

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security Report Prepared: 02/24/2015 E-Verify Page: 1 of 1

Case Verification Number: 2015055105512GC

Case Information:

Employee Information:

Last Name: Hernandez  
Middle Initial:  
Social Security Number: \*\*\* \*\* 0933  
Citizenship Status: A citizen of the United States  
Document Information: Drivers license or ID card issued by a U.S. state or outlying possession  
List B Document: Driver's license  
Document Name: Driver's license  
Number: Minnesota  
Driver's License or ID Card: Document State: Minnesota  
List C Document: Social Security Card  
Document Expiration Date: 11/12/2015  
F-94 Number:  
Additional Information: Allen Number:  
Hire Date: 02/24/2015  
Employer Case ID: Three-Day Rule - Other  
Submitted On: 02/24/2015

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By:  
Case Result: Case Result from SSA (after SSA Tentative Nonconfirmation):  
Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:  
Middle Initial:  
Social Security Number:  
Resubmitted By:  
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:  
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:

JMIS3269

Closed On:

02/24/2015

**SENSITIVE BUT UNCLASSIFIED**

**MINNESOTA**  
**DRIVER'S LICENSE**

ARACEL Y. HERNANDEZ  
1700 KINGS WAY  
ST CLOUD, MN 56301  
Date of Birth: 11-12-1978  
Sex: F  
Eyes: BRN  
Hair: BRN  
Height: 5-6  
Weight: 175

ISSUED 09-2011  
EXPIRES 11-12-2016

1570298822412

**SOCIAL SECURITY**

ARACEL Y. HERNANDEZ  
1700 KINGS WAY  
ST CLOUD, MN 56301

9067-33-0033

THIS NUMBER HAS BEEN ISSUED FOR  
ADMINISTRATIVE PURPOSES

ARACEL Y. HERNANDEZ

MINNESOTA



# New Hire Application

Personal Data - PLEASE PRINT LEGIBLY IN INK

Last Name Hernandez First Name Arcely Middle Initial \_\_\_\_\_  
 Street Address 1700 Kings Way Apt/Ste \_\_\_\_\_  
 City/State/zip St Cloud MN 56301  
 Phone Number 320-241 9483 Email Address Arcely.Hernandez@hollan.com  
 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) Arcely Hernandez Applicant's Signature Arcely Hernandez  
 Date 2-24-15

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

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

# Form W-4 (2014)

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

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 certain deductions, certain credits, adjustments to income, or two-earner/multiple jobs situations.

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 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 2014. See Pub. 505, especially if your earnings exceed \$10,000 (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/wf](http://www.irs.gov/wf).

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 2014 expires February 17, 2015. 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 an exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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

- is blind, or
- is age 65 or older.

• Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

• Is 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.

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

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.

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.)

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

Enter "1" if you will file as head of household (see conditions under Head of household above).

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.)

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 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.

• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child.

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.)

For accuracy, complete all worksheets that apply.

• If you are single and have more than one job or are married 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

OMB No. 1545-0074 2014

Whether you are entitled to claim a certain number of allowances or exemptions 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

Last name

Home address (number and street or rural route)

City or town, state, and ZIP code

ST. Cloud MN 56301

1700 Kings Way

3 Single  Married  Married, but withheld at higher Single rate.

Note: If named, but legally separated, or spouse is a nonresident alien, check the "Single" box.

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.

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

6 Additional amount, if any, you want withheld from each paycheck

7 Last year I had a right to a refund of all federal income tax withheld because I met both of the following conditions for exemption: I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption.

• 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.

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.)

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)

Date: 2-24-15

Form W-4 (2014)

For Privacy Act and Paperwork Reduction Act Notice, see page 2

OMB No. 1545-0074

2014

2 Your social security number

468330933

3 Single  Married  Married, but withheld at higher Single rate.

Note: If named, but legally separated, or spouse is a nonresident alien, check the "Single" box.

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.

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

6 Additional amount, if any, you want withheld from each paycheck

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• 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.

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.)

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)

Date: 2-24-15

Form W-4 (2014)

For Privacy Act and Paperwork Reduction Act Notice, see page 2

OMB No. 1545-0074

2014

2 Your social security number

468330933

3 Single  Married  Married, but withheld at higher Single rate.

Note: If named, but legally separated, or spouse is a nonresident alien, check the "Single" box.

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.

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

6 Additional amount, if any, you want withheld from each paycheck

7 Last year I had a right to a refund of all federal income tax withheld because I met both of the following conditions for exemption: I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption.

• 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.

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.



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

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.

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

Signature of Employee: *Aracely Hernandez*  
 Date (mm/dd/yyyy): *8-27-15*

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Country of Issuance: \_\_\_\_\_  
 Foreign Passport Number: \_\_\_\_\_  
 If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:  
 2. Form I-94 Admission Number: \_\_\_\_\_  
 OR  
 1. Alien Registration Number/USCIS Number: \_\_\_\_\_

3-D Barcode  
 Do Not Write in This Space

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission 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)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- A noncitizen national of the United States (See instructions)
- A citizen of the United States

I attest, under penalty of perjury, that I am (check one of the following):

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.

**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)		First Name (Given Name)		Middle Initial	Other Names Used (if any)
1700 Kings Way		St Cloud		MN	56301
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		E-mail Address	
11-12-1976		968-33-0933		Aracely.Hernandez@yahoo.com	
Address (Street Number and Name)		City or Town		State	Zip Code
1700 Kings Way		St Cloud		MN	56301
APL Number		Telephone Number			
		360-241-9483			

**▶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.



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.

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

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

Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name
Miscell	Hernandez	EMPLOYER SOLUTIONS STAFFING GROUP LLC
Signature of Employer or Authorized Representative	Date (m/d/yyyy)	Title of Employer or Authorized Representative
	02-24-2015	Office Staff
Employer's Business or Organization Address (Street Number and Name)	City or Town	State
7301 OHMS LANE SUITE 405	EDINA	MIN
Zip Code	55439	

The employee's first day of employment (m/d/yyyy): 02-24-2015 (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:	Document Number:	Expiration Date (if any)(m/d/yyyy):
Drivers License	T570298822412	11-12-2015
Issuing Authority:	State of Minnesota	
Document Title:	Document Number:	Expiration Date (if any)(m/d/yyyy):
Social Security Card	468-33-0933	
Issuing Authority:	Social Security Administration	

Identify and Employment Authorization AND List A OR List B AND List C

Employee Last Name, First Name and Middle Initial from Section 1: Hernandez, Araceli

**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.)

Do Not Write In This Space  
3-D Barcode



**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 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 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING'S website is at [www.orangetreescreening.com](http://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><b>New York and Maine applicants or employees only:</b> 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><b>New York applicants or employees only:</b> 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><b>Oregon applicants or employees only:</b> 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><b>Washington State applicants or employees only:</b> 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](http://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 this box if you would like to receive a copy of a consumer report if one is obtained by ESSG.  
 (Must include email address: Orceby.Hernandez@tytallon.com)

Signature: Charley Hernandez  
 Date: 2-24-15

**BACKGROUND INFORMATION**

Last Name: Hernandez First: Charley Middle: \_\_\_\_\_  
 Other Names/Aliases: \_\_\_\_\_  
 Social Security #: 468330933  
 Date of Birth (mm/dd/yyyy): 11-12-1976  
 State of Driver's License: Minnesota  
 Driver's License #: T610298222412  
 Present Address: 1700 Kings Way  
 Telephone # (Primary): 320 241 9483  
 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.



# ENROLLMENT FORM

ESC NAW\*SAD P2M V15.0

Return Date \_\_\_\_\_

OFFICE USE ONLY  
LOCATION \_\_\_\_\_

VSI-IND 219301-EMP

## OPTION 1

Weekly Rates

### FIXED INDEMNITY MEDICAL

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

\$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

NO \$1.80 Employee + Family

### 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

Monthly Rates

82193010-M-EMP

\$58.87 Employee Only

\$87.73 Employee + 1

\$186.99 Employee + Family

NO to MEC Wellness/Preventive Plan

## REQUIRED EMPLOYEE INFORMATION

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

Social Security Number 464-33-0933

Date of Birth 11/21/92 Sex  M  F

Name Alicia Hernandez

Street Address 1700 Kings Way

City St Paul State MA Zip 02301

Home Phone 20-241-9423

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.

Signature Alicia Hernandez

I have read the benefit packet and understand its limitations. I understand that making no benefit selection is a depletion of coverage.

Date 02/24/92