

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
 Report Prepared: 01/26/2015
 Page: 1 of 1

Case Verification Number: 2015026122505FT

Case Information:

Employee Information:	
Last Name:	Kourouma
Middle Initial:	*** ** 7204
Social Security Number:	A lawful permanent resident
Citizenship Status:	
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:	204041806
Alien Number:	204041806
Additional Information:	
Hire Date:	01/26/2016
Three-Day Rule Reason:	SSER1299
Submitted By:	Submitted On: 01/26/2015
Initial Case Result:	
Last Name (in DHS records):	KOUROUMA
First Name (in DHS records):	FANTA

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

Case Result from SSA (after Resubmission):

Case Result:	Case Result:
Request Name Review:	Request Name Review:
Comments:	Submitted By:
Submitted On:	Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result:	Case Result:
Employee Referred to DHS:	Employee Referred to DHS:
Referred By:	Referred On:
Case Result from DHS (after DHS Tentative Nonconfirmation):	Case Result:
Response Date:	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.

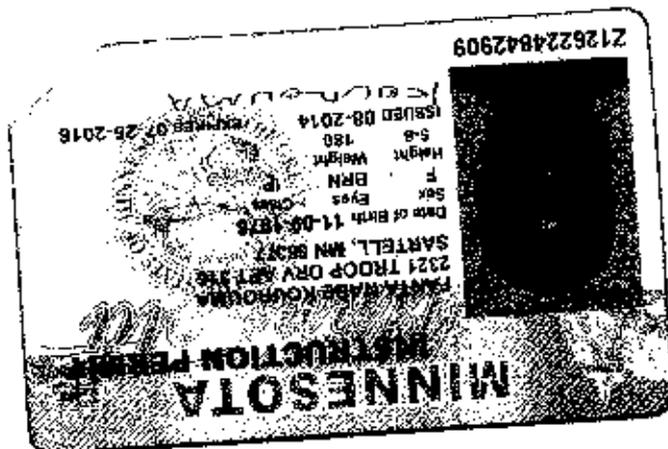
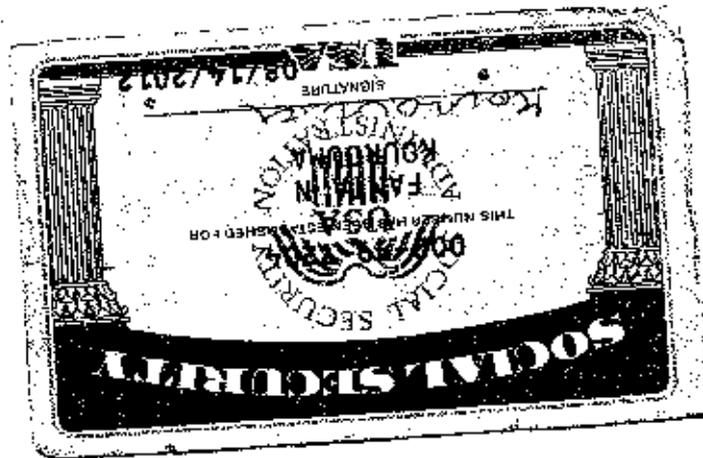
Closed By:

SSEER1299

Closed On:

01/26/2015

SENSITIVE BUT UNCLASSIFIED



DOH _____		RDP _____		Work Site Loc. _____		WC Code _____	
For ESSG Client Use							
Emergency Contact Info _____		Background Release Form _____		Background Results _____		Unemployment Letter (if applicable) _____	
DOH _____		NHW _____		I-9 _____		8850 _____	
_____		_____		_____		W4 _____	
For ESSG Office Use Only							

A copy or facsimile ("fax") will be considered the same as an original signature. Email will ONLY be used for employment correspondence

Name (Print or type) Koukoumova Fanta
 Applicant's Signature Koukoumova
 Date 01/26/2015

I authorize Employer 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.

Applicant Certification and Authorization

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

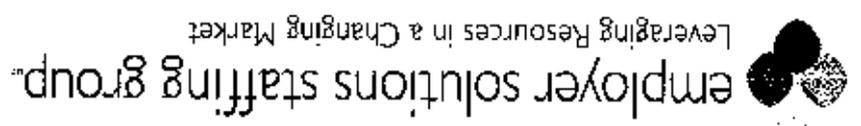
All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Personal Data -- PLEASE PRINT LEGIBLY IN INK

Last Name Koukoumova First Name Fanta Middle Initial _____
 Street Address 2321 Truood TR
 City/State/Zip SALT LAKE CITY UT 84119
 Phone Number 3204552578 Email Address KADDEHASYIA@gmail.com
 Staffing Agency/Recruitment Partner _____
 Apt/Ste 316

New Hire Application

7301 Ohms Lane Suite 405
 Edina, MN 55439
 Tel: 952.835.1288 • Fax: 952.835.1255
 www.esgstafingsolutions.com





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) Kouyouma		First Name (Given Name) Taira		Middle Initial N		Other Names Used (if any)	
Address (Street Number and Name) 2321 Todd Dr		Apt. Number 316		City or Town Sartell		State MN	
Zip Code 56377		Telephone Number 320-455-2528		Date of Birth (mm/dd/yyyy) 11/09/1976		U.S. Social Security Number 002-99-1204	
E-mail Address							

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): **204041806**
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy). Some aliens may write "N/A" in this field. (See instructions)
- An alien authorized to work. Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (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: _____

Signature of Employee: **Kouyouma** Date (mm/dd/yyyy): **01/26/2015**

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

Tovar

First Name (Given Name)

Samantha

Last Name (Family Name)

Address (Street Number and Name)

10561 Palm St NW

City or Town

Coon Rapids

State

MN

Zip Code

55433

STOP

Employer Completes Next Page

STOP

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 made 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 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING'S website is at 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>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 request 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 the 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: Kouyoumka Date: 01/26/2015

Last Name: Kouyoumka First: Kouyoumka Middle: Nabe

Other Names/Aliases: _____
Social Security #: 002997204
Date of Birth (mm/dd/yyyy): 11/09/1976

Driver's License #: ZD6224949308
State of Driver's License: _____

Present Address: 2321 Inwood Dr
Telephone # (Primary): 4552578

City/State/Zip: SCOTT MN 56377

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

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: Tanya Kourama SSN# (last 4 digits) 7204 Effective Date: 01/26/2015

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

<input type="checkbox"/> Update Bank Account	Bank Name:	Routing#	Account#	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> 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)

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)			
City	State	Zip	Call Phone (mobile)

GET TEXT ALERTS, when your paycheck is deposited on your card! Yes, sign me up, for text alerts

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

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

Payroll Debit Card Routing # 073972181
 Payroll Debit Card Account # _____

SECTION 5 AUTHORIZATION

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: _____

***E-mail:** (this information will only be used to send your pay stubs electronically)

Employee's Signature: Kourama Date: 01/26/2015

* E-mail is required for pay stub information. made in error to my account(s). or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries

ENROLLMENT FORM

FSC NAV+SAD P2M v15.0

REQUIRED EMPLOYEE INFORMATION

(Must Be Filled Out) PRINT USING BLACK or BLUE INK

Social Security Number 02-997204
 Date of Birth 11/09/76 Sex M F
 Name Koukoumanta
 Street Address 2321 Tooride
 City Spartan State MA Zip 01837
 Home Phone 320-455-2578

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.

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

YES \$0.60 Employee Only
 YES \$0.90 Employee + 1
 YES \$1.80 Employee + Family
 NO

SHORT-TERM DISABILITY

YES \$4.20 Employee Only
 NO

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

MEDICAL WELLNESS/PREVENTIVE PLAN

OPTION 2
 821933010-M-EMP
 \$58.87 Employee Only
 \$87.73 Employee + 1
 \$186.99 Employee + Family
 NO to MEC Wellness/Preventive Plan

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 Koukoumanta
 Date 11/26/05