



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

### New Hire Application

Personal Data - PLEASE PRINT LEGIBLY IN INK

Last Name VIRGIN First Name DAVID Middle Initial S.  
Street Address 65 Diane Drive Apt/Ste \_\_\_\_\_  
City/State/Zip Belmont NH. 03220 Social Security Last Four XXX-XX-3835  
Phone Number 603-832-3496 Email Address davev8325@gmail.com  
Staffing Agency/Recruitment Partner \_\_\_\_\_

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 rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

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

David S. Virgin David S. Virgin 8-23-17  
Name (Print or type) Applicant's Signature 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 _____	NEW _____	IS _____	SSN _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Unemployment Letter (if applicable) _____	ESC Application _____
For ESSG Client Use				
DOH _____	ROP _____	Work Site Loc. _____	WC Code _____	

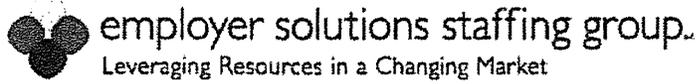
ESSG - ESSGCLIENT

Rev. 05/2015

Vertical list of empty rectangular boxes for additional information or notes.

Click here to sign  
Aug 23, 2017





**Acknowledgement of Receipt of Workplace Safety Policy**

I certify that I have received a copy of Employer Solutions Staffing Group's ESSG WORKPLACE SAFETY POLICY. I understand that it is my responsibility to read this policy and ask my supervisor, a member of management or to telephone Employer Solutions Group (ESSG) at 952.835.1288/1.866.496.7573 with any questions I may have about this policy. I agree to comply with ESSG's policy on ESSG WORKPLACE SAFETY POLICY and I understand failure to comply is grounds for disciplinary action, up to and including termination.

I also agree that if at any time during my employment I am believe that I am working in an unsafe or dangerous work environment, I will immediately contact my supervisor, manager, director or ESSG's Safety Director at 952.835.1288/1.866.496.7573 in order to obtain assistance in the resolution of such matters.

Employee Name (Please Print)

David S. Virel

Employee's Signature:

A handwritten signature in black ink, appearing to read "David S. Virel", written over a horizontal line.

Date 8-23-17

Click here to sign  
Aug 23, 2017

 A small square icon containing a white 'x' on a dark background, located below the signature area.



**FAX**

**NOTES:**

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**From:**  
Fax:  
Phone:  
E-mail:

**To:**  
Company:  
Fax: 3037367767  
Phone:

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Date and time of transmission: Friday, August 25, 2017 4:19:10 PM  
Number of pages including this cover sheet: 09

David Virgin

**Account Information Slip / Volante de Datos de Cuenta**

**Step 1: Complete the following information**

Paso 1: Completa los siguientes datos

First Name / Nombre:

□□□□□□□□□□□□□□□□

Last Name / Apellido:

□□□□□□□□□□□□□□□□

Employee ID Number / Número de Empleado:

□□□□□□□□

**Step 2: Remove this slip at the perforation and provide to your employer**

Paso 2: Desprende este volante en el perforado y entrégaselo a tu empleador.

**Note:** You will not need the numbers below once this slip is provided to your employer.

**Nota:** Una vez que hayas entregado este volante a tu empleador, no necesitarás los números que aparecen a continuación.

**For Employer Use Only / Para uso del empleador solamente:**  
**ABA Routing Number:** / Núm. de ruta ABA: 067011294  
**Account Number:** / Núm. de cuenta: 9432108800024317

**Bienvenido al servicio Money Network®**

Con el servicio Money Network® ("Servicio"), tus fondos de nómina serán automáticamente depositados en una cuenta Money Network ("Cuenta"). Tienes la opción de usar la Tarjeta de pago Money Network Visa ("Tarjeta de pago") adjunta para tener acceso a los fondos de la Cuenta.

Todos tus fondos de nómina están siempre a tu disposición a través de un Cheque Money Network™ ("Cheque"); el uso de la Tarjeta de pago no es obligatorio. Para empezar a recibir tu pago a través de este Servicio, simplemente sigue las instrucciones que se encuentran a continuación.

**¡Empezar es fácil!**

- **Consentimiento.** Lee el *Consentimiento del acuerdo y firma electrónica*, más los Términos y Condiciones adjuntos.
- **Activación.** Sigue las instrucciones de la etiqueta de activación adherida a tu Tarjeta de pago. Recuerda que necesitarás tu PIN para hacer compras de débito con PIN y retiros de cajeros automáticos, y para tener acceso a la Cuenta cuando llames al Servicio al Cliente.
- **Cada día de pago.** Usa la Tarjeta de pago o un Cheque para tener acceso a tus fondos. Lee la Guía del usuario adjunta para aprender a usar tu nuevo Servicio.

**Consentimiento del acuerdo y firma electrónica.**

Reconozco que he leído los *Términos y Condiciones del servicio Money Network®* ("Términos y Condiciones") adjuntos, incluyendo las declaraciones sobre Transferencias electrónicas de fondos, Disponibilidad de fondos y Veracidad en la divulgación de los ahorros, además de la Tabla de cargos y la Tabla de límites de transacciones relacionadas con la Cuenta y el Servicio, y acepto cumplir con sus términos.

Entiendo que el retener, activar o usar la Tarjeta de pago o los Cheques, constituye mi aceptación de los Términos y Condiciones.

Reconozco que cualquier término de los Términos y Condiciones, la Tabla de cargos y la Tabla de límites de transacciones puede cambiar en cualquier momento (y se me notificará dicho cambio si la ley lo exige) y mi retención o el uso de la Cuenta después de la fecha de entrada en vigencia de cualquiera de dichos cambios constituirá mi aceptación de los nuevos términos o cargos.

Para comunicarte con el Servicio al Cliente, llama al:  
**1-800-845-8683**

Visítanos por Internet en:  
**www.bankofamerica.com/moneynetwork**





SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2017243161148LM**

Report Prepared: 08/31/2017

**Company Information**

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Company ID: 47429

Company Name: Employer Solutions Staffing Group

**Employee Information**

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Last Name: Virgin

First Name: David

Date of Birth: 12/08/1959

Social Security Number: \*\*\* \*\* 3835

Hire Date: 08/31/2017

Citizenship Status: A citizen of the United States

**Document Information**

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List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

List C Document: Social Security Card

Document Name: Driver's license

Document State: New Hampshire

Driver's License or ID Card Number:

Document Expiration Date: 12/08/2021

**Case Status Information**

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Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 08/31/2017

Case Submitted By: AFIN3846

Closed On: 08/31/2017

Closed By: AFIN3846

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

SENSITIVE BUT UNCLASSIFIED









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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

Employee Info from Section 1	Last Name (Family Name) <b>Virgin</b>	First Name (Given Name) <b>David</b>	M.I. <b>S</b>	Citizenship/Immigration Status <b>US Citizen</b>
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List A Identity and Employment Authorization    OR    List B Identity    AND    List C Employment Authorization

Document Title	Document Title <b>NH Driver License</b>	Document Title <b>Social Security Card</b>
Issuing Authority	Issuing Authority <b>State of NH</b>	Issuing Authority <b>SSA</b>
Document Number	Document Number <b>12VND059091</b>	Document Number <b>003-52-3835</b>
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy) <b>12/08/2021</b>	Expiration Date (if any)(mm/dd/yyyy)

Document Title	Additional Information	QR Code - Sections 2 & 3 Do Not Write In This Space
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): **08/31/2017** (See instructions for exemptions)

Signature of Employer or Authorized Representative <b>Andrea Findley</b>	Today's Date (mm/dd/yyyy) <b>08/31/2017</b>	Title of Employer or Authorized Representative <b>Executive Assistant</b>	
Last Name of Employer or Authorized Representative <b>Findley</b>	First Name of Employer or Authorized Representative <b>Andrea</b>	Employer's Business or Organization Name <b>EMPLOYER SOLUTIONS STAFFING GROUP LLC</b>	
Employer's Business or Organization Address (Street Number and Name) <b>7480 FLYING CLOUD DRIVE SUITE 200</b>		City or Town <b>MINNEAPOLIS</b>	State <b>MN</b>
		ZIP Code <b>55344</b>	

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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