

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security

Report Prepared: 04/27/2015

Page: 1 of 1

E-Verify

Case Verification Number: 2015117113051GR

Case Information:

Employee Information:
 Last Name: Duncan
 Middle Initial:
 Social Security Number: *** ** 8704
 Citizenship Status: A citizen of the United States
Document Information:
 Driver's License or ID card issued by a U.S. state or outlying possession
 List B Document:
 Document Name: Driver's License or ID Card
 Number:
 Driver's License or ID Card
 List C Document:
 Document State: Minnesota
 Document Expiration Date: 07/13/2018
 I-94 Number:
Additional Information:
 Hire Date: 04/27/2015
 Employee Case ID:
 Three-Day Rule - Other:
 Submitted On: 04/27/2015
Initial Case Result:
 Case Result: Employment Authorized

Employee Referred to SSA:

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

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

Last Name:
 Middle Initial:
 Social Security Number:
 Resubmitted By:
 Resubmitted On:
 First Name:
 Other Names Used:
 Date of Birth:
 Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:
 Request Name Review:
 Comments:
 Submitted By:
 Submitted On:
 Case Result from DHS (after DHS Verification in Process):
 Case Result:
 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

Employee Referred to DHS (Additional):

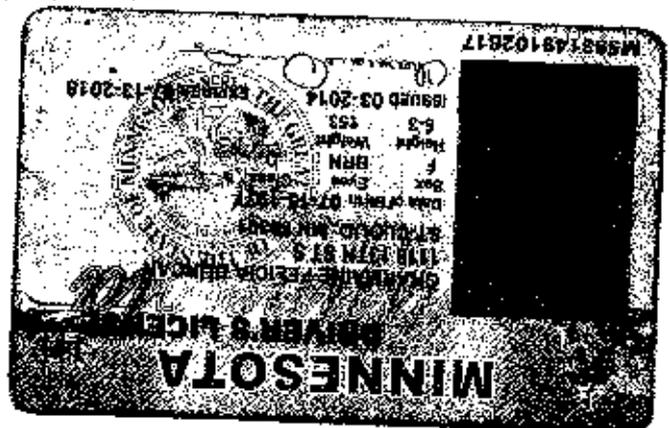
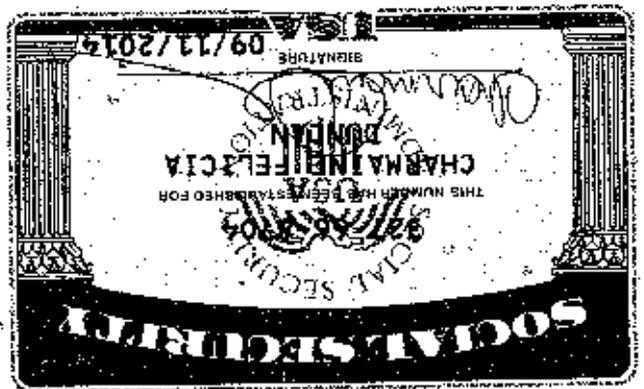
Referred By:

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: JMS33269
Closed On: 04/27/2015

SENSITIVE BUT UNCLASSIFIED



New Hire Application

Personal Data - PLEASE PRINT LEGIBLY IN INK

Last Name Duncan First Name Charaine Middle Initial F
 Street Address 35 West 7th St Apt/Ste _____
 City/State/zip St. Joe MN 56374
 Phone Number (608) 836-3909 Email Address Charaineduncan@hotmail.com
 Staffing Agency/Recruitment Partner Jenny Missell

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

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

Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

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

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

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

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

Name (Print or type) Charaine Duncan
 Applicant's Signature Charaine Duncan
 Date 4-27-15

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

Form W-4 (2015)

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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

Exemption from withholding. If you are exempt, complete lines 1, 2, 3, 4, and 7 and sign the form on this or the next page. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption on his or her tax return. Your income exceeds \$1,050 and includes more than \$500 of unearned income (for example, interest and dividends).

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

- is age 65 or older,
- is blind, or
- Will claim deductions to income, tax credits, or itemized deductions, on his or her tax return.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances.

Head of household. Generally, you can claim head of household filing status on your tax return only 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 Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits 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.

Future developments. Information about any future developments affecting Form W-4 (such as legislative changes after we release it) will be posted at www.irs.gov/w-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are withholding compares to your projected total tax liability. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1582, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

When all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4.

Two earners or multiple jobs. If you have a working spouse or other than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. See Pub. 505 to see how the amount you are withholding compares to your projected total tax liability.

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

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 child support payments. See Pub. 506, Child and Dependent Care Expenses, for details.)

Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. If your total income will be less than \$65,000 (\$109,000 if married), enter "2" for each eligible child; then enter "1" if you have two to four eligible children or less "2" if you have five or more eligible children.

If your total income will be between \$65,000 and \$84,000 (\$109,000 if married), enter "1" for each eligible child. 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.)

For accuracy, complete all worksheets that apply.

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

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service

Employee's Withholding Allowance Certificate OMB No. 1545-0024 2015

Your first name and middle initial: Charmaine F. Last name: Duncan

Home address (number and street or rural route): 85 W. 7th St. City or town, state, and ZIP code: ST. LOUIS, MO 63024

Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2): 7

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

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature: Charmaine F. Duncan Date: 7/27/15

Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS): 8 Office code (optional) 10 Employer identification number (EIN)



Address (Street Number and Name)		City or Town	State	Zip Code
Last Name (Family Name)		First Name (Given 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:	Date (mm/dd/yyyy):
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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: _____

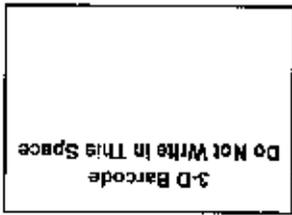
Foreign Passport Number: _____

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.

- 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)

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)		U.S. Social Security Number		E-mail Address		Telephone Number	
07.13.97		327-66-8204		Chormenthan@Hammilton		678-800-2901	
Address (Street Number and Name)		Apt. Number		City or Town		State	
85 W. Ash St.				St. Joe		MN	
Last Name (Family Name)		First Name (Given Name)		Middle Initial		Other Names Used (if any)	
DUNCAN		CHRISTOPHER		F			

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.

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 952-941-9041. Fax: 800-886-0774 or 952-941-9040. 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 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 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: Charmaine.Duncan@orange-tree.com)

Signature: Charmaine Duncan Date: 4-27-15

BACKGROUND INFORMATION

Last Name: Duncan First: Charmaine Middle: Felicia

Other Names/Alias: _____

Social Security #: 327 46 8704

Driver's License #: MS13149102817

State of Driver's License: MN

Present Address: 26 W. 4th St

City/State/zip: St. Joe MN 56374

Telephone # (Primary): (612) 806-2909

*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: Charmane Duncan SSN# (Last 4 digits): 8704 Effective Date: 4-27-15

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

~~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.~~

Bank Name: <u>Wells Fargo</u>	Account Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Other
Branch Name: <u>Market Street</u>	Account #: <u>62144</u>
Routing #: <u>021001089</u>	Initial: _____ Date: _____

SECTION 4 - PAYROLL DEBIT CARD (GLOBAL CAST 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, 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: <u>Charmane</u>	MI: <u>F</u>	Last Name: <u>Duncan</u>
Street Address (do not abbreviate): <u>45 W 4th St</u>	City: <u>St Joe</u>	State: <u>IN</u>
Zip: <u>46784</u>	Call Phone (mobile): <u>612.806.2909</u>	Social Security #: <u>327.66.8004</u>
Date of Birth: <u>01-31-77</u>	<input checked="" type="checkbox"/> Yes, sign me up, for text alerts My mobile service provider is: <u>T-Mobile</u>	

All we need to know your cell phone service provider and mobile number above:

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

Payroll Debit Card Routing #: <u>073972181</u>	Payroll Debit Card Account #: <u>4853-4001-5319-3588</u>
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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.

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.

* E-mail: Charmanduncan@hotmail.com

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

Employee's Signature: Charmane Duncan Date: 4-27-15

ENROLLMENT FORM

VSIFND 219301-EMP

OFFICE USE ONLY LOCATION

Retire Date

REQUIRED EMPLOYEE INFORMATION

(Must Be Filled Out)
Social Security Number 327-06-8704

Date of Birth 07/13/1977 Sex M F

Name Charmaine Duncan

Street Address 85 N. Ash St

City St. John State MA Zip 56374

Home Phone 412-806-2909

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.

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.

Signature _____

Date

04/27/2015

OPTION 1 FIXED INDEMNITY PLAN

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

YES
 NO
\$4.20 Employee Only

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

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

82193010-M-EMP
Monthly Rates