

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
Report Prepared: 02/19/2015  
Page: 1 of 1

Case Verification Number: 2015050124627VW

Case Information:

Employee Information:

Last Name: Kabore  
First Name: Blance  
Middle Initial:  
Social Security Number: \*\*\* \*\* 2421  
Citizenship Status: An alien authorized to work  
Document Information:  
List A Document: Employment Authorization Document (Form I-766)  
Card Number: FAC1490257522  
Alien Number: 206294921  
Additional Information:  
Hire Date: 02/19/2015  
Three-Day Rule Reason:  
Submitted By: JMAS3269

Employer Case ID:  
Three-Day Rule - Other:  
Submitted On: 02/19/2015  
Initial Case Result:  
Last Name (in DHS records): KABORE  
First Name (in DHS records): BLANCE I LDWINE  
Document Expiration Date (in DHS records): 08/24/2015

Case Result: Employment Authorized



Employee Referred to SSA:

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

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

Last Name:  
First Name:  
Middle Initial:  
Social Security Number:  
Resubmitted By:  
Date of Birth:  
Other Names Used:  
Resubmitted On:

Case Result from SSA (after Resubmission):

Request Name Review:

Comments:  
Submitted By:  
Submitted On:  
Case Result from DHS (after DHS Verification in Process):  
Case Result:  
Employee Referred to DHS:

Employee Referred to DHS:

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:

02/19/2015

**SENSITIVE BUT UNCLASSIFIED**



# New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name KARBE First Name Bianca Middle Initial Lidwime  
 Street Address Fiedlome drive Apt/Sic 1988  
 City/State/Zip Sault Rapids, Minnesota, 56339  
 Phone Number 320-837-4447 Email Address Lidwime.Ame@yahoo.com  
 Staffing Agency/Recruitment Partner CMG Keny 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) Bianca KARBE  
 Applicant's Signature Lidwime  
 Date 09-19-15

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

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	NHM	I-9	8850	WA
For ESSG Office Use Only				





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: Liduame	Date (mm/dd/yyyy): 02-18-15
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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: 206-294-921

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. (See instructions)

An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 08/29/15  
 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): 02-16-1990		U.S. Social Security Number: 714-113-2421		Email Address: Liduame Liduame @ yahoo . fr		Telephone Number: 320.237.1447	
Address (Street Number and Name): KARORE		Apt. Number: 1288		City or Town: Soule Rapids		State: Mm	
Zip Code: 56379		Middle Initial: Bianca		Other Names Used (if any):			

**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.)  
 expiration date may also constitute illegal discrimination.  
 document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future  
 ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which  
 ▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.



Signature of Employer or Authorized Representative:	Date (mm/dd/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)(mm/dd/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) (mm/dd/yyyy):

Employer's Business or Organization Address (Street Number and Name) City or Town		State	Zip Code
7301 OHMSLANE SUITE 405 EDINA		MIN	55439
Last Name (Family Name) First Name (Given Name)		Employer's Business or Organization Name	
Demetrius Missell		EMPLOYER SOLUTIONS STAFFING GROUP LLC	
Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
		02-19-2015	Office Staff

The employee's first day of employment (mm/dd/yyyy): 02-19-2015 (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 above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

**Certification**

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
Employment Authorization (E-Verify)	206294921	08-24-2015
Issuing Authority:	US of America	
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
Employment Authorization		
Issuing Authority:		
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
Employment Authorization		
Issuing Authority:		

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

Employee Last Name, First Name and Middle Initial from Section 1: Kabore, Bianca, L

**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 obtained with regard to applicants for employment. It is an investigative consumer report obtained with regard to applicants for employment 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-screening.com](http://www.orange-tree-screening.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.orange-tree-screening.com](http://www.orange-tree-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: Lidvorne Date: 02-19-15

Last Name: KHBORE First: Bianca Middle: Lidvorne

Other Names/Aliases: \_\_\_\_\_

Social Security #: 714-13-2491

Date of Birth (mm/dd/yyyy): 02-16-1990

State of Driver's License: \_\_\_\_\_

Present Address: 1988 Fadedstone Drive

Telephone # (Primary): 320-937-4447

City/State/Zip: Sauk Rapids, MN, 56339

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

### ENROLLMENT FORM

ESC N&V\*SAD P2M v15.0

#### REQUIRED EMPLOYEE INFORMATION

**(Must Be Filled Out)**  
 Social Security Number 314-13-2121  
 Date of Birth 02/16/1990 Sex  M  F

Name Bianca KARORE  
 Street Address 1288 Fieldstone drive  
 City Sauk Rapids State Mn zip 56379  
 Home Phone \_\_\_\_\_

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.

#### 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.

#### 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  
 NO  
 \$0.60 Employee Only  
 \$0.90 Employee + 1  
 \$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 MEC WELLNESS/PREVENTIVE PLAN

82193010-M-EMP Monthly Rates  
 \$58.87 Employee Only  
 \$87.73 Employee + 1  
 \$186.99 Employee + Family  
 NO to MEC Wellness/Preventive Plan

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 Lidwine  
 Date 02/16/2005

**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: Blomcc KAHORE

SSN# (last 4 digits): 744-43-2491

Effective Date: 09-23-2015

**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 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. 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 \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_  
 Street Address (no 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  
 All we need to know your cell phone service provider and mobile number above:  
 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 # 03972181  
 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.

**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.

(a)

\* E-mail: \_\_\_\_\_

this information will only be used to send your pay stubs electronically

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_