicant Certification and Authorization**

Are you legally authorized to work in the United States of America?  YES  NO

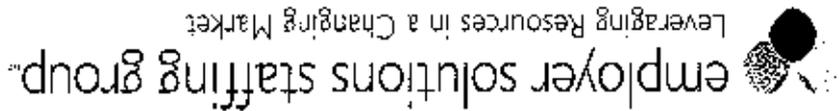
All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Staffing Agency/Recruitment Partner Jennifer Missell  
 Phone Number 3207202-7981 Email Address John.Brugh@123.com  
 City/State/Zip St Cloud MN 56303  
 Street Address 523-5th Ave N STE 52 Apt/Ste \_\_\_\_\_  
 Last Name Brugh First Name John Middle Initial J

Personal Data - PLEASE PRINT LEGIBLY IN INK

**New Hire Application**

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





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



**▶ START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name) <i>Brugh</i>		First Name (Given Name) <i>John</i>		Middle Initial <i>F</i>	Other Names Used (if any)	
Address (Street Number and Name) <i>523-57th Ave N TELRSZ</i>			Apt. Number	City or Town <i>St Cloud</i>	State <i>MN</i>	Zip Code <i>56303</i>
Date of Birth (mm/dd/yyyy) <i>11/3/61</i>		U.S. Social Security Number <i>969-80-9962</i>		E-mail Address <i>523502-7981</i>		

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

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

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

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

OR

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

2. Form I-94 Admission Number: \_\_\_\_\_

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

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

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

Signature of Employee: *[Signature]*

Date (mm/dd/yyyy): \_\_\_\_\_

**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: \_\_\_\_\_

Do Not Write in This Space



**DISCLOSURE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING'S website is at [www.orange-treeemployment.com](http://www.orange-treeemployment.com), or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

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

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and a SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, insurance, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING'S website is at: [www.orange-treeemployment.com](http://www.orange-treeemployment.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. Minnesots 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: John.Bryant@rs.com)

Signature: John Bryant Date: 2-27-15

Last Name: Bryant First: John Middle: Edward

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

Social Security #: 469-80-9467

Date of Birth (mm/dd/yyyy): 07-13-1961

State of Driver's License: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Present Address: 583 S. Hawthorne Ave. #121, St. Cloud, MN 56305

City/State/Zip: \_\_\_\_\_

Telephone # (Primary): 320) 202-7981

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

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

SECTION 1 BASIC INFORMATION

Employee Name: John Brugh SSN# (last 4 digits): 9962 Effective Date: 2-26-15

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: John Last Name: Brugh M.I.: E  
 Street Address (no box or apartment): 5355 Hill Ave N Tallahassee  
 City/State/Zip: St Cloud FL 32303  
 Social Security #: 46-988-9422  
 Date of Birth: 11/3/61  
 Call Phone (mobile): \_\_\_\_\_

GET TEXT ALERTS, when your paycheck is deposited on your card. All we need to know your cell phone service provider and mobile number above!  
 Yes, sign me up for text alerts  
 My mobile service provider is: \_\_\_\_\_

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

Payroll Debit Card Routing #: \_\_\_\_\_ 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: John Brugh Date: 2-26-15

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: John Brugh @ 123.COM

this information will only be used to send your paystubs electronically

Employee's Signature: John Brugh Date: 2-26-15

# ENROLLMENT FORM

ESC NAV\*SAID P2M \*15.0

## OPTION 1 FIXED INDEMNITY PLAN

**Weekly Rates**  
 You MUST enroll in the Indemnity Medical Insurance Plan before adding any additional Indemnity benefits, except Dental. Your coverage level for the Term Life will be identical to your medical plan selection.

**FIXED INDEMNITY MEDICAL**

\$20.91 Employee Only  
 \$42.44 Employee + 1  
 \$56.67 Employee + Family  
 NO to all Indemnity benefits.

This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

## DENTAL

\$5.99 Employee Only  
 \$11.98 Employee + 1  
 \$19.77 Employee + Family  
 NO

## TERM LIFE

\$0.60 Employee Only  
 \$0.90 Employee + 1  
 \$1.80 Employee + Family  
 YES  
 NO \$4.20 Employee Only

## OPTION 2 MEC WELLNESS/PREVENTIVE PLAN

**Monthly Rates**  
 82193010-M-EMP

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

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declination of coverage.

Date: 02/26/2015

Signature: *John Bragg*

## REQUIRED EMPLOYEE INFORMATION

**PRINT USING BLACK OR BLUE INK**

(Must Be Filled Out)  
 Social Security Number: 469-80-9462  
 Date of Birth: 01/31/1961  
 Sex:  M  F

Name: John Bragg  
 Street Address: 523-5th Ave N TRKR 52  
 City: St Cloud State MN Zip 56303  
 Home Phone: 320-202-7981

Do you or any dependents have Medicare?  
 Yes  No If Yes:  
 Medicare Health Insurance Claim Number (HICN):  
 Medicare Effective Date:  
 Names of Covered Person(s):  
 1.  
 2.  
 3.

## REQUIRED DEPENDENT INFORMATION

Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex:  M  F  
 Relationship:  Spouse  Child  Domestic Partner

Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex:  M  F  
 Relationship:  Spouse  Child  Domestic Partner

## BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.  
 NAME OF BENEFICIARY: \_\_\_\_\_  
 RELATIONSHIP: \_\_\_\_\_

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