

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
 Report Prepared: 03/17/2015
 Page: 1 of 1

Case Verification Number: 2015076112633UG

Case Information:

Employee Information:

Last Name: Holman
 First Name: Joseph
 Middle Initial:
 Social Security Number: *** ** 9719
 Citizenship Status: A citizen of the United States
 Document Information:
 List B Document: ID card issued by a U.S. Federal, state or local government agency
 Alien Number:
 Additional Information:
 Hire Date: 03/17/2015
 Three-Day Rule Reason: JMATS3269
 Submitted By:
 Submitted On: 03/17/2015

Initial Case Result:

Case Result: Employment Authorized

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:
 First Name:
 Middle Initial:
 Social Security Number:
 Resubmitted By:
 Resubmitted On:
 (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:

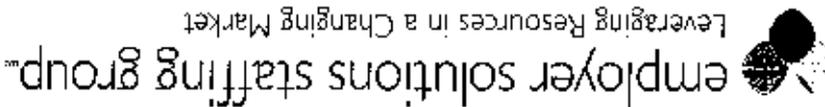
JMIS3269

Closed On:

03/17/2015

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Leveraging Resources in a Changing Market

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

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Holman First Name Sage Middle Initial F
 Street Address 226 11 Ave # 2 Apt/Site 2
 City/State/Zip St. Cloud
 Phone Number 320 298 2682
 Staffing Agency/Recruitment Partner Jenny Missell
 Email Address _____ @ _____

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) Sage F Holman

Applicant's Signature Sage F Holman

Date

3-13-15

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

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-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances for regular wages, withholding may 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. 601, 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.

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.

Nonresident alien. If you are a nonresident alien, see Notice 1522, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After you Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax effect. See Pub. 505, especially if your earnings exceed \$150,000 (single) or \$180,000 (married).

Exemptions 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 2015 expires February 16, 2016. 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 \$250 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 employee:

- Is age 65 or older,
• Is blind, or
• With claim adjustments to income, tax credits or itemized deductions, on his or her tax return.

Enter "1" 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 on your tax return (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 (\$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 \$65,000 and \$84,000 (\$100,000 and \$118,000 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 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-Earner/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.

Department of the Treasury Internal Revenue Service

Form W-4 Employee's Withholding Allowance Certificate

OMB No. 1545-0074 2015

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.

1 Your first name and middle initial: Joseph
2 Your social security number: 633-059110
3 Last name: Holman
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): 0
6 Additional amount, if any, you want withheld from each paycheck: 0
7 Claim exemption from withholding for 2015, 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.
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: [Signature]
Employer's name and address (Employer completes lines 8 and 10 only if sending to the IRS):
9 Office code (optional):
10 Employer identification number (EIN):



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:	Date (mm/dd/yyyy): 03-13-2015
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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.

Date of Birth (mm/dd/yyyy): 12/21/1989		U.S. Social Security Number: 638-05-9719		E-mail Address: _____		Telephone Number: _____	
Address (Street Number and Name): 226 H HVE N		Apt. Number: 2		City or Town: St. Cloud		State: MN Zip Code: 56303	
Last Name (Family Name): Holman		First Name (Given Name): Joseph		Middle Initial: Felix		Other Names Used (if any): N/A	

Section 1. Employee Information and Attestation (Employee 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.)

ENROLLMENT FORM

FSC NAV*SAD P2M v15.0

OPTION 1 FIXED INDEMNITY PLAN Weekly Rates

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

\$20.91 Employee Only
 \$42.44 Employee + 1
 \$56.67 Employee + Family

NO to all Indemnity benefits.

This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

DENTAL

\$5.99 Employee Only
 \$11.98 Employee + 1
 \$19.77 Employee + Family

NO

TERM LIFE

YES \$0.60 Employee Only
 YES \$0.90 Employee + 1
 YES \$1.80 Employee + Family

NO \$4.20 Employee Only

OPTION 2 MEC WELLNESS/PREVENTIVE PLAN Monthly Rates

\$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 638-05-9719
 Date of Birth 01/27/1989 Sex M F

Name Joseph Holman

Street Address 226 11 Ave N Apt 2

City St Cloud State MN Zip 56303

Home Phone 320-298-2682

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

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 Joseph Holman

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.

Date 05/17/2015

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: Doreen Holman
 SSN# (last 4 digits): 9719
 Effective Date: 3-15-15

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 (DEBIT 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: _____ MI: _____ Last Name: _____
 Street Address (no box or apartment): _____
 City: _____ State: _____ Zip: _____
 Cell Phone (mobile): _____

GET TEXT ALERTS, when your paycheck is deposited on your card!

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

SECTION 5 AUTHORIZATION

I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By authorizing 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 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:**

*E-mail is required for pay stub information.

This information will only be used to send you pay stubs electronically.

Employee's Signature: Doreen Holman

Date: 3-15-15