

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security

E-Verify

Report Prepared: 04/23/2015

Page: 1 of 1

Case Verification Number: 2015113105653AV

Case Information:

Employee Information:

Last Name: Etchler
First Name: Jill
Middle Initial:
Social Security Number: *** ** 0462
Citizenship Status: A citizen of the United States
Document Information:

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession
Document Name: Driver's license
Driver's License or ID Card Number:
Alien Number:
Additional Information:

Hire Date: 04/23/2015
Employer Case ID: JM183269
Three-Day Rule Reason: Submitted On: 04/23/2015
List C Document: Social Security Card
Document State: Minnesota
Document Expiration Date: 03/28/2018
I-94 Number:

Initial Case Result: Employment Authorized
Case Result:

Employee Referred to SSA:

Referred By:
Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result:
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:

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:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

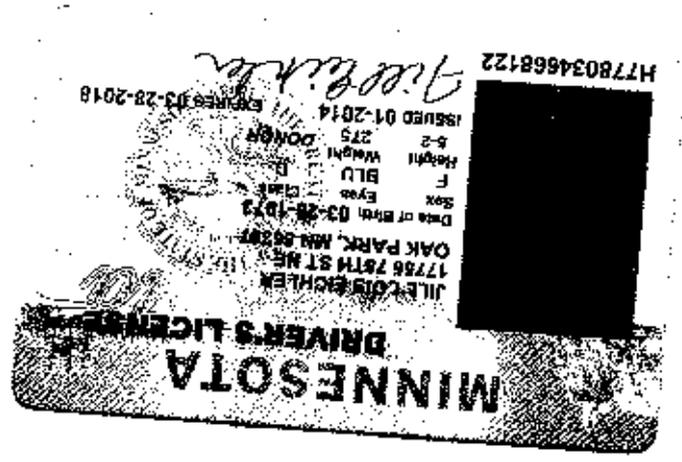
Case Result:

Response Date:

Case Closure:

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result
Closed By: JMF53269
Closed On: 04/23/2015

SENSITIVE BUT UNCLASSIFIED



empoyler solutions staffing group.



Leveraging Resources in a Changing Market

7301 Ohms Lane Suite 405

Edina, MN 55439

Tel: 952.835.1288 • Fax: 952.835.1255

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New Hire Application

Personal Data - PLEASE PRINT LEGIBLY IN INK

Last Name Eichler First Name Sill Middle Initial L
 Street Address 17755 75th St NE
 City/State/zip Dot Park, MN 56357
 Phone Number 952-333-6583 Email Address MEICHLER13@hughes.net
 Staffing Agency/Recruitment Partner Jenny Missett

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) Sill Eichler Applicant's Signature [Signature]
 Date 4.22.15

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

Form W-4 (2015)

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. Exception from withholding. If you are exempt, complete only steps 1, 2, 3, 4, and 7 and sign the form on February 15, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Notes. If another person can claim you as a dependent on his or her tax return, you cannot claim an exemption from withholding if your income exceeds \$1,000 and includes more than \$500 of unearned income for example, interest and dividends.

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

- is aged 65 or older,
- is blind, or
- will claim adjustments to income tax credits or nonrefundable deductions, no tie or net tax return.

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

Basic instructions. If you are not exempt, complete the Personal Allowance Worksheet below. The worksheet on page 2 further adjusts your withholding allowances based on marital status, dependent care, 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 example, if you are claiming more than one job, you are claiming 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 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 2015. See Pub. 505, especially if your earnings exceed \$100,000 (single) or \$100,000 (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.

Personal Allowance Worksheet (Keep for your records.)

A Enter "1" if you are single and have only one job; or

B Enter "1" if:

- 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 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 \$65,000 (\$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 \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.

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 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 \$20,000 (\$20,000 if married), see the Two-Earner/Multiple Job 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.

Employee's Withholding Allowance Certificate

OMB No. 1545-0074 **2015**

Department of the Treasury Internal Revenue Service

Form W-4

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.

Your first name and middle initial: **Will**
 Last name: **Edinger**
 Home address (number and street or rural route): **5111 2015**
19755 95th St NE
 City or town, state, and ZIP code: **Bellevue, WA 98006**

Married Married Single Separated Divorced Widowed Head of household Other
 Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

City or town, state, and ZIP code: **Bellevue, WA 98006**
 Employer's name and address (Employer's complete name and 10 only if ending in the IRS): **Bank of America**

Employer's name and address (Employer's complete name and 10 only if ending in the IRS): **Bank of America**
 Employer's identification number (EIN): **19-0000000**

Date: **4-22-15**

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.

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

1. Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and

2. This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

3. I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption:

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

5. Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2): **1**

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

7. 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.



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) Eichler		First Name (Given Name) Siti		Middle Initial LOIS		Other Names Used (if any) Strawhacker	
Address (Street Number and Name) 17755 75th St NIE				Apt. Number		City or Town Oak Park, MN	
State MN		Zip Code 56357		Telephone Number 833-6523			
Date of Birth (mm/dd/yyyy) 08/28/78		U.S. Social Security Number 177-19-0962		E-mail Address mf.eichler@engr.com			

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.

OR

1. Alien Registration Number/USCIS Number: _____

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 Employee: *[Signature]*

Date (mm/dd/yyyy): **4-20-15**

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: _____

STP

STP

Signature of Employer or Authorized Representative:	Date (mm/dd/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) (mm/dd/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 Refire (if applicable) (mm/dd/yyyy):

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

Employer's Business or Organization Address (Street Number and Name) City or Town	EDINA	State	MN	Zip Code	55439
Employer's Business or Organization Name	EMPLOYER SOLUTIONS STAFFING GROUP LLC				
Last Name (Family Name)	First Name (Given Name)	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
M. SELL	Benjamin	04-23-2015	Office Staff		

The employee's first day of employment (mm/dd/yyyy): 04-23-2015 (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.

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.)

Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
Drivers License	H77803468122	03-28-18
Social Security Card	474-19-0462	1/19

Identify and Employment Authorization AND List B AND List C

Employee Last Name, First Name and Middle Initial from Section 1: Eichler, Jill L

3-D Barcode Do Not Write in This Space

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: 800-886-4774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING'S website is at www.oranagetreescreening.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p>New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigable 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.oranagetreescreening.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: mj.eckstein13@ughos.net)

Signature: [Handwritten Signature]
Date: 4-28-15

BACKGROUND INFORMATION

Last Name: Eckstein First: Sill Middle: LOIS
Other Names/Aliases: Stammwecker
Social Security #: 479-19-0462
Driver's License #: H778034665122 State of Driver's License: MN
Date of Birth (mm/dd/yyyy): 3-25-73
Present Address: 17755 75th St NE Telephone # (Primary): 300 888 6523
City/State/Zip: Dark Park, MN 56357

*This information will be used for background screening purposes only and will not be used as hiring criteria.

ENROLLMENT FORM

REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK or BLUE INK

(Must Be Filled Out)
Social Security Number 979-19-0462

Date of Birth 03/28/1973 Sex M F

Name Sill Eichler

Street Address 17755 95th St N.E.

City Oak Park State MN Zip 56359

Home Phone 320-966-2880

Do you or any dependents have Medicare? Yes No If Yes:

Medicare Health Insurance (Claim Number (HICN)) 477-64-9484

Medicare Effective Date 02-09-2015

Names of Covered Person(s) 1. Mike Eichler - spouse

3. _____

2. _____

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

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.

NAME OF BENEFICIARY Mike Eichler

RELATIONSHIP Spouse

Accidental Death & Dismemberment is part of the Term Life Benefit.

Signature _____

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.

Date _____

OPTION 1 FIXED INDEMNITY PLAN

Weekly Rates

You MUST enroll in the Indemnity Medical Insurance Plan before adding any additional Indemnity benefits, except Dental. Your coverage level for the Term Life will be identical to your medical plan selection.

FIXED INDEMNITY MEDICAL \$20.91 Employee Only \$42.44 Employee + 1 \$56.67 Employee + Family NO to all Indemnity benefits.

This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

DENTAL \$5.99 Employee Only \$11.98 Employee + 1 \$19.77 Employee + Family NO

TERM LIFE \$0.60 Employee Only \$0.90 Employee + 1 \$1.80 Employee + Family NO

SHORT-TERM DISABILITY YES NO \$4.20 Employee Only

OPTION 2 MEC WELLNESS/PREVENTIVE PLAN

82193010-M-EMP Monthly Rates

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

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

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: Sill, E. Miller SSN (Last 4 digits): 0162 Effective Date: 9.29.15

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: Franklin Bank & Trust
 Routing #: 097012008
 Account #: 3051627
 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: [Signature] Date: 9.29.15

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.

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: _____ M.I.: _____ Last Name: _____ Date of Birth: _____
 Street Address (no box not acceptable): _____ Social Security #: _____
 City: _____ State: _____ Zip: _____ Cell Phone (mobile): _____

GET TEXT ALERTS, when your paycheck is deposited on your card!

Yes, sign me up, for text alerts
 My mobile service provider is: _____

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

Payroll Debit Card Routing #: _____ 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 the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature: [Signature]

Date: 9.29.15

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 to my account(s).

*E-mail:

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

Employee's Signature: _____

Date: _____