

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
 Report Prepared: 02/04/2015
 Page: 1 of 1
 E-Verify

Case Verification Number: 2015035101105XS

Case Information:

Employee Information:
 Last Name: Dohng
 Middle Initial:
 Social Security Number: *** ** 5199
 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: Driver's license
 Driver's License or ID Card Number:
 Alien Number:
Additional Information:
 Hire Date: 02/04/2015
 Three-Day Rule Reason: RBUR3676
 Submitted By:
Initial Case Result:
 Case Result: Employment Authorized

Employee Referred to SSA:

Referred By:
 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:
 Date of Birth:
 Other Names Used:
 First Name:

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:

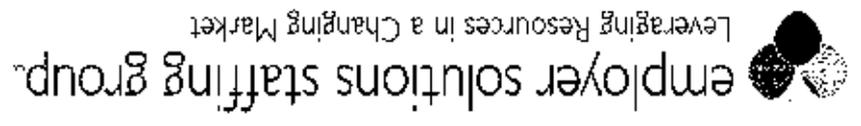
Employee Referred to DHS:

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

Photo Matching Results:

Determination:

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



New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name DOERING First Name TIMOTHY Middle Initial R
 Street Address 400 Hwy 10 South Apt/Site _____
 City/State/Zip ST. CLOUD, MN, 56304
 Phone Number 612-751-5046 Email Address timothy.thomson@esgstaff.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 regulators 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) TIMOTHY DOERING
 Applicant's Signature [Signature]
 Date 2-4-2015

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)	ESG Application	For ESSG Client Use	
ROP _____	Work Site Loc. _____	WFC Code _____	Rev. 11/2013			



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

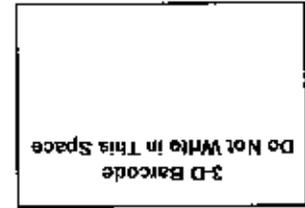
Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

Signature of Employee	Date (m/d/yyyy)
-----------------------	-----------------

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, m/d/yyyy) _____ . Some aliens may write "N/A" in this field. (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/d/yyyy)		U.S. Social Security Number		E-mail Address		Telephone Number	
11-16-1961		469-80-5199		timothythomas@gmail.com		612-251-5046	
Address (Street Number and Name)		Apt. Number		City or Town		State	
400 Bush ID Court				ST. CLOUD		MN	
Last Name (Family Name)		First Name (Given Name)		Middle Initial		Other Names Used (if any)	
DOTTING		TIMOTHY		R.			

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.)
 ▶ **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.



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

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 history, 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 952-941-9041. 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 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 designed 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 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 this box if you would like to receive a copy of a consumer report if one is obtained by ESSG. (Must include email address)

Signature: Sam DePa Date: 2-4-2015

Other Names/Aliases: 469-80-5199

Date of Birth (mm/dd/yyyy): 11-16-1961

State of Driver's License: _____

Driver's License #: _____

Present Address: 400 Hwy 10 South

Telephone # (Primary): 612-251-5046

City/State/Zip: St. Cloud, MN, 56304

Last Name: DePa First: Timothy Middle: Richard

*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: LIMOTHY R. DOTY SSN# (last 4 digits): 5199 Effective Date: 2-4-15

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, ESSC 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, ESSC 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 refunded on each payday you receive wages.

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

First Name: _____ Last Name: _____ Date of Birth: _____
 Street Address (PO BOX NOT 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: _____

RACHMIP OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)
 Payroll Debit Card Routing #: _____
 Payroll Debit Card Account #: _____

SECTION 5 AUTHORIZATION

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: [Signature] Date: 2-4-2015

I authorize ESSC 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 pay stubs electronically.

Employee's Signature: _____ Date: _____

ENROLLMENT FORM

REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK or BLUE INK

(Must Be Filled Out)

Social Security Number 469-80-5199

Date of Birth 11/16/1961 Sex M F

Name Timothy R. Doffing

Street Address 400 Hwy. 10 South

City St. Cloud State MN Zip 56304

Home Phone 612-751-5046

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.

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

\$4.20 Employee Only

YES

NO

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

Monthly Rates

MEC WELLNESS/PREVENTIVE PLAN

\$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 deprivation of coverage.

Signature Tim Doffing

Date 02/04/2015

EMERGENCY CONTACT INFORMATION

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

Employee Name: Timothy Doffing
 Address: 400 Hwy 10 South, St. Cloud, MN 56304
 Home Phone: 612 - 751-5046

Home Phone: <u>507 - 263 - 3153</u> Cell Phone: Work Phone:	Contact #1 Name: <u>Richard Doffing</u> Relationship: <u>Father</u>
Home Phone: <u>920 - 544 - 9776</u> Cell Phone: Work Phone:	Contact #2 Name: <u>Richard Thomas</u> Relationship: <u>Priest</u>

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

STATEMENT OF CONFIDENTIALITY

This agreement made this 4th day of Feb, 2015, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Timothy Duffing hereafter referred to as "employee".

WITNESSETH:

For the duration of my employment and after resignation or termination of this employment with employer, for any reason whatsoever, the employee shall not use or disclose to any other person or company, and confidential or proprietary information or know-how related to the business of the employer.

In view of the difficulty of determining the amount of damages which may result to the employer from a violation of any of the provisions hereof, the employee agrees to pay to the employer the sum of \$10,000 as liquidated damages for every such violation; provided, however, that the payment of such amount as liquidated damages shall not be construed as a release or waiver by the employer of the right to prevent any such violation in equity or otherwise.

Employee Signature

Jennifer Missell

Employer Solutions Staffing Group LLC, Representative

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

See separate instructions.

Job applicant Fill in the lines below and check any boxes that apply. Complete only this side.

Your name LIMOTHY R. DOFFIN Street address where you live 400 Hwy 10 South City or town, state, and ZIP code ST. CLOUD, MD. 206304
 County BEESDOP Telephone number 612-751-5046
 If you are under age 40, enter your date of birth (month, day, year) _____

1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

2 Check here if any of the following statements apply to you:
 • I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 • I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 • I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 • I am at least age 18 but not age 40 or older and I am a member of a family that:
 a. Received SNAP benefits (food stamps) for the past 6 months, or
 b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
 • During the past year, I was convicted of a felony or released from prison for a felony.
 • I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 • I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
 6 Check here if you are a member of a family that:
 • Received TANF payments for at least the past 18 months, or
 • Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
 • Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature - All Applicants Must Sign _____
 Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature

Limothy R. Doffin

Date

2-4-2015

Hiring Manager:	Position:	Starting Wage: \$
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EMPLOYEE SECTION:

Employee Name: TIMOTHY R. DORTCH	Street Address: 400 Hwy 10 South	City/State: St. Cloud, MN	Zip: 56304
SS#: 488-80-5199	Date of Birth: 11/16/1961	Age: 53	Have you worked for this company before? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please complete all questions, and sign and date the form. Yes No

1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997? (If yes, please provide information below.)

Name of the person receiving benefits: _____ Relationship to you: _____
 City: _____ County: _____ State: _____

Yes No

2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months? (If yes, please provide information below.)

Name of the person receiving benefits: TIMOTHY DORTCH Relationship to you: SELF
 City: St. Cloud County: BECKER State: MN

Yes No

3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months? Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits. (If you checked yes please provide a copy of your SSI documentation.)

Yes No

4. Have you received any type of vocational rehabilitation services within the past two years? If yes, please indicate which type of agency you worked with and provide their location information below. (If you checked yes please provide a copy of your SSI documentation.)

Yes No

5. Are you a Veteran of the U.S. Military? (If yes, please provide information below. If no, please continue to question #6.)

Yes No

Are you entitled to or are you receiving compensation for a service-connected disability? (If yes, dates of unemployment - From: _____ To: _____)

Yes No

6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months? (Conviction Date: _____ Release Date: _____)

Was this a Federal or State conviction? If State - County: _____ State: _____

Yes No

Additional Tax Credits

IEC (Native American): Are you or your spouse a member of a Native American tribe?

CA Residents: Are you the child of foster parents? Do you receive CalWorks? Workforce Investment Act?

SC Residents: Do you receive Family Independence Benefits?

Are you a migrant or seasonal farm worker? Have you ever been convicted of a misdemeanor?

PLEASE READ, SIGN, AND DATE: Under penalties of perjury, I declare the information above to be true and accurate to the best of my knowledge, and I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative (associated consultants, Inc. aka Retrotax), or the Department of Labor.

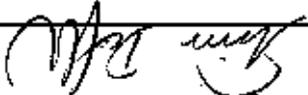
New Employee Signature: Timothy Dortch Date: 2-4-2015

Maintain regular, weekly, communication with your employer if you are unable to return to work. Contact your employer a minimum of after every visit with your primary health care provider. Keep the claims representative advised of your status.

Notify your employer immediately of any new injuries or conditions that impact your physical condition.

If it is necessary to miss scheduled work due to a work injury, you must be seen by your primary health care provider the same day in order to receive compensation for the time away from work. The physician must complete a Report of Workability.

I have read my responsibilities and agree to abide by these guidelines.

Signed: 

Printed Name: JAMES D. SMITH DOTYING



Importante/Importante

LOST OR STOLEN PAYCHECKS

If a paycheck is lost (*missing, misplaced, destroyed, lost in the mail, etc.*), you must notify your staffing recruiter that the check cannot be found. If it can be verified that the check has not been cashed, ESSG will stop payment on the check and re-issue the check to you, deducting a fee of between \$25-\$35.

If your paycheck was **stolen**, you must first file a police report before we can re-issue the check. Once you have done so, you must provide a copy of the policy report to your staffing recruiter that the check was stolen. If the check has not been cashed and if the loss of the check was not your fault, ESSG will issue a new check and no fee will be deducted.

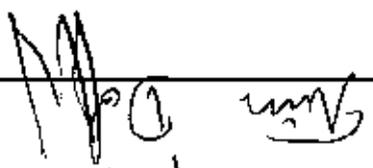
CHEQUES DE PAGO PERDIDOS O ROBADOS

Si un cheque de pago se pierde (que falta, fuera de lugar, destruido, perdido en el correo, etc), usted debe notificar a su reclutador de personal que el cheque no se puede encontrar. Si se puede verificar que el cheque no ha sido cobrado, ESSG se detendrá el cheque de pago y reemitir el cheque a usted, descontando un cargo de entre \$ 25 - \$ 35.

Si su cheque de pago fue robado, primero debe denunciar el robo a la policía antes de que podamos volver a emitir el cheque. Una vez hecho esto, usted debe proporcionar una copia de la denuncia a su reclutador de personal que el cheque fue robado. Si el cheque no ha sido cobrado y si la pérdida del cheque no fue su culpa, ESSG emitirá un nuevo cheque y no hay cuota se deducirá.

—AGREED/SE ACUERDA—

Name/Nombre (con letra de molde): Timothy D. King

Signature/Firma: 

**Notification of Minnesota Law Requirement -
Unemployment Acknowledgement**

According to Minnesota Statute section 268.095, subdivision 2, paragraph (d), an applicant who, within five calendar days after completion of a suitable job assignment from a staffing service, (1) falls without good cause to affirmatively request an additional suitable job assignment, (2) refuses without good cause an additional suitable job assignment offered, or (3) accepts employment with the client of the staffing service, is considered to have quit employment. This paragraph applies only if, at the time of beginning of employment with the staffing service, the applicant signed and was provided a copy of a separate document written in clear and concise language that informed the applicant of this paragraph and that unemployment benefits may be affected.

It is your responsibility to contact ESSG (for instance, by calling 1-320-281-5617 or using any other form of contact) for additional assignments. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact ESSG within 5 calendar days once an assignment ends. I also acknowledge that I have received a separate copy of this form. TD (Initial)

Employee Signature: [Signature]
Employee (please print your name here) Timothy Deffing
Date: 2-4-2015

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

Date 2-4-2015
 Individual's Name Timothy Doffin

1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.
2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events as described in the policy may result in adverse personnel action, including my termination from employment with ESSG. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.
3. I hereby voluntarily consent to ESSG, or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath, or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by ESSG may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to ESSG of the results of my drug and/or alcohol test and other information related to the test.

DRUG AND ALCOHOL TESTING CONSENT FORM

7. Fingernails may not extend past the tip of the finger.
6. Beard nets must be worn anytime you have visible facial growth below the lower lip.
5. Hairnets must cover the ears and must be worn at all times on the production floor.
 - a) You can reuse hairnets for weeks or months as long as they do not fall on the ground, fall in the garbage, or have holes.
4. Gloves and disposable aprons needs to be changed when returning from break, returning to the production area and when damaged.
3. Gloves must be sanitized after touching your face or anything contaminated.
2. Hands must be washed and sanitized when coming out to the production floor.
 - a) Hoods on shirts and jackets must be kept under smocks.
 - b) Shorts and capris are not allowed.
1. Clothes need to be clean and in good condition (no holes or loose threads).

UNIFORMS / PERSONAL HYGIENE

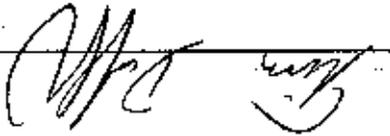
1. Employees must not have any communicable disease if working with product. Illness must be reported to supervisor.

EMPLOYEE HEALTH

All temporary employees must adhere to the following GMP'S when working at Huisken Meats:

GOOD MANUFACTURING PRACTICES

HUISKEN MEATS

Signature:  Date: 2-4-2015

I have read and will comply with all Husken Meats Good Manufacturing Practices. I understand that failing to follow these policies may prohibit me from continuing to work at Husken Meats in the future.

- 8. Fingernail polish and fake nails are not allowed on the production floor.
- 9. False eyelashes are not allowed on the production floor.
- 10. No jewelry, watches, or piercings are allowed on the production floor
a) Exceptions for medical alert tags or a plain wedding band.
- 11. Cell phones are not allowed on the production floor.
- 12. You may not store any food or drink (regardless if it is closed/sealed) in the locker room.
- 13. No food, drink, gum, cough drops, and tobacco are allowed on the production floor.
- 14. No glass is allowed in the plant.
- 15. Bump caps must be worn at all times on the production floor.
- 16. Ear plugs must be worn at all times on the production floor.
a) You are able to reuse ear plugs for weeks or months unless they fall on the ground or in the garbage.
- 17. No open toed or heeled shoes.
- 18. Smocks, bump caps, and hair nets are not to be worn outside.
- 19. Smocks should not be worn in the restrooms, while on break, or while eating.

Employee's Signature: [Handwritten Signature]
Date: 2-4-2018

Employee Name (Please Print) TIMOTHY R. DOFFING

Acknowledgement of Receipt Antiharassment Policy
I certify that I have received a copy of Employer Solutions Staffing Group's Antiharassment 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 Antiharassment and 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 involved in any employment dispute or I am subjected to any type of discrimination, including discrimination because of race, sex, age, religion, color, national origin, disability, marital, sexual orientation or veteran status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact my supervisor, manager, director or ESSG's Human Resource Department at 952.835.1288/1.866.496.7573 in order to obtain assistance in the resolution of such matters.

RECEIPT OF EMPLOYEE HANDBOOK AND EMPLOYMENT-AT-WILL STATEMENT

This is to acknowledge that I have read the Employer Solutions Staffing Group LLC Temporary Employee Handbook and understand that it sets forth the terms and conditions of my employment as well as the duties, responsibilities and obligations of my employment with the company. I understand and agree that it is my responsibility to abide by the rules, policies and standards set forth in the Handbook.

I also acknowledge that my employment with ESSG is not for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by the company. I acknowledge that no oral or written statements or representations regarding my employment can alter the foregoing. I also acknowledge that no manager or employee has the authority to enter into an employment agreement, express or implied, providing for employment other than at-will.

I also acknowledge that, except for the policy of at-will employment, ESSG reserves the right to revise, delete and add to the provisions of this Employee Handbook. All such revisions, deletions or additions must be in writing and must be signed by the CEO of the company. No oral statements or representations can change the provisions of this Handbook. I also acknowledge that, except for the policy of at-will employment, terms and conditions of employment with the company may be modified at the sole discretion of the company, with or without cause or notice, at any time. No implied contract concerning any employment-related decision, term of employment or condition of employment can be established by any other statement, conduct, policy or practice.

I understand the foregoing agreement concerning my at-will employment status and the company's right to determine and modify the terms and conditions of employment is the sole and entire agreement between me and ESSG concerning the duration of my employment, the circumstances under which my employment may be terminated and the circumstances under which the terms and conditions of my employment may change. I further understand that this agreement supersedes all prior agreements, understandings and representations concerning my employment with the company.

If I have questions regarding the content or interpretation of this Handbook, I will bring them to the attention of ESSG.

DATE 2-4-2015

EMPLOYEE NAME Timothy R. Dofflass
EMPLOYEE SIGNATURE [Signature]
ESSG REPRESENTATIVE Kenny Missett

PLEASE PRINT

The associate handbook was reviewed with me, and I have received my personal copy. I also acknowledge that I have been given the opportunity to ask questions and express concerns during my orientation. Additionally, I understand and support the following:

ACKNOWLEDGMENT



1. This handbook is intended as a guide and not an employment agreement that creates a contractual relationship, and that the employment relationship may be terminated at the will of either party at any time.
2. The changing needs of the business will require alteration in method, practices and policies, and the company will unilaterally revise, as necessary, to meet these changing needs.
3. I agree to notify my CMG/ESSG Consultant immediately of any change in my personal data such as phone number, address, emergency notification, etc.
4. I am responsible for the information provided herein and will, upon my separation, return this handbook to my CMG/ESSG Consultant.

Date: _____

2-4-2015

Associate's Signature: _____

Sam DANA

Associate's Printed Name: _____

TIMOTHY DOFFNER

Orientation provided by: _____

Amy Missel