



employer 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

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Johnson First Name Makis Middle Initial T
Street Address 112 East Cathony Drive Apt/Ste _____
City/State/Zip Lynchburg, VA 24501
Phone Number (434) 385-5327 Email Address makis-johnson @ Comcast.net
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 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.

Makis T. Johnson
Name (Print or type)

Makis Johnson
Applicant's Signature

4/14/15
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 _____	

Form **8850**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name Maks Johnson Social security number ▶ 231-570-476

Street address where you live 112 East Cobbury Drive

City or town, state, and ZIP code Lynchburg, VA 24501

County _____ Telephone number (434) 388-5327

If you are under age 40, enter your date of birth (month, day, year) 08/06/90

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months, **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ Maks Johnson Date 04/14/2015

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 22851L Form **8850** (Rev. 1-2012)

Form A (rev. 08/12)

TAX CREDIT QUESTIONNAIRE



EMPLOYER SECTION:

ESG FEIN#:	ESG Client Name & State:	
Hiring Manager:	Position:	Starting Wage: \$

EMPLOYEE SECTION:

Employee Name: <u>Makis Johnson</u>	Street Address: <u>112 East Cadbury Drive</u>	City/State: <u>Lynchburg, VA</u>	Zip: <u>24501</u>
SS#: <u>231-57-0476</u>	Date of Birth: <u>04/14/2015</u>	Age: <u>24</u>	Have you worked for this company before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			If yes, location:

Please complete all questions, and sign and date the form.

	Yes	No
1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997? (If yes, please provide information below.) Name of the person receiving benefits: _____ Relationship to you: _____ City: _____ County: _____ State: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months? (If yes, please provide information below.) Name of the person receiving benefits: _____ Relationship to you: _____ City: _____ County: _____ State: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months? Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits. <i>*If you checked yes please provide a copy of your SSI documentation.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have you received any type of vocational rehabilitation services within the past two years? If yes, please indicate which type of agency you worked with and provide their location information below: <input type="checkbox"/> Vocational Rehabilitation Agency <input type="checkbox"/> Dept. of Veterans Affairs <input type="checkbox"/> Employment Network (Ticket to Work Program) Name of Agency: _____ Phone #: _____ City: _____ County: _____ State: _____ <i>*If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are you a Veteran of the U.S. Military? <i>*If yes, please provide a copy of your DD-214 and letter of separation.</i> (If yes, please provide information below. If no, please continue to question #6.) Dates of Service - From: ____/____/____ To: ____/____/____ Branch of Service: _____ Are you entitled to or are you receiving compensation for a service-connected disability? <input type="checkbox"/> Have you been unemployed at any time during the last 12 months? <input type="checkbox"/> If yes, dates of unemployment - From: ____/____/____ To: ____/____/____ Did you receive unemployment compensation at any point during your unemployment? <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months? Conviction Date: ____/____/____ Release Date: ____/____/____ Was this a <input type="checkbox"/> Federal or <input type="checkbox"/> State conviction? If State - County: _____ State: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional Tax Credits

IEC (Native American): Are you or your spouse a member of a Native American Tribe?
**If you checked yes please provide a copy of your CDIB card.*

CA Residents: Are you the child of foster parents? Do you receive CalWorks? Workforce Investment Act?
 Are you a migrant or seasonal farm worker? Have you ever been convicted of a misdemeanor?

SC Residents: Do you receive Family Independence Benefits?

PLEASE READ, SIGN, AND DATE:

Under penalties of perjury, I declare the information above to be true and accurate to the best of my knowledge, and I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative (Associated Consultants, Inc. dba Retrotax), or the Department of Labor.

New Employee Signature: Makis Johnson Date: 04/14/2015



Salt Lake City Operations

Contractor/Consultant Basic Information Form

Employee Information

Full Name: Makis Tivan Johnson -

E-mail: Makis_Johnson(a)comcast.net -

Phone: (434) 385-5327 -

DOB: 08-06-1990 -

All of this information is necessary to initiate the drug screen & background check.

Contract Company Information

Name of Employer: _____

Supervisor Name: _____

Supervisor Phone Number: _____

Teva Pharmaceuticals Information

Sponsor / Teva Contact: _____

On Shift Supervisor: _____

Teva Shift / Work Hours at Teva Location: _____

*** Please do not wait for this full packet of information to be complete to turn this form in to HR. We can get the drug screen & background check started while everything else is being taken care.

Bring all forms and paperwork back to HR directly to expedite processing.



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) <u>Johnson</u>		First Name (Given Name) <u>Makis</u>		Middle Initial <u>T</u>	Other Names Used (if any)	
Address (Street Number and Name) <u>112 East Cadbury Drive</u>			Apt. Number	City or Town <u>Lynchburg</u>	State <u>VA</u>	Zip Code <u>24501</u>
Date of Birth (mm/dd/yyyy) <u>08/06/1990</u>	U.S. Social Security Number <u>231-57-0976</u>	E-mail Address <u>Makis_Johnson@comcast.net</u>			Telephone Number <u>(434) 385-5327</u>	

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): _____
- 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

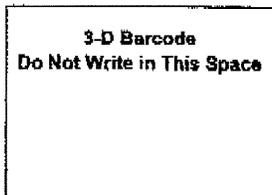
2. Form I-94 Admission Number: _____

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: <u>Makis Johnson</u>	Date (mm/dd/yyyy): <u>04/14/2015</u>
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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



Employer Completes Next Page



FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET (See back for instructions)

- 1. If you wish to claim yourself, write "1" 1
- 2. If you are married and your spouse is not claimed on his or her own certificate, write "1"
- 3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
- 4. Subtotal Personal Exemptions (add lines 1 through 3)..... 1
- 5. Exemptions for age
 - (a) If you will be 65 or older on January 1, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1"
- 6. Exemptions for blindness
 - (a) If you are legally blind, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"
- 7. Subtotal exemptions for age and blindness (add lines 5 through 6).....
- 8. Total of Exemptions - add line 4 and line 7 1

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number <u>231-570-976</u>	Name <u>Makis Tivon Johnson</u>		
Street Address <u>112 East Cadbury Drive</u>			
City <u>Lynchburg</u>	State <u>Virginia</u>	Zip Code <u>24501</u>	

COMPLETE THE APPLICABLE LINES BELOW

- 1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet..... 1
 - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet.....
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet..... 1
- 2. Enter the amount of additional withholding requested (see instructions).....
- 3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here)
- 4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act (check here)

Makis Johnson Signature 04/14/2015 Date

2601064 Rev. 08/11

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. Note: Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).



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.)

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

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Driver's license</u>		Document Title: <u>Social Security Card</u>
Issuing Authority:		Issuing Authority: <u>State of Virginia</u>		Issuing Authority: <u>Social Security Administration</u>
Document Number:		Document Number: <u>A60417996</u>		Document Number: <u>231-57-0976</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>08/06/2017</u>		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

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): 04/14/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Caitlin Scholl</u>		Date (mm/dd/yyyy) <u>04/14/2015</u>	Title of Employer or Authorized Representative <u>Administrative Assistant</u>	
Last Name (Family Name) <u>Scholl</u>		First Name (Given Name) <u>Caitlin</u>		Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC
Employer's Business or Organization Address (Street Number and Name) <u>7301 OHMS LANE SUITE 405</u>		City or Town <u>EDINA</u>	State <u>MN</u>	Zip Code <u>55439</u>

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) (mm/dd/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.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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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.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- is age 65 or older,
- is blind, or
- will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

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

Basic instructions. If you are not 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 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/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: <ul style="list-style-type: none"> • 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. 	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. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$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 \$65,000 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	_____

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.

W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
		▶ 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.		2015	
1 Your first name and middle initial Makis T		Last name Johnson		2 Your social security number 2 31 570 976	
Home address (number and street or rural route) 112 East Cadbury Drive		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 Lynchburg, VA 24501		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		_____	
6 Additional amount, if any, you want withheld from each paycheck		6		\$ _____	
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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.)		Date		04/14/2015	
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)	

DISCLOSURE AND AUTHORIZATION (IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION)

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your 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.

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.
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.
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.
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.

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: Makis - Johnson @ comcast.net)

Signature:  Date: 04/14/15

BACKGROUND INFORMATION

Last Name: Johnson First: Makis Middle: Tivan

Other Names/Alias: _____

Social Security #: 231-570-976 Date of Birth (mm/dd/yyyy)*: 04/14/2015

Driver's License #: A60417996 State of Driver's License: Virginia

Present Address: 112 East Cadbury Drive Telephone # (Primary): (434) 385-5327

City/State/Zip: Lynchburg, VA 24501

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

EMERGENCY CONTACT INFORMATION

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

Employee Name: Makis T. Johnson
Address: 112 East Cadbury Drive
Home Phone: 434 385-5327

EMERGENCY CONTACTS	
Please list two people (in priority order) who could be contacted in case of an emergency	
<p>Contact #1</p> <p>Name: <u>Doreatha C. Johnson</u></p> <p>Relationship: <u>mother</u></p>	<p>Home Phone: <u>434 385-5327</u></p> <p>Cell Phone: <u>434 401-0929</u></p> <p>Work Phone: <u>434 455-6336</u></p>
<p>Contact #2</p> <p>Name: <u>Paulette Jones</u></p> <p>Relationship: <u>aunt</u></p>	<p>Home Phone: <u>434 237-7840</u></p> <p>Cell Phone: <u>434-406-919</u></p> <p>Work Phone:</p>

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



employer solutions staffing group^{inc}

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): Makis T Johnson

Signature/Firma: 



employer solutions staffing group

Leveraging Resources in a Changing Market

Direct Deposit/Payroll Debit Card Authorization

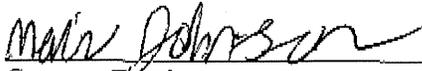
Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card.
If you do not provide a written election, wages will be paid by Payroll Debit Card.

SECTION 1 BASIC INFORMATION		
Employee Name <u>Makis T. Johnson</u>	SSN# (last 4 digits) <u>0976</u>	Effective Date <u>04/14/2015</u>
SECTION 2 PAYROLL ELECTION		
<input checked="" type="checkbox"/> Direct Deposit (Please complete Sections 3 and 5 below)		
<input type="checkbox"/> Payroll Debit Card (Please complete Sections 4 and 5 below)		
SECTION 3 DIRECT DEPOSIT		
<input type="checkbox"/> Update Bank Account		
Bank Name: <u>First Citizens Bank</u>	<p>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.</p> <p>Initial <u>MJ</u> Date <u>04/14/2015</u></p>	
Routing# <u>051401836</u>		
Account# <u>008921984530</u>		
Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____		
<ul style="list-style-type: none"> 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)		
<p>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.</p> <p>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.</p>		
CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)		
First Name _____	M.I. _____	Last Name _____
Date of Birth _____		Social Security# _____
Street Address (PO BOX NOT ACCEPTABLE) _____		
City _____	State _____	Zip _____
Cell Phone (mobile) _____		
RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)		
Payroll Debit Card Routing # <u>073972181</u>	Payroll Debit Card Account # _____	
<p>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.</p>		
Employee's Signature: _____		Date: _____
SECTION 5 AUTHORIZATION		
<p>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.</p>		
<p>*E-mail: <u>Makis Johnson</u> @ <u>Comcast.net</u> this information will only be used to send your paystubs electronically</p>		
Employee's Signature: <u>Makis Johnson</u>		Date: <u>04/14/2015</u>

competent jurisdiction may enjoin CONTRACT EMPLOYEE from violating these covenants and if adjudged to be in violation, either at law or in equity, that CONTRACT EMPLOYEE shall be responsible for all costs associated with enforcement of this Agreement including reasonable attorney's fees.

14 CONTRACT EMPLOYEE understands that this Agreement shall be interpreted and construed under the laws of the Commonwealth of Pennsylvania.

15 This Agreement shall inure to the benefit of the successors or assigns of the COMPANY.


Contract Employee

04/14/13
Date

Teva Pharmaceuticals USA, Inc.

By _____

Date



employer solutions staffing group

Leveraging Resources in a Changing Market

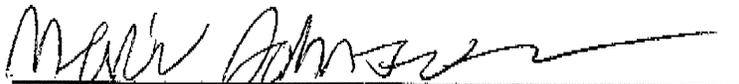
STATEMENT OF CONFIDENTIALITY

This agreement made this 14th day of April, 2015, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Makis Johnson 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.



Employee Signature

Employer Solutions Staffing Group LLC, Representative

CONTRACT EMPLOYEE CONFIDENTIAL INFORMATION AGREEMENT

This AGREEMENT made this 14th day of April, 2015, 2014 between Maks T. Johnson (hereinafter "CONTRACT EMPLOYEE") and Teva Pharmaceuticals USA, Inc., a corporation organized and existing under the laws of the State of Delaware, and acting in this Agreement on its behalf and in the interest of all affiliated companies throughout the world, including any and all subsidiary companies or its parent company (hereinafter "COMPANY") and with the intention of being legally bound, the parties do hereby agree as follows.

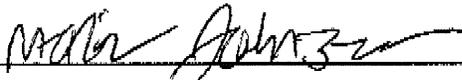
- 1 During the course of performance of work for the COMPANY, CONTRACT EMPLOYEE will devote all best efforts only to the interests of the COMPANY and will not participate in the planning, operation, or management of any activity competitive with the COMPANY'S interest and will not otherwise engage in any activity in conflict with the interests of the COMPANY except as permitted and authorized in writing by an officer of the COMPANY.
- 2 CONTRACT EMPLOYEE acknowledges that certain valuable information (both technical and non-technical) vital to the success of the business of the COMPANY may be made available to the CONTRACT EMPLOYEE, or CONTRACT EMPLOYEE already may have become acquainted with such information by virtue of the performance of work at Teva Pharmaceuticals USA.
- 3 CONTRACT EMPLOYEE shall not disclose or use at any time, either during or after, the contract period of performance of work for the COMPANY, except as required in the performance of duties to the COMPANY, any secret or confidential information, whether or not developed by CONTRACT EMPLOYEE, unless CONTRACT EMPLOYEE shall first obtain written consent by an officer of the COMPANY. Secret or confidential information shall include know-how, designs, formulae, manufacturing, fabrication and technological processes, devices, machines, inventions, research or development projects, plans for future development, materials of a business nature, financial information, client information, sales and marketing information and any other information of a similar nature in a form or to the extent not available to the public.
- 4 CONTRACT EMPLOYEE shall not publish or cause to be published or make oral presentation on any articles or materials related to the present or contemplated business or activities of the COMPANY without prior written consent of an officer as to whether

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: 

Printed Name: Mark Johnson

competent jurisdiction may enjoin CONTRACT EMPLOYEE from violating these covenants and if adjudged to be in violation, either at law or in equity, that CONTRACT EMPLOYEE shall be responsible for all costs associated with enforcement of this Agreement including reasonable attorney's fees.

14 CONTRACT EMPLOYEE understands that this Agreement shall be interpreted and construed under the laws of the Commonwealth of Pennsylvania.

15 This Agreement shall inure to the benefit of the successors or assigns of the COMPANY.

Maria Johnson
Contract Employee

04/14/13
Date

Teva Pharmaceuticals USA, Inc.

By _____

Date

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: 

Printed Name: Mark Johnson

CONTRACT EMPLOYEE CONFIDENTIAL INFORMATION AGREEMENT

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- 1 During the course of performance of work for the COMPANY, CONTRACT EMPLOYEE will devote all best efforts only to the interests of the COMPANY and will not participate in the planning, operation, or management of any activity competitive with the COMPANY'S interest and will not otherwise engage in any activity in conflict with the interests of the COMPANY except as permitted and authorized in writing by an officer of the COMPANY.
- 2 CONTRACT EMPLOYEE acknowledges that certain valuable information (both technical and non-technical) vital to the success of the business of the COMPANY may be made available to the CONTRACT EMPLOYEE, or CONTRACT EMPLOYEE already may have become acquainted with such information by virtue of the performance of work at Teva Pharmaceuticals USA.
- 3 CONTRACT EMPLOYEE shall not disclose or use at any time, either during or after, the contract period of performance of work for the COMPANY, except as required in the performance of duties to the COMPANY, any secret or confidential information, whether or not developed by CONTRACT EMPLOYEE, unless CONTRACT EMPLOYEE shall first obtain written consent by an officer of the COMPANY. Secret or confidential information shall include know-how, designs, formulae, manufacturing, fabrication and technological processes, devices, machines, inventions, research or development projects, plans for future development, materials of a business nature, financial information, client information, sales and marketing information and any other information of a similar nature in a form or to the extent not available to the public.
- 4 CONTRACT EMPLOYEE shall not publish or cause to be published or make oral presentation on any articles or materials related to the present or contemplated business or activities of the COMPANY without prior written consent of an officer as to whether

DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF BACKGROUND REPORTS

It is recognized and understood that the Fair Credit Reporting Act provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses" shall be fined not more than \$2,500 or imprisoned not more than a year, or both.

In connection with my application for EMPLOYMENT (including contract for services), I understand that investigative background inquiries are to be made on me which may include criminal convictions, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences. *If I include a current employer for verification, I may jeopardize my position within that company.* I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from BACKGROUND SOURCE INTL and/or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract).

Applicant Signature: Makis Tivon Johnson
Makis Tivon Johnson (Applicant) 03/2015 **Date:** 4/13/2015

Please PRINT clearly: Position applied for: Inventory Assistant

Name: Makis Tivon Johnson Maiden / AKA: _____
First Middle Last

Soc. Sec. #: 231-570-976 *Sex: M *Race: Black *Date of Birth: 08/06/1990

Current Address: 112 East Cadbury Drive County: _____

City: Lynchburg State: VA Zip: 24501 How long: Nov 1995 to Present

Previous Address: _____ County: _____

City: _____ State: _____ Zip: _____ How long: _____ to _____

Motor Vehicle Report Fax to: (208)769-7282

Name as it appears: Makis Tivon Johnson License #: A60417996 State held: VA

*Responses to these are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the event we discover adverse information during our background investigation. 03/06/01

BSI Consent form

Adobe Document Cloud Document
History

April 13, 2015

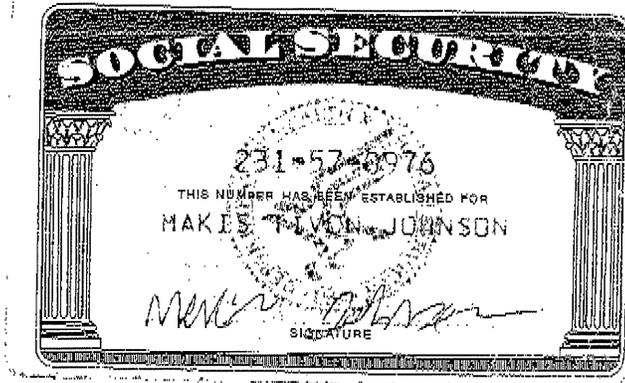
By viewing or signing this document, you agree to the terms and conditions of the Adobe Document Cloud service. For more information, please visit the Adobe Document Cloud website at adobe.com/documentcloud. This document is intended for use with the Adobe Document Cloud service. It is not intended for use with any other service. The Adobe Document Cloud service is provided by Adobe Systems Incorporated. All rights reserved. Adobe Systems Incorporated, 3400 Lakeside Avenue, Suite 100, San Jose, CA 95134, USA. Adobe, the Adobe logo, and the Adobe Document Cloud logo are trademarks of Adobe Systems Incorporated. All other marks are the property of their respective owners. © 2015 Adobe Systems Incorporated. All rights reserved.

Applicant Signature: _____ Date: _____
Please Print Name: _____ Title: _____
Name: _____ Middle: _____
Sex: _____ Marital Status: _____
Company Name: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Fax: _____
E-mail Address: _____

Created: April 10, 2015
By: Lincoln Mooney (Caitlin@corpimgmtgroup.com)
Status: SIGNED
Transaction ID: XLVWR6X665P562J

“BSI Consent form” History

-  Document created by Lincoln Mooney (Caitlin@corpimgmtgroup.com)
April 10, 2015 - 1:47 PM PDT - IP address: 174.16.0.21
-  Document emailed to Makis Tivon Johnson (makis_johnson@comcast.net) for signature
April 10, 2015 - 1:47 PM PDT
-  Document viewed by Makis Tivon Johnson (makis_johnson@comcast.net)
April 10, 2015 - 4:44 PM PDT - IP address: 73.148.28.124
-  Document e-signed by Makis Tivon Johnson (makis_johnson@comcast.net)
Signature Date: April 13, 2015 - 9:46 AM PDT - Time Source: server - IP address: 73.148.28.124
-  Signed document emailed to Makis Tivon Johnson (makis_johnson@comcast.net) and Lincoln Mooney (Caitlin@corpimgmtgroup.com)
April 13, 2015 - 9:46 AM PDT



DRIVER'S LICENSE



Customer identifier
A60417996

Name
**JOHNSON
MAKIS,TIVON**

Address
**112 E CADBURY DR
LYNCHBURG, VA 24501-2306**

Makis Johnson

Sex	Class	Date of birth
M	NONE	08/06/1990
Eyes	Endorsements	Iss. EEI
BRO	NONE	07/19/2014
Height	Restrictions	Exp
5FT 8IN	NONE	08/06/2017

DD 072437894

April 14, 2015

From: Makis Johnson

Att: Angela / Elizabeth Porreco

Fax: ~~952-835-1234~~

303 736 7767

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 04/15/2015
Page: 1 of 1

Case Verification Number: 2015105124701WS

Case Information:**Employee Information:**

Last Name:	Johnson	First Name:	Makis
Middle Initial:	T	Other Names Used:	
Social Security Number:	*** ** 0976	Date of Birth:	08/06/1990
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Social Security Card
Document Name:	Driver's license	Document State:	Virginia
Driver's License or ID Card Number:		Document Expiration Date:	08/06/2017
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	04/14/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CSCH4411	Submitted On:	04/15/2015

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:

Closed By:

Closed On:

SENSITIVE BUT UNCLASSIFIED

