

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security

Report Prepared: 05/12/2015

Page: 1 of 1

Case Verification Number: 2015132101033ZG

Case Information:

Employee Information:

Last Name: LAM
 Middle Initial: LAM
 Social Security Number: *** ** 0093
 Citizenship Status: A lawful permanent resident
 Document Information: ID card issued by a U.S. federal, state or local government agency
 List B Document: Social Security Card
 Alien Number: 074471293
 Additional Information: I-94 Number:
 Hire Date: 12/10/2015
 Three-Day Rule Reason: Employer Case ID:
 Submitted By: JMIS3269
 Submitted On: 05/12/2015

Initial Case Result:

Last Name (in DHS records): LAM
 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:
 Middle Initial:
 Social Security Number:
 Resubmitted By:
 Resubmitted On:
 Date of Birth:
 Other Names Used:
 First Name:

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:

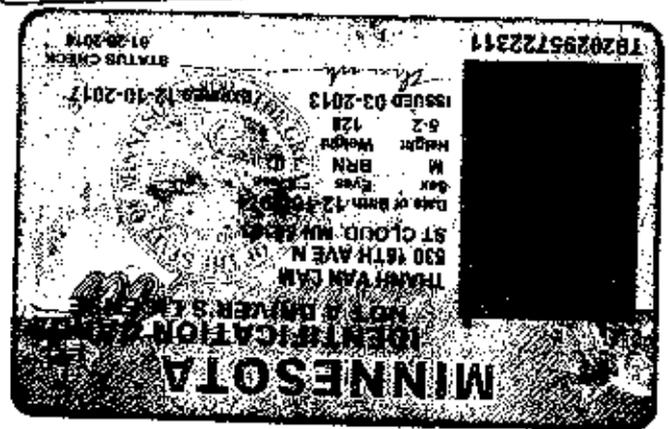
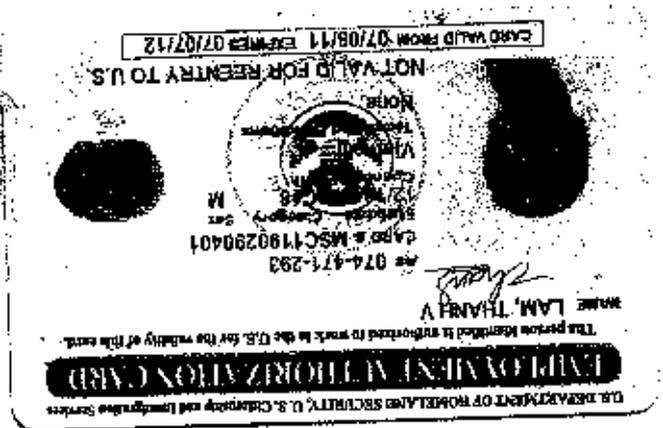
Case Closure:

Closure Statement:

The employee continues to work for the employer after receiving an Employment Authorized result
JMIS 3269
Closed On: 05/12/2015

Closed By:

SENSITIVE BUT UNCLASSIFIED



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	NHW	L-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) L.A.M.
 Applicant's Signature [Signature]
 Date 5-12-15

(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 release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.

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.

Last Name Lam First Name Tranh Middle Initial V.
 Street Address 530 16th Ave N Apt/Ste _____
 City/State/Zip St Cloud, MN 56303
 Phone Number 320-217-5154 Email Address [Email] @ _____
 Staffing Agency/Recruitment Partner CMG

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

empoyler solutions staffing group.
 Leveraging Resources in a Changing Market



The exceptions do not apply to supplemental wages greater than \$1,000.00.

Marriage income: If you have a large amount of marriage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES. Estimated tax for individuals. Changes, you may owe additional tax. If you have partner or family income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4-P.

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 to reflect changes in your personal or financial situation. Exemption from withholding. If you are exempt, complete lines 1, 2, 3, 4, and 7 and sign the form on the first day of the year. Your exemption for 2015 expires February 15, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Notes. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption on this or her tax return. If your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends), an employee may be able to claim exemption from withholding even if the employee is a dependent. If the employee is a dependent, file as a dependent on the tax return.

• Is blind, or

• Will claim deductions to increase tax credits; or

• Tax credits. You can take projected tax credits into account when you file your Form W-4. See Pub. 505 for information on tax credits that may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

• 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 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 granted 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 \$5,000 (\$10,000 if married), enter "2" for each eligible child; then use "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 \$5,000 and \$19,000 (\$10,000 and \$19,000 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 your spouse both work and the combined earnings from all jobs exceed \$20,000 if married, see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.

Form W-4 Employee's Withholding Allowance Certificate

Department of the Treasury Internal Revenue Service

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.

Your first name and middle initial: **Lan V**

Last name: **Thanh**

Your equal security number: **503-21-0093**

Home address (number and street or rural route): **530 10th Ave N**

City or town, state, and ZIP code: **St. Cloud, MN 56303**

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

Additional amount, if any, you want withheld from each paycheck: **\$**

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 penalty 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: **Lan V**

Date: **5-12-15**

Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS): **9 Office code (optional)**

Employer's identification number (EIN): **10 Employer identification number (EIN)**



Address (Street Number and Name) 5788 Naughtor Avenue		City or Town St. Michael	State MN	Zip Code 55376
Last Name (Family Name) Burns, Renee		First Name (Given Name) Renee Burns		
Signature of Preparer or Translator Renee Burns		Date (m/d/yyyy) 05/12/2015		

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 [Signature]	Date (m/d/yyyy) 5-12-15
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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: _____

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, m/d/yyyy). Some aliens may write "N/A" in this field. (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): A074-471-293
- 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 (m/d/yyyy) 12-10-1974		U.S. Social Security Number 503-21-0093		E-mail Address [Redacted]		Telephone Number 320-217-5154	
Address (Street Number and Name) 530 11th Ave N		City or Town St. Cloud		State MN		Zip Code 56303	
Last Name (Family Name) Lam		First Name (Given Name) Thomh		Middle Initial V		Other Names Used (if any)	

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 and to request a copy of your report. Please be 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 952-941-9041. 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 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 952-941-9041. 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 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: S/als Date: _____

Last Name: Lou First: Thanh Middle: Van

Other Names/Alias: _____ Social Security #: 503-21-0093

Date of Birth (mm/dd/yyyy)*: 12/10/1974 State of Driver's License: MN

Driver's License #: T9a00957a2311 Present Address: 530 16th AVE N

Telephone # (Primary): 320-217-5154 City/State/zip: St. Cloud MN 56303

*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: Thyinh Lam SSN# (last 4 digits): 0093 Effective Date: 5/12/17

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)

- 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.

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 this 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: _____
 Street Address (no box not acceptable): _____
 Social Security #: _____
 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 #: 073972181
 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.

Employee's Signature: _____
 Date: _____

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: Thyinh Lam
 Date: 5-12-17

ENROLLMENT FORM

FSC NAV+SAD P2M *15.0

REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK OR BLUE INK

(Must Be Filled Out) Social Security Number 502-21-093

Date of Birth 12/10/74 Sex M F

Name Thanh Van Lam

Street Address 530 16th AVE N

City St Cloud State MN Zip 56303

Home Phone 320-309-4178

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.

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

\$0.60 Employee Only

\$0.90 Employee + 1

\$1.80 Employee + Family

YES

NO

\$4.20 Employee Only

SHORT-TERM DISABILITY

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

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.

Date 5/11/21-15

Signature [Handwritten Signature]