

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 05/04/2011
Page: 1 of 1

Case Verification Number: 2011124122104MZ

Initial Verification:

Last Name:	Pham	First Name:	Dun
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 4037	Date of Birth:	01/01/1945
Hire Date:	05/04/2011	Citizenship Status:	A lawful permanent resident
Alien Number:	060233968	I-94 Number:	
Card Number:	SRC0906652527		
Document Type:	Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	Doc. Expiration Date:	
Submitted By:	KSIK1977	Submitted On:	05/04/2011

Initial Verification Results:

Last Name:	PHANN	First Name:	DUN
		Expire Date:	INDEFINITE
Initial Eligibility:	Employment Authorized		

SSA Referral:

Referral By:	Referral Date:
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Verification Response:

Eligibility:	Response Date:
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SSA Resubmittal:

Last Name:	First Name:
Middle Initial:	Maiden Name:
Social Security Number:	Date of Birth:
Submitted By:	Submitted On:

Resubmittal Verification Results:

Eligibility:

Additional Verification:

Comments:	Submitted On:
Submitted By:	

Verification Response:

Eligibility:	Response Date:
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DHS Referral:

Referral By:	Referral Date:
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DHS Referral Results:

Eligibility:	Response Date:
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Photo Matching Results:

Determination:

Additional DHS Referral:

Referral By:

Referral Date:

Additional DHS Referral Results:

Eligibility:

Response Date:

Case Resolution:

Resolve Option:

The employee continues to work for the employer after receiving an Employment Authorized result.

Resolved By:

KSIK1977

Resolved On:

05/04/2011

SENSITIVE BUT UNCLASSIFIED

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last Phann First Dwn Middle Initial N/A

Address (Street Name and Number) 1817 48th Street NW City Rochester State MN

Date of Birth (month/day/year) 01/01/1945 Zip Code 55901

Social Security # 471-53-4037

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 #) 060-233-968

An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____

Employee's Signature X Phann Date (month/day/year) 5/3/2011

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.

Preparer's/Translator's Signature _____ Print Name _____

Address (Street Name and Number, City, State, Zip Code) _____ Date (month/day/year) _____

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

Document title: Perm Resident Card Issuing authority: Dept of Homeland Sec Document #: 060-233-9108 Expiration Date (if any): 1-2-19

OR

List A AND List B AND List C

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 5/3/11 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative Kelley A. Slink Print Name _____

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) ESSG 7301 Ohms Lane, Suite 405 Edina, MN 55439

Date (month/day/year) 5-3-11 Title On-Site Rep

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable) _____

B. Date of Rehire (month/day/year) (if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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.

Signature of Employer or Authorized Representative _____ Date (month/day/year) _____

Background Investigation Information Release Form

Please read this form carefully and be aware that by allowing Employer Solutions Staffing Group LLC to investigate your background with state and federal agencies, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal and driving record background check and review.

I understand that a successful criminal and driving record background investigation is a condition of my employment by Employer Solutions Staffing Group LLC to work at facilities of

Frank Toledo

and, further, that Employer Solutions Staffing Group may, at its discretion, conduct periodic criminal and driving record background investigations on me during the course of my employment with Employer Solutions Staffing Group.

I agree to waive and relinquish all claims I may have against Employer Solutions Staffing Group LLC and its officers, agents, servants and employees as a result of my participation in any criminal and driving record background investigation.

I do hereby fully release and discharge Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims from damages that I may have or that may accrue to me on account of the results of any aspect of any criminal and driving record background investigation.

I further agree to indemnify and hold harmless and defend Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims resulting from damages sustained by me or arising out of, connected with, or in any way associated with, any of the activities of any criminal and driving record background investigation and review.

I have read and fully understand this Waiver and Release of All Claims.

Employee Full Legal Name (PRINTED) Pham First: Pham Middle: N/A	Maiden Name _____	Minnesota Driver's License Number N973120684012
Date of Birth (mm/dd/yyyy) 6/16/1945	Social Security # 471-53-4637	Signature: X <i>Blur Pham</i> Date Signed: 5/3/2011

Form W-4 (2011)

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 2011 expires February 16, 2012. 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 from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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

Personal Allowances Worksheet (Keep for your records.)

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 may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs 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 on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (single) or \$180,000 (married).

- 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 \$1,900 of child or dependent care expenses for which you plan to claim a credit.
- G** **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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
 - If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six 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 Worksheet** on page 2.
 - If you have more than one job or are married and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 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.

Employee's Withholding Allowance Certificate

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 Type or print your first name and middle initial. **DWM**

2 Your social security number. **471-53-4037**

3 Single Married Married, but withheld at higher Single rate.

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. **Rocheater, MN 55901**

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) **0**

6 Additional amount, if any, you want withheld from each paycheck **\$**

7 Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption:

- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption.

Employee's signature **John Pham**

Date **5/3/11**

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)

9 Office code (optional)

10 Employer identification number (EIN)