

SENSITIVE BUT UNCLASSIFIED

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.
Closed By: JMS3269
Closed On: 02/26/2015

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
 Report Prepared: 02/26/2015
 Page: 1 of 1

Case Verification Number: 2015057113257EP

Case Information:

Employee Information:

Last Name: Dibble
 Middle Initial: *** ** 1366
 Social Security Number: A citizen of the United States
 Citizenship Status: Joseph
 First Name: 03/10/1972
 Date of Birth: Email Address:
 Other Names Used: List C Document: Social Security Card
 Document State: Minnesota
 Document Expiration Date: 03/10/2016
 Alien Number: Number:
 Driver's License or ID Card: Driver's License
 Driver's License or ID Card: Driver's License

Document Information:

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

Additional Information:

Hire Date: 02/26/2015
 Three-Day Rule Reason: JM/S3269
 Submitted By: 02/26/2015
 Submitted On: Three-Day Rule - Other:
 Employer Case ID: Submitted On:

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

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

Last Name: First Name: Joseph
 Middle Initial: Other Names Used: Date of Birth: 03/10/1972
 Social Security Number: Submitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments: Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date:

Photo Matching Results:

Determination:



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

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) Joe Dibble
 Applicant's Signature Joe Dibble
 Date 8/26/15

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.

Applicant Certification and Authorization

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

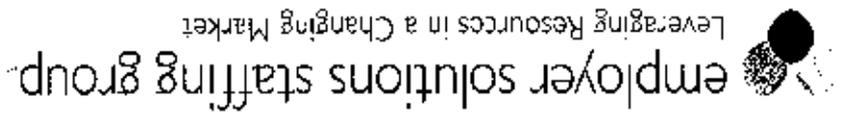
All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Staffing Agency/Recruitment Partner Jenny Missell
 Phone Number 340-405-9738
 Email Address MHC @
 City/State/zip St Cloud MN 56303
 Street Address 583 54th Ave. N. Lot 26
 Last Name Dibble First Name Joseph Middle Initial J
 Apt/Ste _____

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





Address (Street Number and Name)		City or Town	State	Zip Code
Last Name (Family Name)				
Signature of Preparer or Translator				
Date (mm/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.

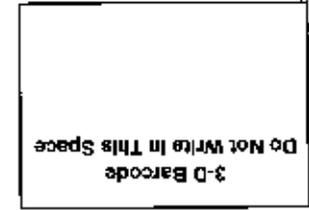
Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

Signature of Employee: <i>Joe Miller</i>	Date (mm/dd/yyyy): 3/26/15
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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.

- (See instructions)
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____.
 - 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 (mm/dd/yyyy): 03/10/1974		U.S. Social Security Number: 975-88-1366		E-mail Address: None		Telephone Number: 330-405-9738	
Address (Street Number and Name): 5835 4th Ave. N. Lot		Apt Number: 26		City or Town: St. Cloud		State: MN	
Zip Code: 56303		First Name (Given Name): Joseph		Middle Initial: A		Last Name (Family Name): Miller	

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.



Signature of Employer or Authorized Representative:	Date (mm/dd/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)(mm/dd/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.

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)

Employer's Business or Organization Address (Street Number and Name) City or Town State Zip Code	
7301 OHMS LANE SUITE 405 EDINA MN 55439	
Last Name (Family Name) First Name (Given Name)	Employer's Business or Organization Name
Missell Jennifer	EMPLOYER SOLUTIONS STAFFING GROUP, LLC
Signature of Employer or Authorized Representative	Date (mm/dd/yyyy) Title of Employer or Authorized Representative
[Signature]	02-26-2015 Office Staff

The employee's first day of employment (mm/dd/yyyy): 02-26-2015 (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 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.

Certification

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
Drivers License	RST13A116515	03-10-2016
Issuing Authority:	State of Minnesota	
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
Social Security Card	475-28-1366	
Issuing Authority:	Department of Health and Human Services	

Identify and Employment Authorization AND Employment Authorization

List A OR List B AND List C

Employee Last Name, First Name and Middle Initial from Section 1: Dibble, Joseph A

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.)



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 Chms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. Fax: 800-886-4774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING'S website is at www.orangetreescreening.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain information from any outside organization in a 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 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>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, 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 Chms 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 this box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

(May include email address)

BACKGROUND INFORMATION

Signature: [Signature] Date: 8/26/15

Last Name: O'Brien First: Joseph Middle: Allen

Other Names/Aliases: _____

Social Security #: 475-88-1366 Date of Birth (mm/dd/yyyy)*: 03/10/1972

Driver's License #: 8A58132116515 State of Driver's License: MD

Present Address: 523 5th Ave N Lot 26 Telephone # (Primary): 380-405-9738

City/State/Zip: St. Cloud MN 56303

*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: Joselyn Allen D'Almeida
SSN# (last 4 digits): 470-88-1566
Effective Date: 9/26/15

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: Wells Fargo
Routing#: 091000019
Account #: 8215174836
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: JAD Date: 9/26/15

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: _____ M.I.: _____ Last Name: _____
Street Address (no box or acceptable): _____
City: _____ State: _____ Zip: _____
Cell Phone (mobile): _____
Social Security#: _____

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

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

Payroll Debit Card Routing #: 073912181
Payroll Debit Card Account #: _____

I have received my Payroll Debit Card, welcome header, program fees, program term, 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.

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

Employee's Signature: _____
Date: _____

ENROLLMENT FORM

BSC NAV*SAD P2M V15.0

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.

DENTAL

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

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

TERM LIFE

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

SHORT-TERM DISABILITY

YES \$4.20 Employee Only
 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

82193010-M-EMP

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

Signature *[Handwritten Signature]*

Date 02/26/2015

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 declaration of coverage.

REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK OR BLUE INK (Must Be Filled Out)

Social Security Number 475-88-1366

Date of Birth 03/10/1972 Sex M F

Name Doer/bblee

Street Address 543 54th AVE, Lot 36

City St. Cloud State MN Zip 56303

Home Phone 320 405-9738

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.