

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security

Report Prepared: 03/26/2015  
Page: 1 of 1

Case Verification Number: 2015085111745HD

Case Information:

**Employee Information:**  
 Last Name: Lizau  
 Middle Initial:  
 Social Security Number: \*\*\* \*\* 5334  
 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: Driver's License or ID Card  
 Number:  
 Alien Number:  
**Additional Information:**  
 Time Date: 03/26/2015  
 Three-Day Rule Reason: JMIS3269  
 Submitted By:  
 Employer Case ID:  
 Three-Day Rule - Other:  
 Submitted On: 03/26/2015

Employee Referred to SSA:

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

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

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

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:  
 Employee Referred to DHS:  
 Referred By:  
 Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result:  
 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:**

**Case Statement:** The employee continues to work for the employer after receiving an Employment Authorized result.  
**Closed By:** JMS3269  
**Closed On:** 03/26/2015

**SENSITIVE BUT UNCLASSIFIED**



**MINNESOTA**  
**DRIVER'S LICENSE**

NEELY DANIELA  
720 28TH AVE N  
ST CLOUD, MN 56303

ISSUED 05-2014 EXPIRES 05-24-2018

SEX: F  
HAIR: BLU  
EYES: BRN  
DOB: 08-24-1973

HEIGHT: 5-5  
WEIGHT: 134  
CLASS: D

D304072206307

DCH		RDP	Work Site Loc.	WC Code
For ESSG Client Use				
Emergency Contact Info	Background Release Form	Background Results	Unemployment Letter (if applicable)	ESC Application
DCH	NHW	1-9	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) Kelly Litzan  
 Applicant's Signature *Kelly Litzan*  
 Date 3-26-15

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 rehires.

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.

**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 Litzan First Name Kelly Middle Initial S  
 Street Address 728 28th Ave. W Apt/Site \_\_\_\_\_  
 City/State/zip St. Cloud, MN 56303  
 Phone Number (320) 291-7863 Email Address Kelly.Litzan@gmail.com  
 Staffing Agency/Recruitment Partner cmg Jenny Missell

Personal Data - PLEASE PRINT LEGIBLY IN INK

**New Hire Application**

empoyer solutions staffing group.  Leveraging Resources in a Changing Market

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

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

Blade instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheet on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

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, and when you are exempt. 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 10, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent, you are a dependent. If you are a dependent, you are a dependent. An employer may be able to claim an exemption from withholding even if the employee is a dependent, interest and dividends.

Example. If you have more than one job, you are a dependent. If you are a dependent, you are a dependent. An employer may be able to claim an exemption from withholding even if the employee is a dependent, interest and dividends.

Head of household. Generally, you claim head of household if you are unmarried and pay more than 50% of the cost of keeping up a home for yourself and your dependent(s) or other qualifying individual. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take a nonrefundable tax credit 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.

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 liability. See Pub. 505, especially if your earnings exceed \$150,000 (single) or \$180,000 (married).

Future development. Information about any future developments regarding Form W-4 (such as changes to the instructions) will be posted at www.irs.gov.

Personal Allowances Worksheet (Keep for your records).

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. 508, 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 (\$100,000 if married), enter "2" if you have five or more eligible children. If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. If your total income will be between \$84,000 and \$100,000 (\$100,000 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.

- 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. 508, 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 (\$100,000 if married), enter "2" if you have five or more eligible children. If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. If your total income will be between \$84,000 and \$100,000 (\$100,000 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.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Employee's Withholding Allowance Certificate

Department of the Treasury Internal Revenue Service Form W-4

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.

1 Your first name and middle initial: Kelly J.
Last name: Litzum
City or town, state, and ZIP code: St. Cloud, MN 56303

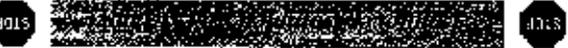
2 Your social security number: 472-02-5534

3 Single [X] 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): 4
6 Additional amount, if any, you want withheld from each paycheck:
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.

8 Employee's signature: Kelly Litzum
Date: 5-26-15



Address (Street Number and Name)		City or Town	State	Zip Code
Last Name (Family Name)		First Name (Given 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: <i>Kelly Litzan</i>	Date (mm/dd/yyyy): 05/26/2015
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Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Country of Issuance: \_\_\_\_\_

Foreign Passport Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following: \_\_\_\_\_

2. Form I-94 Admission Number: \_\_\_\_\_

OR

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

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): \_\_\_\_\_

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): 05/24/1977		U.S. Social Security Number: 472-02-5334		E-mail Address: Kelly.Litzan@gmail.com		Telephone Number: (320) 291-7863	
Address (Street Number and Name): 728 2nd Ave. N.		Apt. Number: _____		City or Town: St. Cloud		State: MN Zip Code: 56303	
Last Name (Family Name): Litzan		First Name (Given Name): Kelly		Middle Initial: J		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.)

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.

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Retire (if applicable) (m/d/yyyy):

**Section 3: Reverification and Retires. (To be completed and signed by employer or authorized representative.)**

Employer's Business or Organization Address (Street Number and Name) City or Town EDINA State MN Zip Code 55439	
Last Name (Family Name) First Name (Given Name)	Employer's Business or Organization Name
Signature of Employer or Authorized Representative Date (m/d/yyyy)	Title of Employer or Authorized Representative

The employee's first day of employment (m/d/yyyy): 3-26-15 (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:	Expiration Date (if any) (m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
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Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):

Employee Last Name, First Name and Middle Initial from Section 1: Litzau, Kelly J

OR List A AND List B Identity

**Section 2: Employer or Authorized Representative Review and Verification**

Employees 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 examining 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.

3-D Barcode  
DO NOT Write in This Space



**DISCLOSED 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 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 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING'S website is at [www.orange-treescreening.com](http://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><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 initiated 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-treescreening.com](http://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: \_\_\_\_\_)

Last Name: Litzan First: Kelly Middle: Jan Other Names/Alias: \_\_\_\_\_  
 Social Security #: 472-02-5534 Date of Birth (mm/dd/yyyy): 05/24/1977  
 Driver's License #: D304072706307 State of Driver's License: MN  
 Present Address: 728 88th Ave, N. Telephone # (Primary): (320) 291-7863  
 City/State/Zip: St. Cloud, MN, 56303

Signature: Kelly Litzan Date: 03-26-15

\*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: Kelly Litzen SSN# (last 4 digits): 472-02-5534 Effective Date: 3-26-15

**SECTION 2 PAYROLL ELECTION**

Direct Deposit (Please complete Sections 3 and 5 below)

Payroll Debit Card (Please complete Sections 4 and 5 below)

**SECTION 4 PAYROLL DEBIT CARD (GLOBAL CASH CARD)**

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 3 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: Kelly M.I.: S Last Name: Litzen

Street Address (PO BOX NOT ACCEPTABLE): 728 8th Ave. N.

City/State/Zip: St. Cloud MN 56303

Cell Phone (mobile): (320) 291-7863

Social Security#: 472-02-5534

Date of Birth: 5-24-77

**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 #: 4853-4001-3744-8580

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: Kelly Litzen Date: 3-26-15

**SECTION 5 AUTHORIZATION**

I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, 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: Kelly.Litzen@Small.com

This information will only be used to send your paystubs electronically.

Employee's Signature: Kelly Litzen Date: 3-26-15

Employee's Signature: Kelly Litzen Date: 3-26-15

