

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security

Report Prepared: 04/30/2015

Page: 1 of 1

Case Verification Number: 2015120150822QH

Case Information:

Employee Information:

Last Name: Gatlock
 First Name: Mary
 Middle Initial:
 Social Security Number: *** ** 9323
 Citizenship Status: A lawful permanent resident
 Document Information:
 List A Document:
 Card Number: MSC1491118657
 Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
 Document Expiration Date:
 Alien Number: 078768151
 I-94 Number:
 Additional Information:
 Hire Date: 04/30/2015
 Three-Day Rule Reason: JMIS3269
 Submitted By:

Initial Case Result:

Last Name (in DHS records): GATLOCK
 First Name (in DHS records): MARY
 Document Expiration Date (in DHS records): INDEFINITE

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:

Comments:

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: JMS3269
Closed On: 04/30/2015

SENSITIVE BUT UNCLASSIFIED

UNITED STATES OF AMERICA
PERMANENT RESIDENT

CECILIA MARY GALLIAN
GALLIAN
GALLIAN

MARY M.
USCIS #
078-708-51
Country of Birth
Sudan
Date of Birth
01 JAN 1975
Sex
F
Date Expires
12/02/24
Passport Stamp
03/03/00

Mrs Cecilia M. Gallian

DOH		ROP	Work Site Loc.	WC Code
For ESSG Client Use				
Emergency Contact Info	Background Release Form	Background Results	Unemployment Letter (if applicable)	ESC Application
DOH	NHW	1-9	8850	WA
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) Mary Gatluk
 Applicant's Signature Mary Gatluk
 Date 04-30-15

If hired, I agree to abide by the policies and procedures of ESSG.

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.

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 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.

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.

Staffing Agency/Recruitment Partner Jenny Missell
 Phone Number 820-223-8263
 Email Address @
 City/State/Zip St. Cloud, MN 56301
 Street Address 320-9th Ave S
 Apt/Site _____
 Last Name Gatluk First Name Mary Middle Initial M

Personal Data -- PLEASE PRINT LEGIBLY IN INK

New Hire Application

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

employer solutions staffing group™
 Leveraging Resources in a Changing Market





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) Gatluk		First Name (Given Name) Mary		Middle Initial N	Other Names Used (if any)	
Address (Street Number and Name) 380 9th Ave S		City or Town St. Cloud		State MN	Zip Code 56301	Apt. Number
Date of Birth (mm/dd/yyyy) 01-01-1975		U.S. Social Security Number 634-70-9383		E-mail Address 380-223-8863		
Telephone Number 380-223-8863						

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): **078-768-151**
- 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: _____

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: _____

3-D Barcode
Do Not Write in This Space

Signature of Employee: **MARY GATLUK**
Date (mm/dd/yyyy): **04-30-2015**

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: _____
Date (mm/dd/yyyy): _____

Last Name (Family Name): _____
First Name (Given Name): _____

Address (Street Number and Name): _____
City or Town: _____
State: _____
Zip Code: _____

Signature of Employer or Authorized Representative:	Date (m/d/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)(m/d/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.

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) (m/d/yyyy):
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Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405		City or Town EDINA	State MN	Zip Code 55439
Last Name (Family Name) MISSCH	First Name (Given Name) Jennifer	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC		
Signature of Employer or Authorized Representative	Date (m/d/yyyy) 04-30-2015	Title of Employer or Authorized Representative Office Staff		

The employee's first day of employment (m/d/yyyy): 04-30-2015 (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.

Certification

Document Title: Permanent Resident	Document Number: 078-768-151	Expiration Date (if any)(m/d/yyyy): 12-02-2024
Issuing Authority: US of America	Document Number:	Expiration Date (if any)(m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any)(m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any)(m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any)(m/d/yyyy):

Employee Last Name, First Name and Middle Initial from Section 1: Gattlock, Mary N

List A OR List B AND List C

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.



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: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING'S website is at www.orange-tree-employment-screening.com, or another 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 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.orange-tree-employment-screening.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:

BACKGROUND INFORMATION

Signature: Mary Gattluek Date: 04-30-15

Last Name: Gattluek First: Mary Middle: M

Other Names/Alias:

Social Security #: 634-70-9323

Driver's License #: Q 83719076918

State of Driver's License:

Telephone # (Primary): 320-223-8263

Present Address: 320 9th Ave S

City/State/Zip: St. Cloud, MN 56301

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

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: Mary Gatluck SSN# (Last 4 digits): 9323 Effective Date: 04-30-2015

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

Update Bank Account

Bank Name: _____

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 _____ Date _____

SECTION 4 - PAYROLL DEBIT CARD (GLOBAL CASTLE 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.

CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)

First Name _____ M.I. _____ Last Name _____

Street Address (PO Box Not Acceptable) _____

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: Mary Gatluck Date: 04-30-15

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 my 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: _____

SECTION 6 - EMPLOYEE SIGNATURE

Employee's Signature: _____ Date: _____

ENROLLMENT FORM

BSC NAW*SAD P2M v15.0

Rebate Date _____

OPTION 1 FIXED INDEMNITY PLAN

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

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

OPTION 2 MHC WELLNESS/PREVENTIVE PLAN

\$58.87 Employee Only
 \$87.73 Employee + 1
 \$186.99 Employee + Family
 NO to MHC Wellness/Preventive Plan

REQUIRED EMPLOYEE INFORMATION

(Must Be Filled Out)

Social Security Number 63970-9323

Date of Birth 01/01/92 Sex M F

Name Mary Gatluck

Street Address 320 9th Ave S

City St. Cloud State MN Zip 56301

Home Phone 320-223-8263

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.

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 Mary Gatluck

Date 04/30/05