



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017167134918SD

Report Prepared: 06/16/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Hakseth

First Name: Lucas

Date of Birth: 11/04/1979

Social Security Number: *** ** 7035

Hire Date: 06/16/2017

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

List C Document: U.S. birth certificate (original or certified copy)

Document Name: ID card

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 11/04/2020

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 06/16/2017

Case Submitted By: LLAR6177

SENSITIVE BUT UNCLASSIFIED

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name HAIKSETH First Name LUCAS Middle Initial J
 Street Address 121 PARK AVE S ST. CLOUD Apt/Ste _____
 City/State/Zip ST. CLOUD MN 56301 Social Security Last Four XXX-XX-7035
 Phone Number 320-291-3176 Email Address LUCAS.HAIKSETH63@GMAIL.COM
 Staffing Agency/Recruitment Partner CMG-BIH

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.

LUCAS HAIKSETH
Name (Print or type)

[Signature]
Applicant's Signature

6-16-17
Date

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 _____ | 8850 _____ | W4 _____ |
| Emergency Contact Info _____ | Background Release Form _____ | Background Results _____ | Unemployment Letter (If applicable) _____ | ESC Application _____ |
| For ESSG Client Use | | | | |
| DOH _____ | ROP _____ | Work Site Loc. _____ | | WC Code _____ |

CERTIFICATE OF BIRTH

FULL NAME LUCAS JOHN HAKSETH STATE FILE NUMBER 1979-MN-046541

DATE OF BIRTH NOVEMBER 04, 1979

SEX MALE

PLACE OF BIRTH HASTINGS DAKOTA MINNESOTA

PARENT MARY DELORES HAKSETH

NAME PRIOR TO FIRST MARRIAGE CHANDLER

PARENT MICHAEL ANTHONY HAKSETH

ANY AMENDMENT MADE PRIOR TO 03/11/2001 FOR THIS RECORD IS NOT NOTED ON THIS CERTIFICATE.

THIS IS A TRUE AND CORRECT RECORD OF BIRTH REGISTERED IN THE MINNESOTA OFFICE OF VITAL RECORDS.



MR&C Certificate ID 10227647

FILED: NOVEMBER 15, 1979

Molly Mulcahy Crawford
Molly Mulcahy Crawford
STATE REGISTRAR

ISSUED: SEPTEMBER 23, 2016 DAKOTA COUNTY VITAL STATISTIC - BURNS

THIS CERTIFICATION IS VALID ONLY WHEN REPRODUCED ON WATERMARKED SECURITY PAPER WITH A RAISED BORDER AND RAISED STATE SEAL OF MINNESOTA.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**IDENTIFICATION CARD
NOT A DRIVER'S LICENSE**



LUCAS JOHN HAKSETH
530 3RD ST NE APT 306
ST CLOUD, MN 56304

Date of Birth 11-04-1979

Sex Eyes Class

M BRN ID

Height Weight DONOR

5-10 170

ISSUED 12-2016

EXPIRES 11-04-2020

Lucas Hakseth

D004002366804

Form W-4 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total 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.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

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 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. Credits 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.

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 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 2017. 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/w4.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 { • You're single and have only one job; or
 • You're married, have only one job, and your spouse doesn't work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } **B** _____

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.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F 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.) **F** _____

G **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 \$70,000 (\$100,000 if married), enter "2" for each eligible child; then **less** "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 \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. **G** _____

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.) **H** 5

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.

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

| | | | | |
|---|--|---|---|---|
| Form W-4 Department of the Treasury Internal Revenue Service | | Employee's Withholding Allowance Certificate | | OMB No. 1545-0074 2017 |
| ▶ 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 LUCAS J | | Last name HAKSATH | | 2 Your social security number 476-94-7035 |
| Home address (number and street or rural route) 121 PARK AVE SOUTH | | | 3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. | |
| City or town, state, and ZIP code St. Cloud MN 56301 | | | 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. <input type="checkbox"/> | |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) | | | | 5 5 |
| 6 Additional amount, if any, you want withheld from each paycheck | | | | 6 \$ |
| 7 I claim exemption from withholding for 2017, 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 | | | | |
| Under penalties 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 (This form is not valid unless you sign it.) ▶ Lucas Haksath | | | | Date ▶ 6-16-17 |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) | | | 9 Office code (optional) | 10 Employer identification number (EIN) |



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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) Hakseth | | First Name (Given Name) Lucas | | Middle Initial J | Other Last Names Used (if any) N/A | |
| Address (Street Number and Name) 121-Park Avenue South | | | Apt. Number N/A | City or Town St. Cloud | | State MN |
| Date of Birth (mm/dd/yyyy) 11/04/1979 | | U.S. Social Security Number 4 7 6 - 9 4 - 7 0 3 5 | | Employee's E-mail Address N/A | | Employee's Telephone Number (320) 291-3176 |

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 boxes):

| |
|---|
| <input checked="" type="checkbox"/> 1. A citizen of the United States |
| <input type="checkbox"/> 2. A noncitizen national of the United States (See instructions) |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): N/A |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): N/A Some aliens may write "N/A" in the expiration date field. (See instructions) |

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: N/A
OR
 2. Form I-94 Admission Number: N/A
OR
 3. Foreign Passport Number: N/A

Country of Issuance: N/A

QR Code - Section 1
 Do Not Write In This Space


| | |
|---|---|
| Signature of Employee <i>Lucas Hakseth</i> | Today's Date (mm/dd/yyyy) 06/16/2017 |
|---|---|

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|-------------------------------------|--|---------------------------|----------|
| Signature of Preparer or Translator | | Today's Date (mm/dd/yyyy) | |
| Last Name (Family Name) | | First Name (Given Name) | |
| Address (Street Number and Name) | | City or Town | State |
| | | | ZIP Code |





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

| | | | | |
|-------------------------------------|------------------------------------|----------------------------------|-----------|-------------------------------------|
| Employee Info from Section 1 | Last Name (Family Name) Hakseth | First Name (Given Name) Lucas | M.I. J | Citizenship/Immigration Status 1 |
|-------------------------------------|------------------------------------|----------------------------------|-----------|-------------------------------------|

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|---|----|--|-----|---|
| Document Title N/A | | Document Title ID card issued by state/territory | | Document Title U.S. Birth certificate |
| Issuing Authority N/A | | Issuing Authority Minnesota | | Issuing Authority Dakota County Vital Statistics |
| Document Number N/A | | Document Number D004002366804 | | Document Number 1979-MN-046541 |
| Expiration Date (if any)(mm/dd/yyyy) N/A | | Expiration Date (if any)(mm/dd/yyyy) 11/04/2020 | | Expiration Date (if any)(mm/dd/yyyy) N/A |
| Document Title N/A | | <div style="border: 1px solid black; padding: 5px;"> Additional Information </div> | | <div style="border: 1px solid black; padding: 5px;"> QR Code - Section 2 Do Not Write In This Space  </div> |
| Issuing Authority N/A | | | | |
| Document Number N/A | | | | |
| Expiration Date (if any)(mm/dd/yyyy) N/A | | | | |
| Document Title N/A | | | | |
| Issuing Authority N/A | | | | |
| Document Number N/A | | | | |
| Expiration Date (if any)(mm/dd/yyyy) N/A | | | | |

Certification: 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.

The employee's first day of employment (mm/dd/yyyy): 06/16/2017 (See instructions for exemptions)

| | | | | |
|---|---|---|---|-------------------|
| Signature of Employer or Authorized Representative <i>Lori Larson</i> | | Today's Date(mm/dd/yyyy) <u>06/16/2017</u> | Title of Employer or Authorized Representative On-Site Representative | |
| Last Name of Employer or Authorized Representative Larson | First Name of Employer or Authorized Representative Lori | | Employer's Business or Organization Name Employer Solutions Group, LLC | |
| Employer's Business or Organization Address (Street Number and Name) 7480 Flying Cloud Drive Suite 200 | | City or Town Minneapolis | State MN | ZIP Code 55344 |

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

| | | | | |
|-----------------------------|-------------------------|----------------|---------------------------------|--|
| A. New Name (if applicable) | | | B. Date of Hire (if applicable) | |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy) | |

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

| | | |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

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.

| | | |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|

Wage Payment Method Authorization (Minnesota)

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 paper Check.

SECTION 1 BASIC INFORMATION

Employee Name Lucas Hakseth SSN# (last 4 digits) 7035 Effective Date 6-19-17

SECTION 2 PAYROLL ELECTION

Direct Deposit (Please complete Sections 3 and 5 below) *Note: Direct Deposit accounts may take up to 7 days to be activated*
 Payroll Debit Card (Please complete Sections 4 and 5 below) Paper Check (Please complete Section 5 below)

SECTION 3 DIRECT DEPOSIT

**A
C
C
O
U
N
T**

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 <u>LUCAS</u> | M.I. <u>J</u> | Last Name <u>HAKSETH</u> | Date of Birth <u>11/04/1974</u> |
| Street Address (PO BOX NOT ACCEPTABLE) <u>121 PARK AVE SOUTH</u> | | | Social Security# |
| City <u>ST. CLOUD</u> | State <u>MN</u> | Zip <u>56301</u> | Cell Phone (mobile) <u>320-291-3174</u> |

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 # 4853-4001-8727-5161 147

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 Lucas Hakseth Date: 06/16/2017

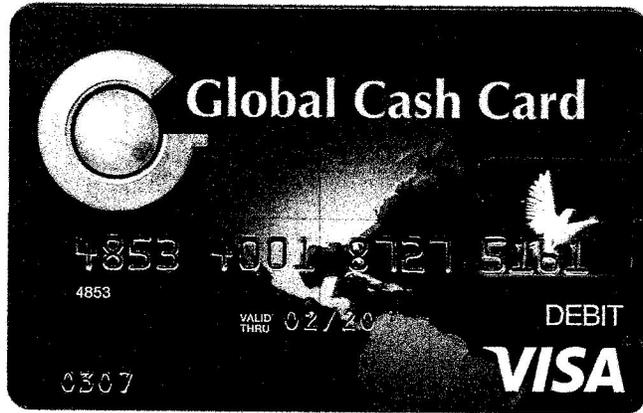
SECTION 5 AUTHORIZATION

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: LUICE HAKSETH 63 @ GMA.L.COM
this information will only be used to send your paystubs electronically

Employee's Signature Lucas Hakseth Date: 06/16/2017

Issued to Lucas Hakseth



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employer solutions staffing group^{llc}

Leveraging Resources in a Changing Market

Important/Importante

LOST OR STOLEN PAYCHECKS

If a paycheck is **lost** (*missing, misplaced, destroyed, lost in the mail, etc.*), you must notify your staffing recruiter that the check cannot be found. If it can be verified that the check has not been cashed, ESSG will stop payment on the check and re-issue the check to you, deducting a fee of between \$25-\$35.

If your paycheck was **stolen**, you must first file a police report before we can re-issue the check. Once you have done so, you must provide a copy of the police report to your staffing recruiter that the check was stolen. If the check has not been cashed and if the loss of the check was not your fault, ESSG will issue a new check and no fee will be deducted.

CHEQUES DE PAGO PERDIDOS O ROBADOS

Si un cheque de pago se pierde (que falta, fuera de lugar, destruido, perdido en el correo, etc), usted debe notificar a su reclutador de personal que el cheque no se puede encontrar. Si se puede verificar que el cheque no ha sido cobrado, ESSG se detendrá el cheque de pago y reemitir el cheque a usted, descontando un cargo de entre \$ 25 - \$ 35.

Si su cheque de pago fue robado, primero debe denunciar el robo a la policía antes de que podamos volver a emitir el cheque. Una vez hecho esto, usted debe proporcionar una copia de la denuncia a su reclutador de personal que el cheque fue robado. Si el cheque no ha sido cobrado y si la pérdida del cheque no fue su culpa, ESSG emitirá un nuevo cheque y no hay cuota se deducirá.

AGREED/SE ACUERDA—

Name/Nombre (con letra de molde): LUCAS HANSEN

Signature/Firma: Lucas Hansen



employer solutions staffing group
Leveraging Resources in a Changing Market

Acknowledgement of Receipt of Workplace Safety Policy

I certify that I have received a copy of Employer Solutions Staffing Group's ESSG WORKPLACE SAFETY POLICY. I understand that it is my responsibility to read this policy and ask my supervisor, a member of management or to telephone Employer Solutions Group (ESSG) at **952.835.1288/1.866.496.7573** with any questions I may have about this policy. I agree to comply with ESSG's policy on ESSG WORKPLACE SAFETY POLICY and I understand failure to comply is grounds for disciplinary action, up to and including termination.

I also agree that if at any time during my employment I am believe that I am working in an unsafe or dangerous work environment, I will immediately contact my supervisor, manager, director or ESSG's Safety Director at **952.835.1288/1.866.496.7573** in order to obtain assistance in the resolution of such matters.

Employee Name (Please Print)

LUCAS HANSEN

Employee's Signature:

Lucas Hansen

Date: 6-16-17



employer solutions staffing group
Leveraging Resources in a Changing Market

INJURY MANAGEMENT PROGRAM

Injured Worker's Responsibilities

As your employer, we are concerned about your full recovery. Reasonable and necessary medical care will be paid for any compensable work injury. Medically authorized time away from work will be reimbursed in accordance with the **State of Minnesota workers' compensation laws**. Wherever possible light duty restrictions imposed as a result of your injury will be accommodated.

RESPONSIBILITIES OF THE INJURED WORKER:

Minnesota Rule Sec. 5221.0430, Subp. 1 requires that you choose one primary health care provider. Subpart 2 places limitations on your right to change primary health care providers. Discuss with your employer any change in health care provider.

Attend all scheduled appointments. While on physical limitations, visits should be a minimum of once every two weeks. Failure to have current medical support for disability may result in termination of benefits. Schedule your next appointment immediately after your doctor visit, before you leave the clinic if possible.

Obtain a Report of Workability from your physician at every appointment, a minimum of once every two weeks. M.R. 5221.0420 requires that your physician cooperate with return to work planning and that you be released to return to work at the earliest appropriate time.

Immediately following your appointment, provide a copy of the report to the designated employer representative. You should deliver this in person so that changes in work restrictions may be addressed and any questions answered.

Follow all physical restrictions at home and at work.

Report to work and perform physically suitable tasks as assigned. These may or may not be in your regular department. The work may or may not be on your usual shift.

Maintain regular, weekly, communication with your employer if you are unable to return to work. Contact your employer a minimum of after every visit with your primary health care provider. Keep the claims representative advised of your status.

Notify your employer immediately of any new injuries or conditions that impact your physical condition.

If it is necessary to miss scheduled work due to a work injury, you must be seen by your primary health care provider the same day in order to receive compensation for the time away from work. The physician must complete a Report of Workability.

I have read my responsibilities and agree to abide by these guidelines.

Signed: Lucas HAKSETH

Printed Name: LUCAS HAKSETH



employer solutions staffing group LLC

Leveraging Resources in a Changing Market

STATEMENT OF CONFIDENTIALITY

This agreement made this 16 day of JUNE, 2017, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Lucas Harbath hereafter referred to as "employee".

WITNESSETH:

For the duration of my employment and after resignation or termination of this employment with employer, for any reason whatsoever, the employee shall not use or disclose to any other person or company, and confidential or proprietary information or know-how related to the business of the employer.

In view of the difficulty of determining the amount of damages which may result to the employer from a violation of any of the provisions hereof, the employee agrees to pay to the employer the sum of \$10,000 as liquidated damages for every such violation; provided, however, that the payment of such amount as liquidated damages shall not be construed as a release or waiver by the employer of the right to prevent any such violation in equity or otherwise.

Lucas Harbath

Employee Signature

Lori Kaiser

Employer Solutions Staffing Group LLC, Representative

EMERGENCY CONTACT INFORMATION

EMPLOYER SOLUTIONS STAFFING GROUP
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Employee Name: LUCAS HAKSETH

Address: 121 PARK AVE S ST. CLOUD

Home Phone: 320-291-3174

EMERGENCY CONTACTS

Please list two people (in priority order) who could be contacted in case of an emergency

| Contact #1 | Contact #2 |
|---------------------------------|---------------------------------|
| Name: <u>MICHAEL HAKSETH</u> | Name: <u>SARA TILBURY</u> |
| Relationship: <u>FATHER</u> | Relationship: <u>FRIEND</u> |
| Home Phone: <u>651-437-9607</u> | Home Phone: |
| Cell Phone: | Cell Phone: <u>320-241-1416</u> |
| Work Phone: | Work Phone: |

Additional information you want Employer Solutions Staffing Group and our clients to know in the event of an emergency:

This information will remain confidential and will only be used in the case of an emergency.