



SENSITIVE BUT UNCLASSIFIED**Case Verification Number: 2017034104520WN**

Report Prepared: 02/03/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Moua

First Name: Panuea

Date of Birth: 07/18/1991

Social Security Number: *** ** 8491

Hire Date: 02/03/2017

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

List C Document: U.S. birth certificate (original or certified copy)

Document Name: Driver's license

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 07/18/2020

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 02/03/2017

Case Submitted By: LYAN0374

SENSITIVE BUT UNCLASSIFIED



New Hire Application

Personal Data— PLEASE PRINT LEGIBLY IN INK

Last Name Mona First Name Panuea Middle Initial _____
 Street Address 2597 Brookview Drive East Apt/Ste _____
 City/State/Zip Maplewood Social Security Last Four XXX-XX-8491
 Phone Number (414) 369-1512 Email Address panuea.mona@gmail.com
 Staffing Agency/Recruitment Partner CMB

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.

Panuea Mona Name (Print or type) Panuea Mona Applicant's Signature 2-3-17 Date

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 _____	I-9 _____	8850 _____	W4 _____
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 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total income exceeds \$1,050 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 age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't 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.

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 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.

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.

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. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more 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. Your withholding usually will be most accurate 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.

Nonresident alien. If you are a nonresident alien, see Notice 1382, 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 2017. 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.

Personal Allowances Worksheet (Keep for your records.)

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

B Enter "1" if:
 • You're single and have only one job; or
 • You're married, have only one job, and your spouse doesn't work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. **B** 1

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.) **C** _____

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

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

F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit **F** _____

(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

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 \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "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 \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. **G** _____

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.) **H** _____

For accuracy, complete all worksheets that apply.
 • 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 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.

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. 1545-0074 2017	
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 <i>Pamela</i>		Last name <i>Moya</i>		2 Your social security number <i>605-48-8491</i>	
Home address (number and street or rural route) <i>2597 Brookview Drive East</i>				3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code <i>Maplewood, MN 55119</i>				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. <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 <u>1</u>	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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. If you meet both conditions, write "Exempt" here 7					
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 (This form is not valid unless you sign it.) <i>Pamela Moya</i>				Date <i>2-3-17</i>	
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)	



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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) Moua		First Name (Given Name) Panuea		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name) 2597 Brookview Drive East			Apt. Number	City or Town Maplewood	State MN	ZIP Code 55119
Date of Birth (mm/dd/yyyy) 07/18/1991	U.S. Social Security Number 605-48-8491	Employee's E-mail Address panueamoua@gmail.com			Employee's Telephone Number (414) 369-1512	

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 boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: _____
OR
 2. Form I-94 Admission Number: _____
OR
 3. Foreign Passport Number: _____
 Country of Issuance: _____

QR Code - Section 1
 Do Not Write In This Space

Signature of Employee pa	Today's Date (mm/dd/yyyy) 02-03-2017
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "List of Acceptable Documents."

Employee Info from Section 1	Last Name (Family Name) Mona	First Name (Given Name) Parvica	M.I.	Citizenship/Immigration Status I
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List A
OR
List B
AND
List C
 Identity and Employment Authorization Identity Employment Authorization

Document Title	Document Title Driver's License	Document Title Birth Certificate
Issuing Authority	Issuing Authority State of MN	Issuing Authority State of CA
Document Number	Document Number D334006530510	Document Number 1-91-12-000968
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy) 07/18/2020	Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title	Additional Information	QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 02/03/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>La Houe</i>	Today's Date (mm/dd/yyyy) 02/03/2017	Title of Employer or Authorized Representative Staffing Coordinator
Last Name of Employer or Authorized Representative Yang	First Name of Employer or Authorized Representative La Houe	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC
Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405	City or Town EDINA	State MN
		ZIP Code 55439

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)		
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)		

G. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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MINNESOTA
DRIVER'S LICENSE

PANUEA MOUA
2597 BROOKVIEW DR E
MAPLEWOOD, MN 56119

Date of Birth 07-18-1994

Sex Eyes Class

F BLK D

Height Weight

5-0 200

ISSUED 02-2016

EXPIRES 07-18-2020

Panuea Moua



D334006530610

COUNTY OF HUMBOLDT

Eureka, California 93301

104-

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1-91-12-000968

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		1A. NAME OF CHILD—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)
		PANUEA			MOUA
THIS CHILD	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH—MONTH, DAY, YEAR	4B. HOUR—24 HOUR CLOCK TIME
	FEMALE	SINGLE		JULY 18, 1991	0451
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY			5B. STREET ADDRESS—STREET, NUMBER, OR LOCATION	
	GENERAL HOSPITAL			2200 HARRISON AVE.	
FATHER OF CHILD	6A. NAME OF FATHER—FIRST (GIVEN)		6B. MIDDLE	6C. LAST (FAMILY)	5E. PLANNED PLACE OF BIRTH
	BLIA		PAO	MOUA	HOSPITAL
MOTHER OF CHILD	7A. NAME OF MOTHER—FIRST (GIVEN)		7B. MIDDLE	7C. LAST (MAIDEN)	7. STATE OF BIRTH
	XEE			VANG	LAOS
PARENT'S CERTIFICATION	8. CERTIFY THAT I HAVE REVIEWED THE ENTIRE REGISTRATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12A. PARENT OR OTHER INFORMANT—SIGNATURE		12B. RELATIONSHIP TO CHILD
			X Blia P. Xee		X Father
CERTIFICATION OF BIRTH	9. CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE NOTED		13A. ATTENDANT OR CERTIFIER—SIGNATURE—ADDRESS OR TITLE		12C. DATE SIGNED
			X Deepak Stokes, MD		7/19/91
LOCAL REGISTRAR	13C. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
	DEEPAK STOKES, MD, 2773 HARRIS ST, EUREKA				
	18A. DATE OF DEATH	18B. STATE FILE NO. (PRINT AND CHECK)	19. REGISTRAR'S SIGNATURE		17. DATE ACCEPTED FOR REGISTRATION
			Carolyn Crnich		JUL 26 1991

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF HUMBOLDT } ss

DATE ISSUED

AUG 5 1991

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Humboldt County Recorder.

CAROLYN CRNICH, Recorder
 HUMBOLDT COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

CC3892

Authorization

Authorization: By signing below, you authorize: (a) backgroundchecks.com ("BGC") and/or Orange Tree Employment Screening to request information about you from any public or private information source; (b) anyone to provide information about you to BGC and/or Orange Tree Employment Screening; (c) BGC and/or Orange Tree Employment Screening to provide Employer Solutions Staffing Group, LLC one or more reports based on that information; and (d) Employer Solutions Staffing Group, LLC ("ESSG") to share those reports with others for legitimate business purposes related to your employment. BGC and/or Orange Tree Employment Screening may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an employee of ESSG.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for BGC.

Printed name:

Pamela

Mona

First

Middle (
none)

Last

Other names used: _____

Current county of residence: _____

Current and former addresses:

from Mo/Yr	current to Mo/Yr	Street	City, State & Zip
_____	_____	<u>2597 Brookview DR E</u>	<u>Maplewood, NJ 07041</u>
_____	_____	Street	City, State & Zip
_____	_____	Street	City, State & Zip

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

2-3-17

Date of birth

605-48-8491

Social security number

Driver's license number & state

Name as it appears on license

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .

Pamela Mona
Signature

2-3-17
Date



employer solutions staffing group^{llc}

Leveraging Resources in a Changing Market

Wage Payment Method Authorization (Minnesota)

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 paper Check.

SECTION 1 BASIC INFORMATION

Employee Name <u>Panuea moua</u>	SSN# (last 4 digits) <u>8491</u>	Effective Date <u>2/3/17</u>
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SECTION 2 PAYROLL ELECTION

Direct Deposit (Please complete Sections 3 and 5 below) *Note: Direct Deposit accounts may take up to 7 days to be activated*

Payroll Debit Card (Please complete Sections 4 and 5 below) Paper Check (Please complete Section 5 below)

SECTION 3 DIRECT DEPOSIT

Update Bank Account

Bank Name:
TCF Bank

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 PM Date 2-3-17

- 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.

SECTION 4 PAYROLL DEBIT CARD (GLOBAL CASH CARD)

Federal la request a you do no Card to pa verify you	TCF your convenience bank™	1034 12-7138/2750 58 3785718139	account. In order to to identify you. If ou a Payroll Debit mation so they can
	PANUEA MOUA 2224 N 34TH ST MILWAUKEE, WI 53208		
Except for transaction then sign & wages.	VOID		Card account or nditions. You will payday you receive
CARD#	Pay to the Order of _____	\$ _____	
First Name	TCF BANK www.tcfbank.com 1-800-TCF-BANK Open 7 Days	Dollars	
Street Ad	Memo _____		
City			
RECEIPT	02750713851 3735719139 01034		
Payroll D	073972181		

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: _____ Date: _____

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: _____@_____ this information will only be used to send your paystubs electronically

Employee's Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION

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

Employee Name: Panuta Mowa

Address: 2597 Brookview DR E Maplewood, MN 55119

Home Phone: 414-364-1512

EMERGENCY CONTACTS

Please list two people (in priority order) who could be contacted in case of an emergency

Contact #1	
Name: <u>Mua Her</u> Relationship: <u>Husband</u>	Home Phone: Cell Phone: <u>(651) - 815-1275</u> Work Phone: <u>(651) - 483-9166</u>
Contact #2	
Name: <u>Chia Chue Her</u> Relationship: <u>Father-in-law</u>	Home Phone: Cell Phone: <u>(651) 239-8384</u> Work Phone:

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