

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security

Report Prepared: 05/05/2015

E-Verify

Page: 1 of 1

Case Verification Number: 2015125115558RR

Case Information:

Employee Information:

Last Name: Dawson

Middle Initial:

Social Security Number: \*\*\* \*\* 2984

Citizenship Status: A citizen of the United States

Document Information:

List B Document: ID card issued by a U.S. federal, state or local government agency

Alien Number: I-94 Number:

Additional Information:

Hire Date: 05/05/2015

Three-Day Rule Reason: JMHS3269

Submitted By: Submitted On: 05/05/2015

Initial Case Result: Employment Authorized

Case Result:

Employee Referred to SSA:

Referred By:

Referred On:

Case Result:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Response Date:

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

Last Name:

Middle Initial:

Social Security Number:

Resubmitted By:

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:

Employee Referred to DHS:

Referred By:

Referred On:

Case Result:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Response Date:

Employee Referred to DHS:

Referred By:

Referred On:



# New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Dawson First Name Robert Middle Initial K  
 Street Address 344 33rd Ave. N. Apt/Ste #301  
 City/State/Zip St. Cloud, MN 56302  
 Phone Number 720-339-7535 Email Address @  
 Staffing Agency/Recruitment Partner Horseshoe Meats Senay 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 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.

Name (Print or type) Robert Dawson  
 Applicant's Signature [Signature]  
 Date 5/06/08

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	1-9	8850	W4
Emergency Contact Info	Background Release Form	Background Results	Unemployment Letter (if applicable)	ESC Application		
For ESSG Client Use		DOH	RDP	Work Site Loc.	WC Code	

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 status changes.

Personal Allowances Worksheet (Keep for your records). Enter "1" for yourself if no one else can claim you as a dependent. 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.

Form W-4 (2015) Employee's Withholding Allowance Certificate. Includes fields for name, address, marital status, and exemptions. Includes handwritten entries: Robert Dawson, 344 Ave J, # 201, St. Cloud, MN 56301, 554-80-2987.



# Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

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

## Section 1. Employee Information and Attestation (Employers 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) Dawson		First Name (Given Name) Robert		Middle Initial F	Other Names Used (if any)	
Address (Street Number and Name) 344 W Ave		Apt. Number #301		City or Town St. Cloud	State MN	Zip Code 56302
Date of Birth (mm/dd/yyyy) 7-24-88		U.S. Social Security Number 354780-0984		E-mail Address 320-339-2525		

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)
- An alien authorized to work; provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number. (See instructions)

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: \_\_\_\_\_

3-D Barcode  
Do Not Write in This Space

Signature of Employee: \_\_\_\_\_

Date (mm/dd/yyyy): 5-06-15

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



Signature of Employer or Authorized Representative:	Date (m/d/yyyy):	Print Name of Employer or Authorized Representative:
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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.

Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
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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.

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Retiree (if applicable) (m/d/yyyy):

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

Signature of Employer or Authorized Representative	Date (m/d/yyyy)	Title of Employer or Authorized Representative
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name
7301 OHMS LANE SUITE 405	EDINA	City or Town
State	Zip Code	

The employee's first day of employment (m/d/yyyy) 05-05-2015 (See instructions for exemptions.)

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the employee is authorized to work in the United States.

**Certification**

Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
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Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):

Employee Last Name, First Name and Middle Initial from Section 1: Dawson, Robert KC

List A OR List B AND List C

**Section 2: Employer or Authorized Representative Review and Verification**

(Employer 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 List 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.)

3-D Barcode  
Do Not Write in This Space



**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 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING'S website is at [www.orangetreescreening.com](http://www.orangetreescreening.com), or another outside organization in all-encompassing manner, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

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

**ACKNOWLEDGMENT AND AUTHORIZATION**

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

Signature:  Date: 5/06/15

Last Name: Dawson First: Robert Middle: Kerrill

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

Social Security #: 357-80-2984 Date of Birth (mm/dd/yyyy)\*: 7-24-88

Driver's License #: mla State of Driver's License: mla

Present Address: 244 23 Ave. N. # 301 Telephone # (Primary): 320-339-3535

City/State/Zip: St. Cloud, MN 56302

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

**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	Robert Dawson
SSN# (last 4 digits)	354-80-2481
Effective Date	As soon as possible

**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**

<input type="checkbox"/> Update Bank Account	Bank Name:	Routing#	Account#	Account Type:
<input type="checkbox"/> Other				<input type="checkbox"/> Checking <input type="checkbox"/> Savings

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)**

- To help us avoid making an error, please attach a copy of a voided check. (A deposit slip will not work)
- If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods.

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	Robert	M.I.	Kerrill	Last Name	Dawson
Street Address (no box not acceptable)	344 37th Ave N # 301				
City	St. Cloud	State	MN	Zip	56302
Cell Phone (mobile)	320-229-2535				
Date of Birth	7-24-88				
Social Security#	354-80-2481				

**GET TEXT ALERTS**, when your paycheck is deposited on your card.  
 Yes, sign me up, for text alerts  
 My mobile service provider is: AT&T

**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 #	4853-4001-5314-3786

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 and account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature: \_\_\_\_\_

Date: 5-06-15

**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).

\* R-mail is required for pay stub information.

\* E-mail: \_\_\_\_\_

this information will only be used to send your pay stubs electronically

Employee's Signature: \_\_\_\_\_

Date: 5-06-15

# ENROLLMENT FORM

## REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK or BLUE INK

(Must Be Filled Out)

Social Security Number 254-20-2984

Date of Birth 07/24/1988 Sex  M  F

Name Robert + Barbara

Street Address 394 37th Ave. #201

City St. Charles State MD Zip 20722

Home Phone 220-339-2535

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.

Signature

I have read the benefit packet and understand its limitations. I understand that making no benefit selection is a declaration of coverage.

Date 05/06/2015

## 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.

\$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

## SHORT-TERM DISABILITY



Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

## OPTION 2

82193010-M-EMP

### MEDICAL WELLNESS/PREVENTIVE PLAN

Monthly Rates

\$58.87 Employee Only

\$87.73 Employee + 1

\$186.99 Employee + Family

NO to MED Wellness/Preventive Plan