

BIRTH CERTIFICATE

FULL NAME

JEREMIAH JOHN HOFFMAN

SEX

MALE

CITY OR TOWN OF BIRTH

SAINT CLOUD

PARENT(S)

LINDA LA NELLE (VAN VICKLE)

JOSEPH JAMES HOFFMAN

DATE

AMENDMENTS MADE PRIOR TO MARCH 11, 2001 FOR THIS RECORD ARE NOT NOTED
ON THE CERTIFIED COPY

S22-000989042

THIS IS A TRUE AND OFFICIAL RECORD OF THE BIRTH REGISTERED IN THE
OFFICE OF THE STATE REGISTRAR. DATE FILED: FEBRUARY 16, 1978

PLACE ISSUED: STEARNS

DATE ISSUED: OCTOBER 29, 2002

STATE REGISTRAR

Barbara A. Belmont



New Hire Application

Personal Data - PLEASE PRINT LEGIBLY IN INK

Last Name Hoffman First Name Jeremiah Middle Initial J
 Street Address SIS Bldg NE Apt/Ste _____
 City/State/Zip St. Cloud MN 56304
 Phone Number 320 291 7362 Email Address jeremiah5@gmail.com
 Staffing Agency/Recruitment Partner Jenny Missell

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

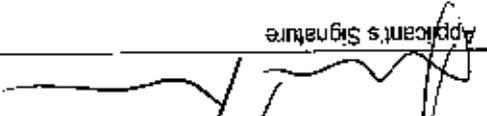
I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, 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) Jeremiah Hoffman
 Applicant's Signature 
 Date 4-27-15

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

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

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 indicate the exemption for 2015 expires on February 15, 2016. See Pub. 505, Tax Withholding Exemption from Withholding, for details.

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 \$500 of unearned income (for example, interest and dividends).

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

- Is blind, or
- Is age 65 or older,
- 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 a limited number of deductions, certain multiple jobs situations, 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 dependents (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. In figuring your allowable number of withholding allowances, credit 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 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/w-4.

Personal Allowances Worksheet (Keep for your records.)

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

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 (for the total of both) are \$1,500 or less.

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)

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

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).

F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit. (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 572, Child Tax Credit, for more information.

• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then pass "1" if you have two to four eligible children or less "2" if you have five or more eligible children.

• If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)

• If you plan to **request 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.

Form W-4
Department of the Treasury
Internal Revenue Service

Your first name and middle initial: Jerem W. H
Last name: Hoffman
Home address (number and street or rural route): 515 5th St NE
City or town, state, and ZIP code: St. Cloud, MN 56301

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

2 Your social security number 470 93 1692

3 Single Married Married, but with child at higher single rate

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

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

7 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.

Employer's signature: _____
(This form is not valid unless you sign it.)

9 Office code (optional)

10 Employer identification number (EIN)

Employee's Withholding Allowance Certificate

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.

Form W-4 (OMB No. 1545-0047) 2015

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 (2015) OMB No. 1545-0047

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

2 Your social security number 470 93 1692

3 Single Married Married, but with child at higher single rate

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

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

7 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.

Employer's signature: _____
(This form is not valid unless you sign it.)

9 Office code (optional)

10 Employer identification number (EIN)

Form W-4 (2015) OMB No. 1545-0047



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 (Employers 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) Hoffman		First Name (Given Name) Jesse		Middle Initial J	Other Names Used (if any) Jesse	
Address (Street Number and Name) 515 5th St NE		City or Town St. Cloud		State MN	Zip Code 56304	Apt. Number
Date of Birth (mm/dd/yyyy) 2-5-78		U.S. Social Security Number 470-92-1692		E-mail Address Jesse.Hoffman5@gmail.com		Telephone Number 36-291-7362

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. (See instructions)

3-D Barcode
Do Not Write in This Space

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: _____

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

Signature of Employee: _____

Date (mm/dd/yyyy): 2-7-15

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

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: _____

Date (mm/dd/yyyy): _____

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

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

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 obtained to applicants for employment. Please be advised that the nature and scope of the most common form of investigative consumer report obtained 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.

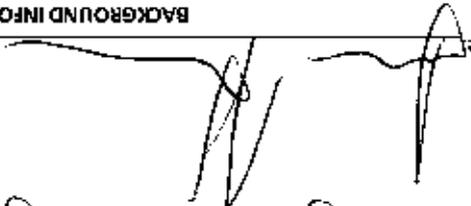
<p>New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number 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 29-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 29-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: Joey.Hoffman@jhs.com)

Signature:  Date: 4-27-15

Last Name: Hoffman First: Joey Middle: John

Other Names/Aliases: Joey

Social Security #: 470-92-1692

Driver's License #: 2-3008629H11

State of Driver's License: 2-3008629H11

Telephone # (Primary): 320 291 7362

Present Address: 515 5th St NE

City/State/Zip: St. Cloud MN 56304

**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: <u>Jeremiah Hoffman</u> SSN# (last 4 digits): <u>1692</u> Effective Date: <u>4-27-15</u>	
SECTION 2 PAYROLL ELECTION <input type="checkbox"/> Direct Deposit (Please complete Sections 3 and 5 below) <input checked="" type="checkbox"/> Payroll Debit Card (Please complete Sections 4 and 5 below)	
SECTION 3 DIRECT DEPOSIT Bank Name: _____ Account #: _____ Routing #: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____ <input type="checkbox"/> Update Bank Account 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. Payroll 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: <u>Jeremiah</u> M.I.: _____ Last Name: <u>Hoffman</u> Street Address (PO BOX NOT ACCEPTABLE): <u>515 St ne</u> City: <u>St. Cloud</u> State: <u>mn</u> Zip: <u>56304</u> Cell Phone (mobile): <u>320 291 1362</u> Social Security #: <u>470 02 1692</u> Date of Birth: <u>2-5-78</u>	
SECTION 5 PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card) Payroll Debit Card Routing #: <u>073972181</u> Payroll Debit Card Account #: <u>4853 - 4001 - 5314 - 3802</u> 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 and account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures. Employee's Signature: _____ Date: <u>4-27-15</u> Employee's Signature: _____ Date: <u>4-27-15</u> * E-mail is required for pay stub information. * E-mail is required for pay stub information. E-mail: <u>jeremiah.hoffman@gmail.com</u> this information will only be used to send your pay stubs electronically.	

