

Case Verification Number: 2015126120438SE

Case Information:

Employee Information:

Last Name: Louan
 Middle Initial: *** ** 3770
 Social Security Number: A lawful permanent resident
 Citizenship Status: Document Information:
 List A Document: Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
 Card Number: IOE1784046835
 Alien Number: 063753080
 Additional Information: The Date: 05/06/2015
 Three-Day Rule Reason: Employee Case ID: Submitted On: 05/06/2015

Last Name (in DHS records): LOUAN
 First Name (in DHS records): QUEDE
 Document Expiration Date (in DHS records): INDEFINITE

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: Other Names Used: Date of Birth: Email Address: Middle Initial: Social Security Number: Resubmitted By: Resubmitted On: Date of Birth: Other Names Used: 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):

SENSITIVE BUT UNCLASSIFIED

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):
Case Result: Response Date:
Case Closure: JNMS3269
Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result
Closed By: 05/06/2015

UNITED STATES OF AMERICA PERMANENT RESIDENT

LEONARD J. QUINN

Summit

04 JUN 1980 M

Card Expires: 01/14/85

Resident Since: 01/14/85

Sex: M

Date of Birth: 04 JUN 1980

County of Birth: COLE COUNTY

County: COLE COUNTY

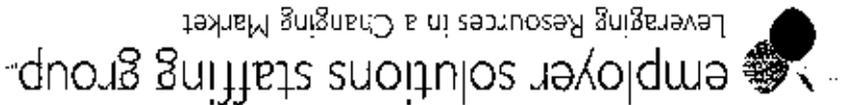
Person: 033752088 DAL

Category: 033752088 DAL

Given Name: QUINN J

Surname: QUINN





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

New Hire Application

Personal Data - PLEASE PRINT LEGIBLY IN INK

Last Name LOUANA First Name QUEDE Middle Initial I
 Street Address 530 3RD ST NE Apt/Site 305
 City/State/zip St Cloud MN 56304
 Phone Number 202-288-7310 Email Address QuedeI888@gmail.com
 Staffing Agency/Recruitment Partner CMG Jenny Missell

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Are you legally authorized to work in the United States of America? YES NO

Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

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

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

Name (Print or type) LOUANA QUEDE I
 Applicant's Signature [Signature]
 Date 06/05/15

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

For ESSG Office Use Only

DOH	NHW	I-9	9850	WA
-----	-----	-----	------	----

Emergency Contact Info	Background Release Form	Background Results	Unemployment Letter (if applicable)	ESC Application
------------------------	-------------------------	--------------------	-------------------------------------	-----------------

BOH	ROP	Work Site Loc.	WC Code
-----	-----	----------------	---------



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

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
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.

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.)

Last Name (Family Name) LOUHAN		First Name (Given Name) OUENDE		Middle Initial Selma		Other Names Used (if any)	
Address (Street Number and Name) 530 3rd St NE		Apt. Number 305		City or Town St Cloud		State MN	
Zip Code 56304		Date of Birth (mm/dd/yyyy) 06/04/1980					
U.S. Social Security Number 869-51-3770		E-mail Address ouendel88@gmail.com					
Telephone Number 202-288-7310		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.					

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): **063-753-080**
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____ . Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

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

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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.

Signature of Preparer or Translator: _____

Date (mm/dd/yyyy): _____

Last Name (Family Name) _____

First Name (Given Name) _____

Address (Street Number and Name) _____

City or Town _____

State _____

Zip Code _____



DISCLOSE 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 952-941-9040. Fax: 800-886-0774 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 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.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: 

Date: 06/05/15

Last Name: LOUISA First: OUDE Middle: ~~Stamm~~

Other Names/Aliases:

Social Security #: 869-51-370

Date of Birth (mm/dd/yyyy): 06/04/80

Driver's License #: _____

State of Driver's License: _____

Present Address: 530 32nd St NE

Telephone # (Primary): 202-288-7310

City/State/Zip: St Louis MN 56304

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

ENROLLMENT FORM

BSC NAV*SAD P2M V15.0

OPTION 1
FIXED INDEMNITY PLAN
 Weekly Rates

You MUST enroll in the Indemnity Medical Insurance Plan before adding any additional Indemnity benefits, except Dental. Your coverage level for the Term Life will be identical to your medical plan selection.

FIXED INDEMNITY MEDICAL

\$20.91 Employee Only
 \$42.44 Employee + 1
 \$56.67 Employee + Family
 NO to all Indemnity benefits.

This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

DENTAL

\$5.99 Employee Only
 \$11.98 Employee + 1
 \$19.77 Employee + Family
 NO

TERM LIFE

YES \$0.60 Employee Only
 YES \$0.90 Employee + 1
 NO \$1.80 Employee + Family

SHORT-TERM DISABILITY

YES \$4.20 Employee Only
 NO

OPTION 2
MEDICAL WELLNESS/PREVENTIVE PLAN
 82193010-M-EMP Monthly Rates

\$58.87 Employee Only
 \$87.73 Employee + 1
 \$186.99 Employee + Family
 NO to MEC Wellness/Preventive Plan

REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK or BLUE INK
 (Must Be Filled Out)

Social Security Number 869-51-3770

Date of Birth 06/04/1980 Sex M F

Name LOUAN DIANE JEDOME

Street Address 530 3RD ST NE

City SAUNDERSVILLE State GA Zip 30634

Home Phone 202-288-7310

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 DIANE DIANE

Social Security Number 869-51-3770

Date of Birth 06/04/1980 Sex M F

Relationship: Spouse Child Domestic Partner

Name _____

Social Security Number _____

Date of Birth _____ Sex M F

Relationship: Spouse Child Domestic Partner

RECIPIENT 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.

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declaration of coverage.

Signature _____

Date 06/05/2015

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: LOUISE QUELLE SECHRE SSN# (last 4 digits) 3770 Effective Date 06/05/15

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

I have 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 (GAL CAL 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.

CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)

First Name _____ M.I. _____ Last Name _____

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: _____

RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Routing # _____ 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: Quelel888@gmail.com

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

Employee's Signature: _____ Date: _____

Employee's Signature: _____ Date: 06/05/15