

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
Report Prepared: 01/26/2015
Page: 1 of 1

Case Verification Number: 2015026110317DR

Case Information:

Employee Information:
Last Name: Brown
Middle Initial: E
Social Security Number: *** ** 9606
Citizenship Status: A citizen of the United States
Document Information:
List B Document: Driver's license or ID card issued by a U.S.
Document Name: state or outlying possession
Driver's License or ID Card: Driver's license
Number: Number
Alien Number: Alien Number
Additional Information:
Hire Date: 01/26/2015
Employer Case ID: Three-Day Rule - Other
Submitted On: 01/26/2015

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: James
Other Names Used:
Date of Birth: 02/27/1988
Email Address:
List C Document: Social Security Card
Document State: Minnesota
Document Expiration Date: 02/27/2016
1-94 Number:
Alien Number:
Additional Information:
Hire Date:
Employer Case ID:
Three-Day Rule - Other:
Submitted On: 01/26/2015

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:



DOH _____		ROP _____		Work Site Loc. _____		WC Code _____	
For ESSG Client Use							
Emergency Contact Info _____		Background Release Form _____		Background Results _____		Unemployment Letter (if applicable) _____	
DOH _____		NHV _____		I-9 _____		8850 _____	
W4 _____		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) JAMES BROWN
 Applicant's Signature [Signature]
 Date 1/26/2016

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 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 _____
 Phone Number 330-291-4813 Email Address _____ @ _____
 City/State/Zip Richmond VA 23268
 Street Address 15 Grant Ave SW Apt/Site 4
 Last Name Brown First Name James Middle Initial E

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

empoyer solutions staffing group
 Leveraging Resources in a Changing Market





Address (Street Number and Name)		City or Town	State	Zip Code
Last Name (Family 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): 01/06/2015
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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): 02/27/1988		U.S. Social Security Number: H 7 1 1 5 9 6 0 0		E-mail Address: _____		Telephone Number: 320-291-4863	
Address (Street Number and Name): 15 Grove Ave SW		City or Town: Richmond		State: VA		Zip Code: 23062	
Last Name (Family Name): Brown		First Name (Given Name): James		Middle Initial: E		Other Names Used (if any): Jimmy	

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.)

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.

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.



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 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.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.

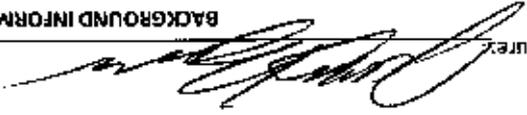
<p>New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number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

Signature: 
 Date: 01/26/2015

BACKGROUND INFORMATION

Last Name: Brown
 First: James
 Middle: Earl

Other Names/Aliases: _____
 Social Security #: 471-15-9606
 Date of Birth (mm/dd/yyyy): 02/27/1988

Driver's License #: 5419154298514
 State of Driver's License: MN

Present Address: 15 Grant Ave SWAPT 4
 Telephone # (Primary): 320-291-4863

City/State/Zip: Richwood MN 56367

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

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: James Brown SSN# (Last 4 Digits) 9606 Effective Date: _____

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 CASU 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: James M.I.: E Last Name: Brown
 Street Address (PO BOX NOT ACCEPTABLE): 15 Grant Ave SW Apt 4
 City/State/Zip: Chicago, IL 60604
 Social Security: 47-159606
 Cell Phone (mobile): 330-291-4863

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 #: 073972181
 Payroll Debit Card Account #: 4853400123580985

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 any [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: _____
 Date: 02/26/2015

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 pay stubs electronically

Employee's Signature: _____ Date: _____

ENROLLMENT FORM

OFFICE USE ONLY
 LOCATION
 Retire 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

YES \$0.60 Employee Only
 YES \$0.90 Employee + 1
 YES \$1.80 Employee + Family
 NO

SHORT-TERM DISABILITY

YES \$4.20 Employee Only
 NO

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

OPTION 2 ALC WELLNESS/PREVENTIVE PLAN

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

Date: 07/06/09

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.

REQUIRED EMPLOYER INFORMATION

PRINT USING BLACK OR BLUE INK
 (Must Be Filled Out)
 Social Security Number: 471-15-9606
 Date of Birth: 02/27/1988
 Sex: M F

Name: James Brown
 Street Address: 15 Grant Ave Supt 4
 City/State/Zip: Richmond, VA 23068
 Home Phone: 320-291-4863

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): _____

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

Accidental Death & Dismemberment is part of the Term Life Benefit.

RELATIONSHIP

Signature