

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security

Report Prepared: 05/28/2015

E-Verify

Page: 1 of 1

Case Verification Number: 2015148074001VF

Case Information:

Employee Information:

Last Name: Le

Middle Initial:

Social Security Number: *** 8290

Citizenship Status: A lawful permanent resident

Document Information:

List B Document: ID card issued by a U.S. federal, state or local government agency

Alien Number: 062801063

Additional Information:

Hire Date: 05/28/2015

Three-Day Rule Reason: JMIS3269

Submitted By:

Employer Case ID:

Three-Day Rule - Other:

Submitted On: 05/28/2015

Initial Case Result:

Last Name (in DHS records): LE

First Name (in DHS records): MEN

Employment Authorized:

Employee Referred to SSA:

Referred By:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result:

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

Last Name:

Middle Initial:

Social Security Number:

Resubmitted By:

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:

05/28/2015

SENSITIVE BUT UNCLASSIFIED

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

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) Men Le
 Applicant's Signature Men Le
 Date 5/26/15

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 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 CMG
 Phone Number 53202249207
 Email Address @
 City/State/Zip St. Cloud, MN 56303
 Street Address 840 Driftwood Dr
 Apt/Ste 301
 Last Name Le First Name Men Middle Initial L

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



STOP Employer Completes Next Page STOP

Address (Street Number and Name) 840 Driftwood Dr		City or Town St. Cloud		State MN	Zip Code 56303
Last Name (Family Name) Nagman			First Name (Given Name) Gaughran		
Signature of Preparer or Translator: <i>[Signature]</i>			Date (mm/dd/yyyy): 5/26/15		

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: <i>[Signature]</i>	Date (mm/dd/yyyy): 5/26/15
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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:

3-D Barcode
Do Not Write in This Space

2. Form I-94 Admission Number: _____

OR

1. Alien Registration Number/USCIS Number: _____

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). Some aliens may write "N/A" in this field.

A lawful permanent resident (Alien Registration Number/USCIS Number): 062-861-063

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) 07/02/1963		U.S. Social Security Number 7515-64-8296		E-mail Address 320 224 9207	
Address (Street Number and Name) 840 Driftwood Dr		Apt. Number 301		City or Town St. Cloud	State MN
Last Name (Family Name) Nagman		First Name (Given Name) Gaughran		Middle Initial I	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.



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

Form W-4 (2015)

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have a pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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.

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 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 on this or her tax return. If your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee 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
- Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

Personal Allowances Worksheet (Keep for your records.)

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. 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. 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 converting your other credits into withholding allowances.

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 (or 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.

G **Child Tax Credit** (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details. (Note.) Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.

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.)

For accuracy, complete all worksheets that apply.

- 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 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 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

Employee's Withholding Allowance Certificate OMB No. 1545-0074 2015

1 Your first name and middle initial: Men Last name: Le

2 Your social security number: 755 64 8290

3 Single Married Married, but withheld at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

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): 5

6 Additional amount, if any, you want withheld from each paycheck: 0

7 I 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. 7

8 Employee's signature: Men (This form is not valid unless you sign it.)

9 Employer's name and address (Employer: Complete lines 9 and 10 only if sending to the IRS.) 10 Employer identification number (EIN): 512615

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 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.orange treescreening.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.orange treescreening.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

Last Name: Le First: Men Middle: Th
 Signature: [Signature] Date: 5/26/15
 Other Names/Alias: _____
 Social Security #: 75564 8290
 Date of Birth (mm/dd/yyyy)*: 07/02/1963
 State of Driver's License: _____
 Present Address: 840 Driftwood Dr, #301
 Telephone # (Primary): 820 224 9207
 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: Man Thi Lo SSSN #(last 4 digits): 8290 Effective Date: 5/27/15

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 _____

- 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.

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.

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 _____ M.I. _____ Last Name _____

Date of Birth _____

Street Address (PO 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
 My mobile service provider is: _____

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

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 paystubs electronically

Employee's Signature: me

Date: 5/27/15

ENROLLMENT FORM

OFFICE USE ONLY
 VSI-IND 219301-EMP LOCATION _____
 Rehire Date _____

REQUIRED EMPLOYEE INFORMATION

(Must Be Filled Out)
 Social Security Number 755-64-8290
 Date of Birth 07/02/1963 Sex M F
 Name Maui Tui Lo
 Street Address 840 Driftwood Dr
 City St Cloud State MN Zip 56303
 Home Phone 920-224-9207

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

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write
 NAME OF BENEFICIARY _____
 RELATIONSHIP _____
 Accidental Death & Dismemberment is part of the Term Life Benefit.

Signature _____
 Date 05/27/15
 I have read the benefit packet and understand its limitations. I understand that making no benefit selection is a declaration of coverage.

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
 This coverage is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

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

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