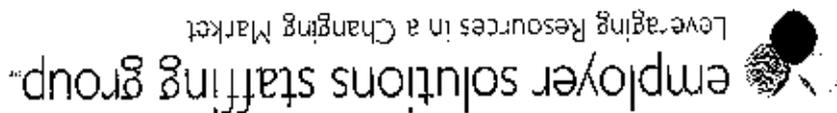


7301 Ohms Lane Suite 405
Edina, MN 55439
Tel: 952.835.1288 • Fax: 952.835.1255
www.esgstaffingsolutions.com



New Hire Application

Personal Data - PLEASE PRINT LEGIBLY IN INK

Last Name Lewis First Name Deborah Middle Initial W
 Street Address 1031 E. St Germain St Apt/Ste 33
 City/State/Zip St. Cloud MN 56304
 Phone Number 320-534-8515 Email Address DeborahLewis1347@gmail.com
 Staffing Agency/Recruitment Partner CMG

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 rehiring.

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) Deborah Lewis
 Applicant's Signature Deborah Lewis
 Date 02-27-2013

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)	
DOH		NHW		1-9		3850	
W4		For ESSG Office Use Only					

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
 Report Prepared: 02/27/2015
 Page: 1 of 1

Case Verification Number: 2015058121801DF

Case Information:

Employee Information:

Last Name: Lewis
 Middle Initial: W
 Social Security Number: ***-**-1347
 Citizenship Status: A citizen of the United States
 Document Information:
 List B Document: Driver's license or ID card issued by a U.S.
 state or outlying possession
 Document Name: ID card
 Driver's License or ID Card Number:
 List C Document: Social Security Card
 Document State: Minnesota
 Document Expiration Date: 12/05/2018
 Alien Number:
 Additional Information:
 Hire Date: 02/27/2015
 Three-Day Rule Reason: RBUR3676
 Submitted By: Submitted On: 02/27/2015

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: Other Names Used:
 Social Security Number: Date of Birth:
 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.
RBUR3676
Closed On: 02/27/2015

Closed By:

SENSITIVE BUT UNCLASSIFIED



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

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 2014 expires February 17, 2015. 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 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 tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances. Filing information. For information, see Pub. 501, Exemptions, Standard Deduction, and dependents) or other qualifying individuals. See instructions for child or dependent care expenses and the child tax credit for child or dependent care expenses. See Pub. 503, Child and Dependent Care Expenses, for details. Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must 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 cost of keeping up a home for yourself and your dependents) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and dependents) or other qualifying individuals. See Filing information, for information. Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. 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.) 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 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 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.) H For accuracy, complete all worksheets that apply. 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-Earners/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.

Personal Allowances Worksheet (Keep for your records.)

Form with sections A through H. 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. 972, Child Tax Credit, for more information. 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.)

Employee's Withholding Allowance Certificate

Department of the Treasury Internal Revenue Service Form W-4

1 Your first name and middle initial: [Redacted] Last name: Lewis
2 Your social security number: 33-92-1347
3 Single [] Married []
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)
6 Additional amount, if any, you want withheld from each paycheck
7 I claim exemption from withholding for 2014, 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.

Employee's signature: [Redacted]
Date: 02-27-2015
Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)
Office code (optional)
Employer identification number (EIN)

Signature of Employer or Authorized Representative:	Date (m/d/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) (m/d/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) (m/d/yyyy):
Employer's Business or Organization Name	City or Town	State
EDINA	Zip Code	55439

The employee's first day of employment (m/d/yyyy): 2-27-15 (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:	Issuing Authority:	Expiration Date (if any) (m/d/yyyy):
MN ID Card	78700313715	State of MN	12/5/2018
SS Card	333 92 1347	SSA	

Employee Last Name, First Name and Middle Initial from Section 1: _____

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 you 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: 800-886-4774 or 952-941-9041. Fax: 800-886-4774 or 952-941-9040. The scope of this notice and authorization is self-encompassing, 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.orangeelectreescreening.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: *Debra Lewis* Date: 02-27-2015

Last Name: Lewis First: Debra Middle: Webster

Other Names/Aliases: _____

Social Security #: 333-92-1347

Date of Birth (mm/dd/yyyy): 12-05-1988

State of Driver's License: IL70231331715

Driver's License #: _____

Present Address: 1034 E. St Germain St

City/State/Zip: St. Louis, MO 63104

Telephone # (Primary): 314-531-8515

*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 Demetris Lewis

SSN (last 4 digits) 1347

Effective Date 2-27-15

SECTION 2 PAYROLL ELECTION

Direct Deposit (Please complete Sections 3 and 5 below)

Payroll Debit Card (Please complete Sections 1 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. 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 Demetris

M.I. Webster

Last Name Lewis

Date of Birth 12-5-1988

Social Security# 388-92-1347

Street Address (do not abbreviate) 1034 E. St. Germain St

City St. Louis

State MO

Zip 63104

Cell Phone (mobile) 320-534-8515

Yes, sign me up for text alerts

My mobile service provider is:

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;

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 # 4853400143580993

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 authorizing 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.

* E-mail: Demetris.Lewis1347@gmail.com

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

Employee's Signature: Demetris Lewis Date: 02-27-2015