



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2016223105223LK

Report Prepared: 08/10/2016

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Fowler

First Name: Frederick

Date of Birth: 07/20/1961

Social Security Number: *** ** 4214

Hire Date: 08/10/2016

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: Social Security Card

Document Name: Driver's license

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: This document has no expiration date

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 08/10/2016

Case Submitted By: MMUL1872

SENSITIVE BUT UNCLASSIFIED



For more information contact us at 888-464-4218 or E-Verify@dhs.gov.

U.S. Department of Homeland Security

U.S. Citizenship and Immigration Services

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New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Fowler First Name Frederick Middle Initial K
 Street Address 1830 MECHANIC AVE Apt/Ste _____
 City/State/Zip STPAUL MN 55119 Social Security Last Four XXX-XX-
 Phone Number 952-451-9827 Email Address _____ @ _____
CMG
 Staffing Agency/Recruitment Partner _____

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.

Frederick King Fowler Name (Print or type) Frederick King Fowler Applicant's Signature 8-10-14 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 (2016)

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 2016 expires February 15, 2017. 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 \$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 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 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 2016. 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	_____
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. }	B	_____
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	
▶ 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.				2016	
1 Your first name and middle initial <u>Frederick K</u>		Last name <u>Fowler</u>		2 Your social security number <u>413-17-4214</u>	
Home address (number and street or rural route) <u>1830 MECHANIC AVE</u>			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 <u>STPAUL MN 55119</u>			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>7</u>	
6 Additional amount, if any, you want withheld from each paycheck				6 _____	
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • 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.) ▶ <u>Frederick King Fowler</u>				Date ▶ <u>8-10-16</u>	
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 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) Fowler		First Name (Given Name) Frederick		Middle Initial K	Other Names Used (if any)	
Address (Street Number and Name) 1836 MECHANIC AVE			Apt. Number	City or Town ST PAUL	State MN	Zip Code 55119
Date of Birth (mm/dd/yyyy) 7-20-1961	U.S. Social Security Number 413-17-4214		E-mail Address			Telephone Number 952-451-9827

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:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

3-D Barcode
Do Not Write in This Space

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: Frederick King Fowler	Date (mm/dd/yyyy): 8-11-16
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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	



Employer Completes Next Page





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 "Lists 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.)

Employee Last Name, First Name and Middle Initial from Section 1: Fowler, Frederick K.

List A Identify and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title: <u>Drivers License</u>		Document Title: <u>State of Minnesota</u>		Document Title: <u>Social Security Card</u>
Issuing Authority: <u>State of Minnesota</u>		Issuing Authority: <u>State of Minnesota</u>		Issuing Authority: <u>Social Security Admin.</u>
Document Number: <u>E365078828214</u>		Document Number: <u>E365078828214</u>		Document Number: <u>413-17-4214</u>
Expiration Date (if any)(mm/dd/yyyy): <u>7/20/2016</u>		Expiration Date (if any)(mm/dd/yyyy): <u>7/20/2016</u>		Expiration Date (if any)(mm/dd/yyyy): <u>7/20/2016</u>
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

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): 08/10/2016 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>[Signature]</u>		Date (mm/dd/yyyy) <u>08/10/2016</u>	Title of Employer or Authorized Representative <u>DPS Supervisor</u>	
Last Name (Family Name) <u>Kuuleau</u>		First Name (Given Name) <u>Megan</u>		Employer's Business or Organization Name <u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u>
Employer's Business or Organization Address (Street Number and Name) <u>7301 OHMS LANE SUITE 405</u>			City or Town <u>EDINA</u>	State <u>MN</u>
			Zip Code <u>55439</u>	

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

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

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.

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

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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

MINNESOTA
DRIVER'S LICENSE
COMMERCIAL



FREDERICK KING FOWLER
1830 MECHANIC AVE
ST PAUL, MN 56115

Date of Birth 07-20-1961
Sex M Eyes BRN Class 8
Height 5-6 Weight 190
ISSUED 08-2012 EXPIRES 07-20-2016

Frederick King Fowler

E365070028214

SOCIAL SECURITY

413-17-4214

THIS NUMBER HAS BEEN ESTABLISHED FOR
**FREDERICK KING
FOWLER**

Frederick King Fowler
SIGNATURE 08/07/2014

MEDICAL EXAMINER'S CERTIFICATE

Frederick Fowler

I certify that I have examined Frederick Fowler in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.46) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- wearing corrective lenses
- driving within an exempt intrastate zone (49 CFR 391.52)
- wearing hearing aid
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- accompanied by a _____
- qualified by operation of 49 CFR 391.54
- waiver/exemption

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <i>Vijay Eynni</i>		TELEPHONE 6519685300
MEDICAL EXAMINER'S NAME (PRINT) Vijay Eynni		DATE 03.03.16
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. 22043	ISSUING STATE MN	<input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Other Practitioner
NATIONAL REGISTRY NO. 1039299981		
SIGNATURE OF DRIVER <i>Frederick King Fowler</i>	INTRASTATE ONLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CDL <input type="checkbox"/> YES <input type="checkbox"/> NO
DRIVER'S LICENSE NO. E365078828214	STATE MN	
ADDRESS OF DRIVER 1830 MECHANIC AVE STPAUL MN 55119		
MEDICAL CERTIFICATION EXPIRATION DATE 03.03.17		

ORIGINAL - DRIVER



MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION APPLICATION RECEIPT

2016702204009

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

Minnesota Driver's License, Instruction Permit or Identification Card Number: **2016702204009** Birth Date (Month/Day/Year): **07/20/1961**

Full Legal Name: **Fredrick KING FOWLER**

Complete First Name: **Fredrick** Complete Middle Name: **KING** Complete Last Name: **FOWLER**

Previous Legal Name (Only applies if you changed it since last MN Driver's License, EDL, ID or IP Application): **Fredrick KING FOWLER**

Full Residence Address (Where you live) Note: Make sure this is your CURRENT and valid address. The post office will NOT forward your card. **1830 MECHANEK AVE**

City: **ST PAUL** State: **MN** Zip Code: **55119** Min County: **R**

Optional Mailing Address (see #1 on back of write copy) Make sure this is a valid address. The post office will NOT forward your card. I affirm that the U.S. Postal Service will not deliver mail to my Residence Address shown above. INITIAL HERE TO HAVE YOUR CARD SENT TO THE ADDRESS BELOW.

Number: _____ Street: _____ Apt# _____

City: _____ State: _____ Zip Code: _____ Min County: _____

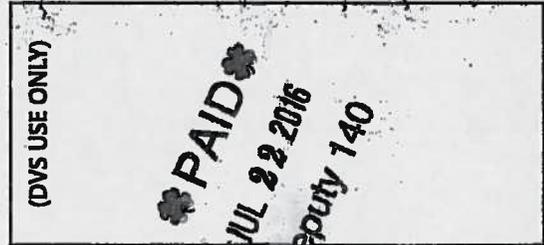
Applicant's Physical Description: Eye Color: **brn** Height: **5' 08"** Weight in Pounds: **175** Male Female

Visit dvs.dps.mn.gov to:

- Check the status of your driving privileges
- Schedule a road test

Questions? Contact Us:

Driver's License questions: (651) 297-3298
 Motor Vehicle questions: (651) 297-2126
 License Status, available 24/7: (651) 284-2000
 TDD/TTY: (651) 282-6555



TYPE <input checked="" type="checkbox"/> REG <input type="checkbox"/> EDL <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> PROV <input type="checkbox"/> ID <input type="checkbox"/> MBOP <input checked="" type="checkbox"/> CLP <input type="checkbox"/> REG IP	TESTS PASSED (STATE EXAM USE ONLY) <input type="checkbox"/> ID <input type="checkbox"/> MC <input type="checkbox"/> MBOP <input type="checkbox"/> GK <input type="checkbox"/> AIR <input type="checkbox"/> COMB <input type="checkbox"/> DBL/TRIPLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TANKER <input type="checkbox"/> HAZMAT <input type="checkbox"/> DWT <input type="checkbox"/> RT Passed <input type="checkbox"/> RT Waived	RESTRICT/ENDORSE <input type="checkbox"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADD/REMOVE FEES PAID APPLICATION: \$ 36.25 OTHER FEES: \$ MC: \$ SB-PHYS: \$ REIN FEE: \$ OTHER: \$ ORGAN DONATION: \$	VISION <input checked="" type="checkbox"/> PASS NIR <input type="checkbox"/> PASS WITH CL <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ATTACHED: PROPER ID <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO M.M.M.L. (CP)
NOTES: R / BINSING IN BE LGATV		INVALIDATED PLY ID / IP STATE: MN Exp: 7/16	

I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the selective service system, if required by federal law. I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in M.S. § 169.444 regarding the safety of children around school buses.

x *Fredrick K Fowler*
 Applicant Signature Application Date: **07 22 16**

THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATED, AND IS NOT A STANDALONE IDENTIFICATION DOCUMENT

- This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification.
- This receipt is valid for the type of card indicated, when stamped with the proper validation stamp, for a maximum of 60 days from the application date shown above.
- This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record.
- **Not valid as Enhanced Driver's License (EDL) for border crossings.**
- **Lost, stolen and duplicate EDL cards are deactivated and may not be used for border crossings.**

DAYS



employer solutions staffing group

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 Frederick King Fowler	SSN# (last 4 digits) 413-17-4214	Effective Date 8-10-16
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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:
WELLS, FARGO

Routing#
091000019

Account#
3377679101

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 **FKF** Date **8-11-16**

- 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 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 (PO BOX NOT ACCEPTABLE)			Social Security#
City	State	Zip	Cell Phone (mobile)

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

Payroll Debit Card Routing # 073972181	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: Frederick King Fowler Date: 8-10-16

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: Frederick King Fowler Date: 8-10-16

EMERGENCY CONTACT INFORMATION

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

Employee Name: Frederick King Fowler

Address: 1830 MECHANIC AVE STPAUL MN 55119

Home Phone: 952-451-9827

EMERGENCY CONTACTS

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

Contact #1 Name: <u>Jeray Suclark</u> Relationship: <u>Brother</u>	Home Phone: <u>651-600-3119</u> Cell Phone: Work Phone:
Contact #2 Name: <u>William Fowler</u> Relationship: <u>Brother</u>	Home Phone: <u>651-298-6466</u> Cell Phone: Work Phone:

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