



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 McKnight First Name Mark Middle Initial A
Street Address 11700 Metric Blvd #309 Apt/Ste _____
City/State/Zip Austin, Texas 78758
Phone Number 512-317-0937 Email Address J330artworks @yahoo.com
Staffing Agency/Recruitment Partner CMG

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

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

Applicant Certification and Authorization

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

Mark A. McKnight  4/8/15
Name (Print or type) Applicant's Signature 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 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	<u>1</u>
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	<u> </u>
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	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
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	<u> </u>
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 \$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	<u> </u>
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	<u>1</u>

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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2015</h1>
1 Your first name and middle initial Mark A		2 Your social security number 071661235
Home address (number and street or rural route) 11700 Metric Blvd #309		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld 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 Austin, TX 78758		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 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
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 ▶ 4/9/15
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 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) McKnight		First Name (Given Name) Mark		Middle Initial A	Other Names Used (if any)	
Address (Street Number and Name) 11700 Metric			Apt. Number 309	City or Town Austin		State TX
Date of Birth (mm/dd/yyyy) 06/15/1968		U.S. Social Security Number 071-66-1235		E-mail Address 1330ARTWORKS@yahoo.com		Telephone Number 512-317-0937

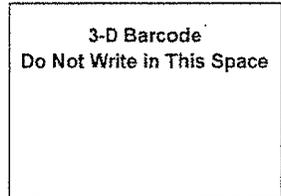
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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:	Date (mm/dd/yyyy): 04/09/2015
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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





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>US Birth certificate</u>
Issuing Authority:		Issuing Authority: <u>State of Texas</u>		Issuing Authority: <u>Dept. of Health: City of New York</u>
Document Number:		Document Number: <u>18990505</u>		Document Number: <u>150-68-411666</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>06/15/2018</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): 04/09/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Caitlin Scholl</u>		Date (mm/dd/yyyy) <u>04/09/2015</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 <u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u>
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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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.

Table with 4 rows of legal notices for New York and Maine, New York, Oregon, and Washington State applicants/employees regarding their rights to inspect reports and request summaries.

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: j330artworks@yahoo.com)

Signature: [Handwritten Signature] Date: 04/09/15

BACKGROUND INFORMATION

Last Name: McKnight First: Mark Middle: A
Other Names/Alias: N/A
Social Security #: 071661235 Date of Birth (mm/dd/yyyy)*: 02/15/1968
Driver's License #: 18990565 State of Driver's License: Texas
Present Address: 11700 Metric #304 Telephone # (Primary): 512-317-0937
City/State/Zip: Austin, Texas 78758

*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: Mark McKnight

Address: 11700 Metric Blvd #309 Austin, TX 78758

Home Phone: 512-317-0937

EMERGENCY CONTACTS

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

Contact #1	Home Phone: <u>512-771-8095</u>
Name: <u>Myra Constable</u>	Cell Phone:
Relationship: <u>Friend</u>	Work Phone: <u>512-445-4976</u>
Contact #2	Home Phone:
Name: <u>Doug Burditt</u>	Cell Phone: <u>512-769-9131</u>
Relationship: <u>Friend</u>	Work Phone:

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



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 CMG Group	SSN# (last 4 digits) 071661235	Effective Date 04/11/15
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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

Update Bank Account

Bank Name:
American Express-Centurion Bank

Routing#
124071889

Account#
6210029155636

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 mm Date 4/9/15

- 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	M.I.	Last Name	Date of Birth
Street Address (PO BOX NOT ACCEPTABLE)			Social Security#
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 # 073972181	Payroll Debit Card Account #
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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.

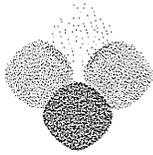
Employee's Signature: _____ Date: _____

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: J330ARTWORKS @ YAHOO.COM
 this information will only be used to send your paystubs electronically

Employee's Signature: [Signature] Date: 4/9/15



employer solutions staffing group^{llc}

Leveraging Resources in a Changing Market

STATEMENT OF CONFIDENTIALITY

This agreement made this 9th day of APRIL, 2015, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Mark McKnight 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

**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 Mark McKnight Social security number ▶ 670 071661235

Street address where you live 11700 Metric Blvd #309

City or town, state, and ZIP code Austin, TX 78758

County Travis Telephone number 512-317-0937

If you are under age 40, enter your date of birth (month, day, year) _____

- 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 ▶ 

Date 04/09/15



EMPLOYER SECTION:

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

EMPLOYEE SECTION:

Employee Name: <u>Mark McKnight</u>	Street Address: <u>11700 METRIC Blvd #309</u>	City/State: <u>Austin, TX</u>	Zip: <u>78758</u>
SS#: <u>071 -66 -1235</u>	Date of Birth: <u>06/15/68</u>	Age: <u>46</u>	Have you worked for this company before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			If yes, location: <u>N/A</u>

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

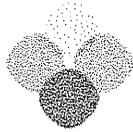
	Yes	No
<p>1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997? (If yes, please provide information below.)</p> <p>Name of the person receiving benefits: _____ Relationship to you: _____</p> <p>City: _____ County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>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.)</p> <p>Name of the person receiving benefits: _____ Relationship to you: _____</p> <p>City: _____ County: _____ State: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>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. *If you checked yes please provide a copy of your SSI documentation.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>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:</p> <p><input type="checkbox"/> Vocational Rehabilitation Agency <input type="checkbox"/> Dept. of Veterans Affairs <input type="checkbox"/> Employment Network (Ticket to Work Program)</p> <p>Name of Agency: _____ Phone #: _____</p> <p>City: _____ County: _____ State: _____</p> <p>*If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>5. Are you a Veteran of the U.S. Military? *If yes, please provide a copy of your DD-214 and letter of separation. (If yes, please provide information below. If no, please continue to question #6.)</p> <p>Dates of Service - From: <u>9/2/1980</u> To: <u>07/25/1993</u></p> <p>Branch of Service: <u>Air Force</u></p> <p>Are you entitled to or are you receiving compensation for a service-connected disability? <input type="checkbox"/></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>Have you been unemployed at any time during the last 12 months? <input type="checkbox"/></p> <p>If yes, dates of unemployment - From: ____/____/____ To: ____/____/____</p> <p>Did you receive unemployment compensation at any point during your unemployment? <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months?</p> <p>Conviction Date: ____/____/____ Release Date: ____/____/____</p> <p>Was this a <input type="checkbox"/> Federal or <input type="checkbox"/> State conviction? If State - County: _____ State: _____</p>	<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.	<input type="checkbox"/> <input type="checkbox"/>
CA Residents: <input type="checkbox"/> Are you the child of foster parents? <input type="checkbox"/> Do you receive CalWorks? <input type="checkbox"/> Workforce Investment Act?	
<input type="checkbox"/> Are you a migrant or seasonal farm worker? <input type="checkbox"/> Have you ever been convicted of a misdemeanor?	
SC Residents: <input type="checkbox"/> 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: [Signature] Date: 4/9/15



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.

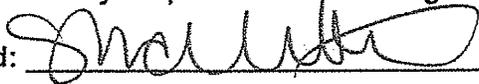
Report to work and perform physically suitable tasks as assigned. These may or may not be in your regular department. The work may or may not be on your usual shift.

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:  _____

Printed Name: mark mcknight _____



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.

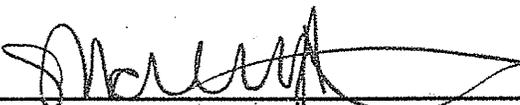
CHEQUES DE PAGO PERDIDOS O ROBADOS

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): Mark McKnight

Signature/Firma: 

HOSPIRA, INC. NON-EMPLOYEE QUESTIONNAIRE

SECTION #1 – For Contractors/Vendors whose Companies perform authorized background checks.

Name McKnight Mark A
(last) (first) (middle)

2. Other Names (Maiden/Alias) N/A

3. Date of Birth 06 / 15 / 1968

4. If you already have a UID provide the number: N/A

5. Are you able to lawfully work in the United States? Yes No

6. List your current home address:

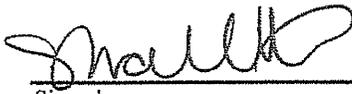
11/2015 11700 Metric #309 Austin Tx Travis
(mo/yr to mo/yr) (number & street) (City) (State) (County)

7. Current employer: Stockroom Solutions

8. Dates employed with current employer: 04/08/2015

I acknowledge that I shall not be an employee of Hospira for any purpose. I acknowledge that I am not entitled to participate in any benefit plan or program for employees of Hospira, and I hereby waive any and all rights I may have to participate in any such plans or programs.

I understand that the information provided above is true and accurate and that my company has conducted a complete background check on me and I am eligible to work at a Hospira site or have access to Hospira's network or programs.



Signed: _____

Date: 04/09/15

Section #2 – to be completed by all contractors/vendors where Hospira will be performing a criminal background check.

1. Name McKnight Mark
(last) (first) (middle)

2. Last Four (4) digits of your Social Security No. XXX-XX- 1235

If you already have a UID, provide the number: N/A

3. Other Names (Maiden/Alias) N/A 4. Date of Birth / /

5. Are you able to lawfully work in the United States? Yes No

6. List all home addresses for the **past 2 years**, starting with the most recent (use separate sheet if necessary):

1220 10/2012-11/2014 - 12201 Waters Park Road Austin, TX 78759 Travis
(mo/yr to mo/yr) (number & street) (City) (State) (County)

2000 Cedar Bend Austin, TX 78758 - 11/2006-10/2012
(mo/yr to mo/yr) (number & street) (City) (State) (County)

 -
(mo/yr to mo/yr) (number & street) (City) (State) (County)

Criminal Background Check Questions:

Instructions:

The questions below do not seek information regarding convictions which have been expunged, sealed or statutorily eradicated, erased, or discharged as a first offense, or for which a pardon has been issued, but it does seek information regarding matters such as a withheld judgment or deferred adjudication (or like matters) which are still pending at the time this form is completed. You are not required to disclose minor traffic violations, juvenile offenses, or military convictions except by general court martial. Driving under the influence is not considered a minor traffic offense.

Unless one of the state specific rules described below applies to your situation, if you are in doubt about whether you are obligated to disclose a conviction or pending legal matter, **DISCLOSE** it. Failure to disclose a conviction which should have been disclosed demonstrates a lack of integrity and may be treated more harshly than the disclosure of the actual conviction.

 California, Maine, Massachusetts, Minnesota, New Jersey, and Oklahoma Applicants Only: Please check here to have a copy of your consumer report sent directly to you. Maine, Massachusetts, Minnesota, New Jersey & Oklahoma applicants will receive a copy direct from Accurate Background, Inc. California applicants may receive a copy from either the prospective employer or Accurate Background, Inc.

Notice to California Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from Accurate, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which Accurate has previously furnished within the two-year period preceding your request. You may view the file maintained on you by Accurate during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone. You are not requested to disclose any convictions (1) for an offense for which you were referred to, and participated in, any pretrial or post-trial diversion program; (2) of any misdemeanor for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed pursuant to Penal Code Section 1203.4; or (3) occurring more than two years ago for marijuana-related offenses as defined in California Health and Safety Code sections 11357 (b) and (c) and 11360(c) (or, prior to January 1, 1976, in California Health and Safety Code sections 11364, 11365, or 11550, or their statutory predecessors). Under Section

1786.16(a)(2)(B)(vi) of the California Civil Code, you are notified that Accurate Background, Inc. privacy practices can be found at <https://smwreports.Accuratedirect.com/privacy>

Notice to Massachusetts Applicants:

You are not requested to disclose any (1) first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace or (2) any conviction of a misdemeanor where the date of such conviction or the completion of any period of incarceration resulting from the conviction, whichever is later, occurred five or more years ago, unless you have been convicted of any offense within the past five years. Also, please note the statement below:
"An applicant for employment with a sealed record on file with the commissioner of probation may answer „no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution."

Notice to Washington and Hawaii Applicants:

You are not requested to disclose any convictions occurring more than ten years ago.

Notice to Ohio Applicants:

You are not required to disclose misdemeanor convictions.

Notice to New York Applicants:

Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

Notice to Oregon Applicants:

Information describing your rights under federal and Oregon law regarding consumer identify theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

- 7. Have you ever been convicted of, plead guilty, no contest or nolo contendere, to a misdemeanor or felony? You should also disclose any pending felony or misdemeanor prosecutions.

Misdemeanor: No Yes

Felony: No Yes

For each conviction listed above, please provide city, county, and state of conviction and date and nature of each offense, along with sentencing information.

For each conviction listed above, please also provide any other information you would like the Company to consider in regard to each conviction, including but not limited to: (1) the time that has elapsed since the offense, (2) your age at the time of the offense, (3) facts or circumstances surrounding the offense, (4) the number of offenses for which you have been convicted, (5) your employment history before and after conviction, including whether you have performed the same type of work you seek to perform at Hospira, (6) evidence of rehabilitation (e.g., training, education), (6) whether you are bonded under a federal, state or local bonding program, (7) character references with contact information and/or (8) other mitigating factors. Please use additional pages if necessary to answer this question. This will likely be your only opportunity to provide information regarding this conviction. Therefore, it is critical that you provide at this time any and all information (including any supporting documentation (e.g., arrest reports, deferred adjudication agreements, references, etc.) you feel is relevant. It is your obligation to provide this information to us within 3 business days to allow proper consideration.

Final – Dec. 2014

8. In the past three (3) years have you ever knowingly and unlawfully trafficked, used, or possessed any drugs other than those prescribed to you by a physician? Yes No

If yes, provide details: _____

9. Current employer: Stockroom Solutions

10. Dates employed with current employer: 4/8/2015

I acknowledge that I shall not be an employee of Hospira for any purpose. This Agreement shall not entitle me to participate in any benefit plan or program for employees of Hospira, and I hereby waive any and all rights I may have to participate in any such plans or programs.

I have read and understand the information provided above and authorize Hospira, Inc. or an authorized vendor to conduct a criminal background check in order for me to enter onto or receive a Hospira UID.

Signature 

Date 4/9/15

GOVERNMENT REGULATORY QUESTIONS

11. The following questions are being asked for purposes of compliance with the Federal Procurement Integrity Act and the Ethics in Government Act.

Have you ever worked for any federal government agency (military or civilian), Congress, or the District of Columbia, including work as an advisor or special government employee? If no, proceed to the next set of questions. Yes No

Are you currently participating, or within the past year have you served, in any capacity on a federal contract over \$10 million that was awarded to Hospira? Yes No

Are you currently participating in, or within the past year have you personally made, any decision to award a contract, subcontract, contract modification, or delivery order over \$10 million to Hospira? Yes No

Are there any restrictions resulting from your current or past government service that might limit the duties you could perform for Hospira? Yes No

If yes, give details: _____

12. The following questions are being asked for purposes of compliance with the Generic Enforcement Act of 1992 enforced by the United States Food and Drug Administration:

Have you ever been debarred by the FDA? Yes No
If yes, give details.

To the best of your knowledge, is the FDA going to commence debarment proceedings against you? Yes No

To the best of your knowledge, within the last 5 years, have you, or anyone else with or for whom you have worked participated in actions that were the basis for a conviction of another person, for conduct relating to the development, approval or regulation of any drug product under the Federal Food, Drug, and Cosmetic Act? Yes No

Do you promise to advise Hospira immediately if the FDA commences debarment proceedings against you? Yes No

13. The following questions are being asked to ensure that Hospira fulfills its responsibilities as a contractor to the Federal Government:

Are you presently listed on the List of Parties Excluded from Federal Procurement and Non-Procurement Programs maintained by the General Services Administration? (This would be the case if, among other things, you were presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency.) Yes No

Do you promise to advise Hospira immediately if you become listed on the List of Parties Excluded from Federal Procurement and Non-Procurement Programs? Yes No

14. The following questions are being asked to ensure that Hospira fulfills its responsibilities as a manufacturer of products that may be reimbursed by Medicare, Medicaid, or other Federal health care programs:

Are you presently excluded from participation in a Federal health care programs? Yes No

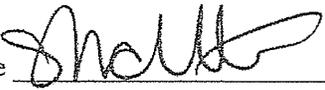
Have you been convicted of any offense that requires your exclusion from Federal health care programs, but not yet excluded? Yes No

Do you promise to advise Hospira immediately if you are excluded from Federal health care programs, or convicted of a criminal offense that requires your exclusion? Yes No

CONSUMER REPORT DISCLOSURE & AUTHORIZATION

In connection with my assignment with Hospira, I understand that Hospira will conduct criminal background. For certain positions within Hospira, consumer reports of my motor vehicle records may also be requested and reviewed. This information will be obtained, in whole or in part, from reports from Accurate Background, Inc., 7515 Irvine Center Drive, Irvine, CA 92618, 800-784-3911. These reports will include information as to my general reputation, character, and mode of living, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that Hospira will be requesting information from various federal, state and other agencies which maintain public and non public records concerning my past activities relating to my driving, civil, education, and other experiences. I understand that the information obtained will not necessarily preclude my assignment, but will be used as part of an overall evaluation of my qualifications. I further understand that the information obtained will not be used in violation of any federal, state or local equal employment opportunity law or regulation.

I authorize, without reservation, any party or agency contacted by this employer or by its agent, Accurate Background, Inc., to furnish the above mentioned information:

Signature  Date 4/09/15

Printed Name: mark mcknight

PLEASE RETURN A COMPLETED FORM TO HOSPIRA'S GLOBAL SECURITY DEPARTMENT EITHER BY EMAIL AT GLOBAL_SECURITY@HOSPIRA.COM OR VIA FAX AT 224-212-3384 OR TO THE LOCAL HOSPIRA PLANT STAFFING DEPARTMENT WHERE YOU WILL BE RESIDING

Fax to: 224-212-3384 or email to global.security@hospira.com



Hospira Global Security
ID Badge / Electronic Access Request Form

Badge Type: (check all that apply)

Date: ___ / ___ / ___

Comments:

- Employee
- Contractor POSITION #: _____
- Other _____ (FOR CONTRACTORS ONLY) – Please contact the
- Not Needed (UID Only) HR Solution Center if a new one is needed.

Reason for Request: (check all that apply)

- New Renewal Lost/Stolen Damaged Name Change Access Change Badge Extension

(Please Print: Legal Name)

Last Name: MCKnight First Name: mark Middle Initial: A

(Please Print: Name as you would like for it to appear on your badge if different from above)

Last Name: _____ First Name: _____ Middle Initial: _____

Employee UID Number: _____

Company Name: Stockroom Solutions

Location/Bldg. Assignment: _____ Department _____

Contractor Dates of Service ___ / ___ / ___ - ___ / ___ / ___ (Not to exceed one year from date)

Hospira Manager's Name: _____ Office No.: () _____ - _____

Hospira Manager's Signature: _____

Vehicle Information:

Year: 2008 Make: Infiniti Model: G35 Color: Grey

License Plate#: FHB-0198 State: Texas

THE FOLLOWING SECTION IS FOR ACCESS REQUESTS

Make one selection

Hours of Access: After Hrs + Wknd Access Employee 24x7 Access Contractor 6am - 6pm Access

Type of Access: Specialized Areas

Location of Access (building, area or room): _____

Dates of Access: ___ / ___ / ___ - ___ / ___ / ___

SECURE HOSPIRA
LETTER OF RESPONSIBILITY and the CODE OF BUSINESS CONDUCT
for Short-Term Contractors and/or Consultants

Name: Mark McKnight (print)

UID: _____ Dept: _____

Supervisor: _____ (print)

Location: _____

Name of Your Employer: Stockroom Solutions

I, the undersigned, understand and acknowledge that, as a contractor or consultant assigned to Hospira and utilizing Hospira assets, there are several policies, as well as our Code of Business Conduct, promulgated by Hospira designed to protect Hospira assets. For the duration of my contract assignment at Hospira, I agree to understand, read, and abide by the policies listed below as well as Hospira's Code of Business Conduct.

I understand that these below listed policies relate to securing Hospira's assets. As a contractor or consultant for Hospira, it is my responsibility to protect Hospira's assets. I understand that should a violation, incident, or question occur pertaining to these policies, I am to contact Hospira management, Global Security and/or the Office of Ethics and Compliance. The specific policies relating to protecting Hospira assets are listed below and can be found on the Hospira intranet:

- The Code of Business Conduct
- Workplace Harassment Policy
- Violence Policy
- IT Computer User Policy: IT - 01
- Data Classification Policy: DP - 1002

Hospira's Office of Ethics & Compliance (OEC) intranet website may be found at the following intranet address: <http://www.ourhospira.corp/OEC/Pages/Default.aspx>. This site contains links to Hospira's Code of Business Conduct (Code) as well as other relevant policies.

The Code of Business Conduct applies to employees, contractors and others, and has been translated into multiple languages.

Questions and concerns regarding the Code or other policies should be addressed with your manager, another member of management, Global Security, or the Office of Ethics & Compliance.

A third party firm has been contracted to provide the OEC Helpline which is a resource for raising questions and concerns. It is available 24 hours per day and may be reached by calling toll free 1-866-311-4632. Translation services are available. Reverse charge calls are accepted. Dialing instructions for calls originating outside of the United States may be found on the OEC intranet page.

Retaliation against anyone who in good faith raises a question or concern is prohibited.

In addition, I understand that violation of any of these policies and/or the Code of Business Conduct, adherence to protecting Hospira assets as it relates to theft or damage of property, improper use of electronic media, workplace violence, failure to wear Hospira-issued identification, fraud or any misconduct, use of alcohol or illegal substances on Hospira premises will cause my removal from the property.

Signature:  _____

Date: 04/09/15 _____

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security

Report Prepared: 04/09/2015

E-Verify

Page: 1 of 1

Case Verification Number: 2015099145603AA

Case Information:

Employee Information:

Last Name:	Mark	First Name:	McKnight
Middle Initial:	A	Other Names Used:	
Social Security Number:	*** ** 1235	Date of Birth:	06/15/1968
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:	U.S. birth certificate (original or certified copy)
Document Name:	Driver's license	Document State:	Texas
Driver's License or ID Card Number:		Document Expiration Date:	06/15/2018
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	04/08/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CSCH4411	Submitted On:	04/09/2015

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

Texas

USA
TX

DRIVER LICENSE



4d DL 18990565 9 Class C
4a Iss 12/14/2012 4b Exp 06/15/2018
3 DOB 06/15/1968
1 MCKNIGHT
2 MARK ALAN
8 12201 WATERS PARK ROAD
AUSTIN TX 78759
12 Restrictions A 9a End NONE
16 Hgt 6-02 15 Sex M 18 Eyes BRO
5 DD 36619281025104728897

Mark CC WNK

THE CITY OF NEW YORK
VITAL RECORDS CERTIFICATE

CERTIFICATION OF BIRTH

This is a certification of name and birth facts on file in the Office of Vital Records, Department of Health,
City of New York.

DATE OF BIRTH JUNE 15, 1968 CERTIFICATE No. 156-68-411666

BOROUGH QUEENS DATE FILED 06-19-68 DATE ISSUED 11-08-01

NAME MARK ALAN MCKNIGHT ***

SEX MALE

MOTHER'S MAIDEN NAME ALICE BURNS

FATHER'S NAME EDGAR S. MCKNIGHT

Steven P. Schwartz
Steven P. Schwartz, Ph.D.
City Registrar

The
City of
New York

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City Health Code if the purpose is the evasion or violation of any provision of the
Health Code or any other law.

DOCUMENT No. J375694

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE