

BIRTH CERTIFICATE

FULL NAME  
DOMINIC DONALD DUANE DUBOIS

SEX  
MALE

CITY OR TOWNSHIP OF BIRTH  
SAINT CLOUD

COUNTY  
STEARNS

DATE OF BIRTH  
AUGUST 12, 1985

TIME OF BIRTH  
09:09 MIL

PARENT(S) BIRTHPLACE  
MINNESOTA

MINNESOTA

PARENT(S)  
LORI JEAN DUBOIS (SKUZA)  
KEITH BENJAMIN DUBOIS

AMENDMENTS MADE PRIOR TO JUNE 26, 2001 FOR THIS RECORD ARE NOT NOTED ON THE CERTIFIED COPY.



THIS IS A TRUE AND OFFICIAL RECORD OF THE BIRTH REGISTERED IN THE  
OFFICE OF THE STATE REGISTRAR. DATE FILED: AUGUST 21, 1985

PLACE ISSUED: MINNESOTA DEPARTMENT OF HEALTH

DATE ISSUED: DECEMBER 08, 2010

State Registrar  
THIS CERTIFICATION IS VALID ONLY WHEN REPRODUCED ON WATERMARKED SECURITY PAPER  
WITH A RAISED BORDER AND RAISED STATE SEAL OF MINNESOTA

State Seal



2019673099000

MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION RECEIPT

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

MINNESOTA DRIVER'S LICENSE/INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: 219571125458211

BIRTH DATE (MM/DD/YYYY): 08/12/1985

FULL LEGAL NAME: Ronald Duane

COMPLETED FIRST NAME: Ronald

COMPLETED MIDDLE NAME: Duane

COMPLETED LAST NAME: Duane

PREVIOUS LICENSE NUMBER: [REDACTED]

COMPLETION DATE (MM/DD/YYYY): [REDACTED]

FULL RESIDING ADDRESS: 1604 1/2 Hwy 10

CITY: Roswell

STATE: MN

ZIP CODE: 56401

COUNTY: Hennepin

STREET: [REDACTED]

CITY: [REDACTED]

STATE: [REDACTED]

ZIP CODE: [REDACTED]

COUNTY: [REDACTED]

APPLICANT'S PHYSICAL DESCRIPTION

SEX:  MALE  FEMALE

HEIGHT: 5 FT 08 IN

WEIGHT IN POUNDS: 160

HAIR COLOR: BRN

EYE COLOR: BRN

Visit [dvs.dps.mn.gov](http://dvs.dps.mn.gov) to:

- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions: 651-297-3298

License Status, available 24/7: 651-284-2000

General DVS Information: 651-296-6911

TDD/TTY: 651-282-6555



**DVS**  
Driver & Vehicle Services

(DVS USE ONLY)

**PAID**

APR 08 2015

DEPT 1200

<b>TYPE</b> <input type="checkbox"/> REG <input type="checkbox"/> EDL <input type="checkbox"/> A <input type="checkbox"/> DUP <input type="checkbox"/> DUP <input type="checkbox"/> B <input type="checkbox"/> DUP <input type="checkbox"/> DUP <input type="checkbox"/> C <input type="checkbox"/> DUP <input type="checkbox"/> DUP <input type="checkbox"/> D <input type="checkbox"/> DUP <input type="checkbox"/> DUP <input type="checkbox"/> PROV <input type="checkbox"/> DUP <input checked="" type="checkbox"/> ID <input type="checkbox"/> DUP <input type="checkbox"/> MBOP <input type="checkbox"/> DUP <input type="checkbox"/> GDL IP <input type="checkbox"/> REG IP	<b>TESTS PASSED</b> <input type="checkbox"/> D <input type="checkbox"/> MC <input type="checkbox"/> MBOP <input type="checkbox"/> GK <input type="checkbox"/> AIR <input type="checkbox"/> COMB <input type="checkbox"/> DBL/TRIPLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TANKER <input type="checkbox"/> HAZMAT <input type="checkbox"/> DWH <input type="checkbox"/> RT Passed <input type="checkbox"/> RT Waived	<b>RESTRICTIONS/CORSE</b> <input type="checkbox"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADDRESS/MOVE <b>FEES PAID APPLICATION</b> \$ 19.575 <b>OTHER FEES</b> MC \$ SB PHYS \$ REIN FEE \$ OTHER \$ <b>ORGAN DONATION</b> \$	<b>VISION</b> <input type="checkbox"/> PASS WR <input type="checkbox"/> PASS WH/CL <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ATTACHED <b>PROPER ID</b> JRW <b>EDL DOCS</b> <b>INVALIDATED</b> DL / ID / IP STATE: EXP:
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Notes: Lost / COA

I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the selective-service system, if required by federal law. I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in M.S. § 165.444 regarding the safety of children around school buses.

SIGNATURE: [Signature]

APPLICATION DATE: 04/07/15

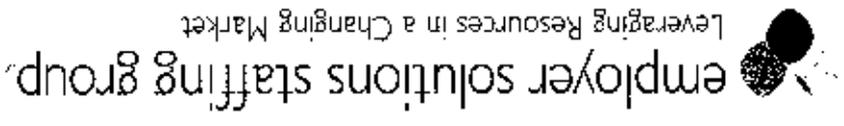
**THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATED.**

**AND IS NOT A STANDALONE IDENTIFICATION DOCUMENT.**

- This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification
- This receipt is valid for the type of card indicated, when stamped with the proper validation stamp, for a maximum of 60 days from the application date shown above
- This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record

- Not valid as Enhanced Driver's License (EDL) for border crossings.
- Lost, stolen and duplicate EDL cards are deactivated and may not be used for border crossings.

19092-1



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 Dubois First Name Domini C Middle Initial D  
 Street Address 1604 1/2 Hwy 10 Apt/Ste \_\_\_\_\_  
 City/State/zip Raytown mo 64273  
 Phone Number 651 666-9573 Email Address tyghnfrkahl@gmail.com  
 Staffing Agency/Recruitment Partner Jenny Missal

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) Dominic Dubois  
 Applicant's signature [Signature]  
 Date 4-10-15

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	1-8	8850	WA
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	

# Form W-4 (2014)

**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 financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is blind, or
- Is age 65 or older.

**Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.**

**File credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credit for child or dependent care expenses, and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Head of household.** Generally, you can claim head of household if you are unmarried and pay more than 50% of the cost of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

The exceptions do not apply to supplemental wages greater than \$1,000.00.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheet on page 2 further adjusts your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

**Complete all worksheets that apply.** However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household if you are unmarried and pay more than 50% of the cost of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**File credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credit for child or dependent care expenses, and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

**A** Enter "1" for yourself if no one else can claim you as a dependent.

**B** 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.

**C** Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)

**D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

**E** Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).

**F** Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit. (Note. Do not include additional child tax credit.) See Pub. 972, Child Tax Credit, for more information.

**G** If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.

**H** Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)

If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheets on page 2.

If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.

If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

**Form W-4**  
Department of the Treasury  
Internal Revenue Service

**Employee's Withholding Allowance Certificate**  
OMB No. 1545-0074  
2014

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial: **Dwayne D**

2 Your social security number: **472-11-2009**

3  Single  Married  Married, but withheld at higher single rate. Note: If remarried, but legally separated, or spouse is a nonresident alien, check the "Single" box.

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2): **5**

6 Additional amount, if any, you want withheld from each paycheck: **0**

7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption:  
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and  
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

8 If you meet both conditions, write "Exempt" here.

9 Office code (optional): **10**

10 Employer identification number (EIN): **4-0-15**

Employee's signature: **[Signature]**

(This form is not valid unless you sign it.)

Employer's name and address (Employer completes 8 and 9 only if sending to the IRS):

Cal. No. 102200

Form W-4 (2014)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

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

Last Name (Family Name) <b>Davis</b>		First Name (Given Name) <b>Dominic</b>		Middle Initial <b>D</b>		Other Names Used (if any)	
Address (Street Number and Name) <b>1001 1/2 Hwy 10</b>		City or Town <b>Royaston</b>		State <b>VA</b>		Zip Code <b>56375</b>	
Date of Birth (mm/dd/yyyy) <b>05-12-1985</b>		U.S. Social Security Number <b>HTB-11-8309</b>		E-mail Address <b>Psychiatric@atl@gmail.com</b>		Telephone Number <b>651 666 9583</b>	

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

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

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

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

3-D Barcode  
Do Not Write in This Space

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: \_\_\_\_\_

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

Signature of Employer: _____	Date (mm/dd/yyyy): <b>4-10-15</b>
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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
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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 Rehire (if applicable) (m/d/yyyy):

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

Employer's Business or Organization Name		City or Town	State	Zip Code
EMPLOYER SOLUTIONS STAFFING GROUP LLC		MINNA	MN	55439
Last Name (Family Name)		First Name (Given Name)	Date (m/d/yyyy)	Title of Employer or Authorized Representative
M. S. 11		Jennifer	04-13-15	Office Staff
Signature of Employer or Authorized Representative		The employee's first day of employment (m/d/yyyy): 04-13-15 (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, and (3) to the best of my knowledge the above-listed document(s) appear to be genuine and to relate to the employee named.

**Certification**

Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Driver License Receipt Birth Certificate	095711854821	6-9-15
Issuing Authority:	Document Number:	Expiration Date (if any) (m/d/yyyy):
State of Minnesota	002710193	N/A
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
State of Minnesota	002710193	N/A

Identity and Employment Authorization List A OR List B AND List C

Employee Last Name, First Name and Middle Initial from Section 1: Dubois, Dominic, DD

**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 "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.)



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

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

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

**BACKGROUND INFORMATION**

Signature:   
 Date: 4-10-15

Last Name: ~~Donald Dwan~~ First: ~~Donald~~ Middle: ~~Dwan~~

Other Names/Aliases: 478  
 Social Security #: 11 8209  
 Date of Birth (mm/dd/yyyy): 08-12-1985

Driver's License #: Q95715545321  
 State of Driver's License: MN

Present Address: 6009 1/2 Hwy D  
 Telephone # (Primary): 651 666-9583

City/State/Zip: Royalton MN 56373

\*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: Dominic Dubois SSN# (last 4 digits): 8209 Effective Date: 4-10-15

**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)**

- 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.

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

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address (po box not acceptable): \_\_\_\_\_

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

(Cell Phone (mobile)) \_\_\_\_\_

Social Security# \_\_\_\_\_

Date of Birth \_\_\_\_\_

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.

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

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 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 in my account(s).

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

\* E-mail: Payroll@ESSG.com @ ESSG.com

this information will only be used to send your paystubs electronically.

Employee's Signature: \_\_\_\_\_ Date: 4-10-15

**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 in my account(s).

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

\* E-mail: Payroll@ESSG.com @ ESSG.com

this information will only be used to send your paystubs electronically.

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

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 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 in my account(s).

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

\* E-mail: Payroll@ESSG.com @ ESSG.com

this information will only be used to send your paystubs electronically.

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

Employee's Signature: \_\_\_\_\_ Date: 4-10-15