



# New Hire Application

Last Name Miller First Name Melvin Middle Initial D

Street Address 225 Fallingleaf Drive Apt/Ste \_\_\_\_\_

City/State/Zip Raeford/NC/28376

Phone Number 202-615-6486 Email Address MrMelvinDMiller@Gmail.com

Staffing Agency/Recruitment Partner Corporate Management Group, Inc

**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.

If you agree, ESSG requires that you certify your application by submitting an electronic signature. To certify your application, read the text below and provide an electronic signature or print out and sign.

Melvin Miller  
Name (Print or type)

Melvin Miller  
Applicant's Signature

Digitally signed by Melvin Miller  
DN: cn=Melvin Miller, o=es, email=MrMelvinDMiller@gmail.com, c=US  
Date: 2015.05.15 10:37:25 -0400

05/15/2015  
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](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	1
<b>B</b>	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b>	1
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	0
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	0
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	1
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	0
<b>G</b>	<b>Child Tax Credit</b> (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 <b>less</b> "1" if you have two to four eligible children or <b>less</b> "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 . . . . .	<b>G</b>	1
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	4

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 <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
▶ <b>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.</b>				<b>2015</b>
1 Your first name and middle initial Melvin		Last name Miller		2 Your social security number 246-27-9166
Home address (number and street or rural route) 225 Fallingleaf Drive		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code Raeford/NC/28376		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		4
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 <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> 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.) ▶		Digitally signed by Melvin Miller DN: cn=Melvin Miller, o, ou, email=MrMelvinDMiller@gmail.com, c=US Date: 2015.05.15 10:42:01 -04'00'		Date ▶ 05/15/2015
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)

# NC-4 Employee's Withholding Allowance Certificate

**PURPOSE** - Complete Form NC-4, **Employee's Withholding Allowance Certificate**, so that your employer can withhold the correct amount of State income tax from your pay. **If you do not provide an NC-4 to your employer, your employer is required to withhold based on single with zero allowances.**

**FORM NC-4 EZ** - You may use this form if you intend to claim either: exempt status, or the N.C. standard deduction and no tax credits or only the credit for children.

**FORM NC-4 NRA** - If you are a nonresident alien you must use Form NC-4 NRA.

**FORM NC-4 BASIC INSTRUCTIONS** - Complete the **Allowance Worksheet**. The worksheet will help you figure the number of withholding allowances you are entitled to claim. The worksheet is provided for employees to adjust their withholding allowances based on N.C. itemized deductions, federal adjustments to income, N.C. additions to federal adjusted gross income, N.C. deductions from federal adjusted gross income, and N.C. tax credits. However, you may claim fewer allowances if you wish to increase the tax withheld during the year. If your withholding allowances decrease, you must file a new NC-4 with your employer within 10 days after the change occurs. Exception: When an individual ceases to be head of household after maintaining the household for the major portion of the year, a new NC-4 is not required until the next year.

**TWO OR MORE JOBS** - If you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using one Form NC-4 Allowance Worksheet. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other. You should also refer to the Multiple Jobs Table to determine the additional amount to be withheld on line 2 of Form NC-4 (See Allowance Worksheet).

**NONWAGE INCOME** - If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form NC-40 to avoid underpayment of estimated tax interest. Form NC-40 is available on our website at [www.dorncc.com](http://www.dorncc.com) under individual income tax forms.

**HEAD OF HOUSEHOLD** - Generally you may claim head of household 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. Note: "Head of Household" for State tax purposes is the same as for federal tax purposes.

**QUALIFYING WIDOW(ER)** - You may claim qualifying widow(er) status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

1. Your home is maintained as the main household of a child or stepchild for whom you can claim a federal exemption; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death.

**MARRIED TAXPAYERS** - For married taxpayers, both spouses must agree as to whether they will each complete the Allowance Worksheet based on married filing jointly or married filing separately.

- For married taxpayers completing the Allowance Worksheet based on married filing jointly, you will consider the sum of both spouses incomes, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.
- For married taxpayers completing the worksheet on the basis of married filing separately, each spouse will consider only his or her portion of income, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.

**All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.**

**CAUTION:** If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

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

NC-4  
Web  
11-13

## Employee's Withholding Allowance Certificate North Carolina Department of Revenue

1. Total number of allowances you are claiming  
(Enter zero (0), or the number of allowances from Page 2, line 16 of the NC-4 Allowance Worksheet) 0
2. Additional amount, if any, withheld from each pay period (Enter whole dollars) .00

Social Security Number <b>246279166</b>	Marital Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Married or Qualifying Widow(er)		
First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) <b>Melvin</b>	M.I. <b>D</b>	Last Name <b>Miller</b>	County (Enter first five letters)
Address <b>225 Fallingleaf Drive</b>			
City <b>Raeford</b>	State <b>NC</b>	Zip Code (5 Digit) <b>28376</b>	Country (If not U.S.)

Employee's Signature Melvin Miller Digitally signed by Melvin Miller  
DN: cn=Melvin Miller, o, email=MrMelvinDMiller@gmail.com, c=US Date 5/15/2015

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on line 1 above.



# 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) Miller		First Name (Given Name) Melvin		Middle Initial D	Other Names Used (if any)	
Address (Street Number and Name) 225 Fallingleaf Drive			Apt. Number	City or Town Raeford	State NC	Zip Code 28376
Date of Birth (mm/dd/yyyy) 07/03/1978	U.S. Social Security Number 2 4 6 2 7 9 1 6 6	E-mail Address MrMelvinDMiller@Gmail.com			Telephone Number 202-615-6486	

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):

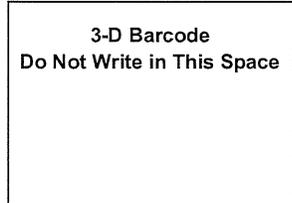
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" 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: <b>Melvin Miller</b>	Digitally signed by Melvin Miller DN: cn=Melvin Miller, o, ou, email=MrMelvinDMiller@gmail.com, c=US Date: 2015.05.15 10:46:52 -04'00'	Date (mm/dd/yyyy): <b>05/15/2015</b>
---	---	--------------------------------------

**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



## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



**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>North Carolina</u>		Issuing Authority: <u>Social Security Administration</u>
Document Number:		Document Number: <u>249 26183</u>		Document Number: <u>246-27-9166</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>07/03/2021</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): 05/15/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Caitlin Scholl</u>		Date (mm/dd/yyyy) <u>05/19/2015</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):

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):

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:

*Kyle J. Thomas*  
Commissioner of Motor Vehicles

DRIVER LICENSE 24920183



MELVIN DEWAYNE MILLER  
225 FALLING LEAF DR  
RAEFORD NC 28370-5485

class: C    endors: None    restr: None  
issued: 10-15-2014    expires: 07-03-2021  
sex: M    ht: 5-09    eyes: BRO    hair: BLK    race:

birthdate: 07-03-1978 *Mel Miller*

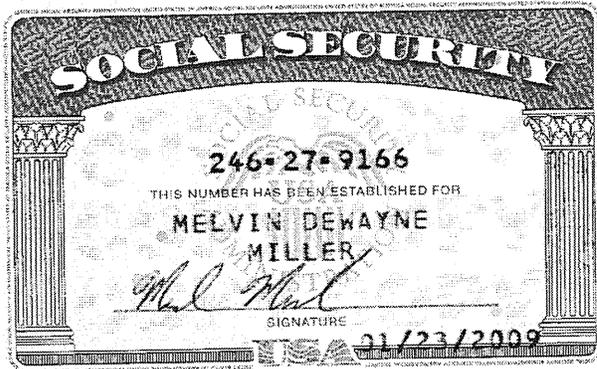


Class C: Any noncommercial single vehicle with a GVWR of less than 26,001 pounds. A vehicle towing a vehicle which has a combined GVWR of less than 26,001 pounds operated by a driver 18 yrs or older.



Restrictions: NONE

Endorsements: NONE



**SOCIAL SECURITY**

246-27-9166

THIS NUMBER HAS BEEN ESTABLISHED FOR

MELVIN DEWAYNE  
MILLER

*Melvin D. Miller*

SIGNATURE

01/23/2009

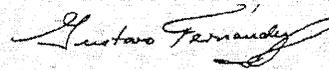
CERTIFICATION OF VITAL RECORD

STATE OF NORTH CAROLINA  
CERTIFICATE OF LIVE BIRTH

CERTIFICATE NUMBER: 0044126  
NAME OF REGISTRANT: MELVIN DEWAYNE MILLER  
BIRTHDATE: JULY 03, 1978 SEX: MALE  
BIRTHPLACE: NEW HANOVER COUNTY  
MOTHER'S MAIDEN NAME: DELORES LEE BROWN  
MOTHER'S BIRTHPLACE: NORTH CAROLINA AGE: 23  
FATHER'S NAME: JAMES MELVIN MILLER  
FATHER'S BIRTHPLACE: NORTH CAROLINA AGE: 34  
DATE RECORD FILED: JULY 17, 1978 DATE ISSUED: 09/22/2009

This is to certify that this is a true and correct abstract of the official record filed in this office.

1218392

  
Gustavo Fernandez  
State Registrar

Any alteration or erasure voids this certificate. Do not accept unless on security paper with Vital Records seal clearly embossed in left corner.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**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](http://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.

<b>New York and Maine applicants or employees only:</b> You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.
<b>New York applicants or employees only:</b> Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
<b>Oregon applicants or employees only:</b> Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.
<b>Washington State applicants or employees only:</b> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**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](http://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: \_\_\_\_\_)

Signature: Melvin Miller

Digitally signed by Melvin Miller  
DN: cn=Melvin Miller, o, ou, email=MrMelvinDMiller@gmail.com, c=US  
Date: 2015.05.15 10:48:22 -0400

Date: 05/15/2015

**BACKGROUND INFORMATION**

Last Name: Miller First: Melvin Middle: D

Other Names/Alias: \_\_\_\_\_

Social Security #: 246279166 Date of Birth (mm/dd/yyyy)\*: 07/03/1978

Driver's License #: 24920183 State of Driver's License: NC

Present Address: 225 Fallingleaf Drive Telephone # (Primary): 202-615-6486

City/State/Zip: Raeford/NC/28376

*\*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
---

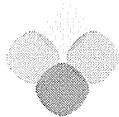
Employee Name: Melvin Miller

Address: 225 Fallingleaf Drive Raeford/NC/28376

Home Phone: 202-615-6486

EMERGENCY CONTACTS	
Please list two people (in priority order) who could be contacted in case of an emergency	
<b>Contact #1</b> Name: Lashay Austin Relationship: Fiance'	Home Phone:  Cell Phone: 316-519-8569  Work Phone:
<b>Contact #2</b> Name: Pomonika Brown Relationship: Sister	Home Phone: 910-833-8006  Cell Phone:  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	Melvin Miller	SSN# (last 4 digits)	9166	Effective Date	5/15/2015
---------------	---------------	----------------------	------	----------------	-----------

### 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

ACCOUNT	<input checked="" type="checkbox"/> Update Bank Account
	Bank Name: <b>USAA</b>
	Routing# <b>314074269</b>
	Account# <b>179049348</b>
	Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> 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 MDM Date 5/15/2015

- 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)

GET TEXT ALERTS, when your paycheck is deposited on your card!  Yes, sign me up, for text alerts  
 All we need to know your cell phone service provider and mobile number above! My mobile service provider is: \_\_\_\_\_

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

Payroll Debit Card Routing #	Payroll Debit Card Account #
<b>073972181</b>	_____

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: Melvin Miller

Digitally signed by Melvin Miller  
 DN: cn=Melvin Miller, o, ou,  
 email=MrMelvinDMiller@gmail.com, c=US  
 Date: 2015.05.15 11:07:42 -04'00'

Date: 5/15/2015

### 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: MrMelvinDMiller@Gmail.com

this information will only be used to send your paystubs electronically

Employee's Signature: Melvin Miller

Digitally signed by Melvin Miller  
 DN: cn=Melvin Miller, o, ou,  
 email=MrMelvinDMiller@gmail.com, c=US  
 Date: 2015.05.15 10:54:04 -04'00'

Date: 5/15/2015

# Help Me Switch My Direct Deposit

## USAA Account for Future Direct Deposits

Please establish direct/automatic deposit to my new USAA account as of **May 15, 2015**.

**New Financial Institution** USAA Federal Savings Bank

**Financial Institution Address** 10750 McDermott Freeway, San Antonio, TX 78288

**USAA Account Number** 179049348

**USAA Federal Savings Bank Routing Number** 314074269

## Signature

**Printed Name** MELVIN D MILLER

**Daytime Phone Number** 202-615-6486

MELVIN D MILLER 225 FALLINGLEAF DR RAEFORD NC 28376-5485	Date _____
Pay to the Order of _____	\$ <input type="text"/>
	Dollars
 USAA®	
For _____	_____
⑆314074269⑆ ⑆179049348⑆	

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

▶ See separate instructions.

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

Your name Melvin Miller Social security number ▶ 246-27-9166

Street address where you live 225 Fallingleaf Drive

City or town, state, and ZIP code Raeford/NC/28376

County Hoke Telephone number 202-615-6486

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 ▶ Melvin Miller  
Digitally signed by Melvin Miller  
DN: cn=Melvin Miller, o, ou,  
email=MrMelvinDMiller@gmail.com, c=US  
Date: 2015.05.15 10:55:32 -04'00'

Date 05/15/2015

**EMPLOYER SECTION:**

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

**EMPLOYEE SECTION:**

Employee Name: Melvin Miller		Street Address: 225 Fallingleaf Drive		City/State: Raeford/NC/28376	Zip:
SS#: 246-27-9166	Date of Birth: 07/03/1978	Age:	Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, location:	

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

	Yes	No
<b>1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997?</b> (If yes, please provide information below.) Name of the person receiving benefits: _____ Relationship to you: _____ City: Raeford _____ County: Hoke _____ State: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months?</b> (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"/>
<b>3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months?</b> 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"/>
<b>4. Have you received any type of vocational rehabilitation services within the past two years?</b> 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"/>
<b>5. Are you a Veteran of the U.S. Military?</b> <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: 7/1/1996 _____ To: 8/11/2007 _____ Branch of Service: Marine Corps <b>Are you entitled to or are you receiving compensation for a service-connected disability?</b> <b>Have you been unemployed at any time during the last 12 months?</b> If yes, dates of unemployment - From: 1/2014 _____ To: Present _____ <b>Did you receive unemployment compensation at any point during your unemployment?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months?</b> 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		
<b>IEC (Native American):</b> Are you or your spouse a member of a Native American Tribe? <i>*If you checked yes please provide a copy of your CDIB card.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CA Residents:</b> <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?		
<b>SC Residents:</b> <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: Melvin Miller Digitally signed by Melvin Miller  
DN: cn=Melvin Miller, o.ou, email=MelvinDMiller@gmail.com,  
c=US  
Date: 2015.05.15 10:58:05 -0400 Date: 05/15/2015



**DEPARTMENT OF VETERANS AFFAIRS**

Salt Lake City Regional Office  
550 Foothill Drive  
P.O. Box 581900  
Salt Lake City UT 84158-1900

May 13, 2010

Melvin Miller  
3001 Branch Ave Apt 114  
Temple, MD 20748

In reply, refer to: 341/211/js  
File Number: 246279166  
Miller MD

The following certificate is furnished for use in establishing civil service preference.

This is to certify that the records of the Department of Veterans Affairs disclose that the above named veteran served on active duty and was separated under honorable conditions from the Armed Forces.

**Do You Have Questions Or Need Assistance?**

If you have any questions, you may contact us by telephone, e-mail, or letter.

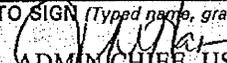
<b>If you</b>	<b>Here is what to do.</b>
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
Use the Internet	Send electronic inquiries through the Internet at <a href="https://iris.va.gov">https://iris.va.gov</a> .
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address below.  Baltimore VA Regional Office 31 Hopkins Plaza Baltimore, MD 21201

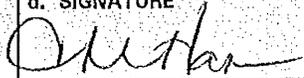
Sincerely yours,

*E. J. Kruse*

E. J. KRUSE  
National IRIS Response Center Manager

**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

1. NAME (Last, First, Middle) MILLER Melvin DeWayne		2. DEPARTMENT, COMPONENT AND BRANCH USMC-11		3. SOCIAL SECURITY NUMBER 246   27   9166				
4a. GRADE, RATE OR RANK SSgt	b. PAY GRADE E-6	5. DATE OF BIRTH (YYYYMMDD) 19780703	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000					
7a. PLACE OF ENTRY INTO ACTIVE DUTY RALEIGH MEPS RALEIGH, NC 27604-2468		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 916 SOUTH 15TH ST. WILMINGTON, NC 28403						
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND CBIRF, INDIAN HEAD, MD 20640- 5035 RUC (20420)			b. STATION WHERE SEPARATED CBIRF, INDIAN HEAD, MD 20640- 5035 RUC (20420)					
9. COMMAND TO WHICH TRANSFERRED N/A			10. SGLI COVERAGE AMOUNT: \$ 400,000.00					
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 0431- Logistics/Embarkation and Combat Support Specialist- 10 Years 7 Months		12. RECORD OF SERVICE						
		a. DATE ENTERED AD THIS PERIOD	1996	07	01			
		b. SEPARATION DATE THIS PERIOD	2007	08	10			
		c. NET ACTIVE SERVICE THIS PERIOD	11	01	09			
		d. TOTAL PRIOR ACTIVE SERVICE	00	00	00			
		e. TOTAL PRIOR INACTIVE SERVICE	00	05	12			
		f. FOREIGN SERVICE	01	05	03			
		g. SEA SERVICE	00	00	00			
		h. EFFECTIVE DATE OF PAY GRADE	2003	06	01			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Marine Corps Good Conduct Medal (3d awd), Iraq Campaign Medal, Global War on Terrorism Service Medal, Sea Service Deployment Ribbon (3d awd) National Defense Service Medal, Navy Meritorious Unit Commendation (3d awd), Joint Meritorious Unit Award, Presidential Unit Citation-Navy, Certificate of Commendation (Individual Award) (3d awd),		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) Recruit Training 1996, Marine Combat Training 1996, Basic Log/Embark Specialist 1996, Transportation and Storage of Hazardous Material 1997, Transportation of Haz Mat (Initial) 1997, Airlift Planners 1998, Corporals Leadership 2000, Peacetime/Government Detention (Unclassified) 2003, SNCO Career 2005, Expeditionary Warfare Staff Planning 2006,						
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM				YES	<input checked="" type="checkbox"/>	NO		
b. HIGH SCHOOL GRADUATE OR EQUIVALENT				<input checked="" type="checkbox"/>	YES	NO		
16. DAYS ACCRUED LEAVE PAID 0.5	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION				YES	<input checked="" type="checkbox"/>	NO	
18. REMARKS "Item 13 CONT: Certificate of Appreciation, Rifle Marksmanship Badge, Pistol Marksmanship Badge." "Item 14 CONT: FEMA IS-00100 2006, FEMA IS-00800 2006, Fundamentals of System Acquisition Management 2006, Intermodal Dry Cargo Container 2006, Anti-Terrorism Level 1 Awareness Training 2005, USA Ordnance Mechanic Maintenance School 2004, Logistics Embark Career Course 2004, Hazmat Operations 2004, Hazmat Awareness 2004, CBIRF Basic Course 2004, PDS Code 9N1/SS9t 2000, AMC Affiliation Training 2000, Marine Corps Martial Arts Training Tan Belt 2003." "Good Conduct Medal Commences 20050701" "Final Discharge" "SNM contributed \$1200.00 to MGIB" "SER: 20420-2007-256"  The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.								
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 1909 N. Kerr Ave. Wilmington, NC 28401			b. NEAREST RELATIVE (Name and address - include ZIP Code) Delores Miller (Mother) 141 Daisy Miller Lane Warsaw, NC 28398					
20. MEMBER REQUESTS COPY 6 BE SENT TO		NC		DIRECTOR OF VETERANS AFFAIRS		<input checked="" type="checkbox"/>	YES	NO
21. SIGNATURE OF MEMBER BEING SEPARATED 		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) T. M. HAMLER, GYSGT, ADMIN CHIEF, USMC 						

CORRECTION TO DD FORM 214, CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY				
1. NAME (Last, First, Middle) MILLER Melvin Dewayne	2. DEPARTMENT, COMPONENT AND BRANCH USMC-11		3. SOCIAL SECURITY NUMBER (Also, Service Number if applicable)	
4. MAILING ADDRESS (Include ZIP Code) 1909 N. Kerr Avenue, Wilmington, NC 28401		246	27 9166	
5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW:				
ITEM NO.	CORRECTED TO READ			
18	SEPARATION DATE ON DD FORM 214 BEING CORRECTED: <u>20070810</u> "Good Conduct Medal Commences 20050701."			
6. DATE (YYYYMMDD) 20070810	7. OFFICIAL AUTHORIZED TO SIGN			
	a. TYPED NAME (Last, First, Middle Initial) HAMLER, TARSHA, M	b. GRADE GYSGT	c. TITLE ADMIN CHIEF	d. SIGNATURE 

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

\_\_\_\_\_, or any of its subsidiaries may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" conducted by a consumer reporting agency which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history (State and Federal records), social security verification, address trace, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any report conducted by a consumer reporting agency. Please be advised NationSearch.com, LLC (NationSearch)—11184 Huron St. Suite 13; Northglenn, CO 80234; (800)-827-9550—will be the consumer reporting agency conducting the background investigation. The scope of this notice and authorization is all encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reporting 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 report conducted by a consumer reporting agency.

**ACKNOWLEDGEMENT 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 those documents. I hereby authorize the obtaining of "consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, credit reporting agency, employer, to provide any and all background information requested by NationSearch.com, LLC—11184 Huron St. Suite 13; Northglenn, CO 80234 (800)-827-9550—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.

**Notice to California Applicants:** Notice to California Applicants: Under section 1786.22 of California Civil Code, you have the right to request from NationSearch, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which NationSearch has previously furnished within the two-year period preceding your request. You may view the file maintained on you by contacting NationSearch during normal business hours. You may also obtain a copy of this report(s) upon submitting proper identification. Upon making a written request, you may receive a summary of your report.

**New York applicants or employees only:** You have the right to inspect and receive a copy of any report conducted by a consumer reporting agency and requested by the Company by contacting the consumer reporting agency identified above directly.

**Notice to Maine Applicants:** Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not a consumer report was requested. If such report was obtained, you may contact the consumer reporting agency, NationSearch, and request a copy of the report(s) compiled.

**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 the Company

Last Name: Miller	First Name: Melvin	Middle Name: Dewayne
Other Names Used:	SSN: 246-27-9166	Date of Birth: (For Employment Purposes Only) 07/03/1978
Motor Vehicle Number & State of Issue: (Driver's License Number) 24920183 North Carolina	Current Address: 225 Fallingleaf Drive Raeford, NC 28376	

Signature:     Melvin Miller      
Melvin Miller (May 15, 2015)

Date:     May 15, 2015    

Please initial this box in affirmation that you have been advised of your rights as it pertains to this consumer report, and are aware of the consumer reporting agency conducting the background investigation:

# Background Screening Authorization form

Adobe Document Cloud Document History

May 15, 2015

Created: May 15, 2015  
By: Caitlin Scholl (Caitlin@corpmgmtgroup.com)  
Status: SIGNED  
Transaction ID: XNFCXP6SA7L5P4J

## “Background Screening Authorization form” History

-  Document created by Caitlin Scholl (Caitlin@corpmgmtgroup.com)  
May 15, 2015 - 11:35 AM MDT - IP address: 174.16.0.21
-  Document emailed to Melvin Miller (mrmelvindmiller@gmail.com) for signature  
May 15, 2015 - 11:35 AM MDT
-  Document viewed by Melvin Miller (mrmelvindmiller@gmail.com)  
May 15, 2015 - 11:35 AM MDT - IP address: 66.249.83.132
-  Document e-signed by Melvin Miller (mrmelvindmiller@gmail.com)  
Signature Date: May 15, 2015 - 11:38 AM MDT - Time Source: server - IP address: 174.110.225.21
-  Signed document emailed to Melvin Miller (mrmelvindmiller@gmail.com) and Caitlin Scholl (Caitlin@corpmgmtgroup.com)  
May 15, 2015 - 11:38 AM MDT

**SENSITIVE BUT UNCLASSIFIED**

**Department of Homeland Security**  
**E-Verify**

**Report Prepared: 05/19/2015**  
**Page: 1 of 1**

**Case Verification Number: 2015139142016ET**

**Case Information:****Employee Information:**

Last Name:	Miller	First Name:	Melvin
Middle Initial:	D	Other Names Used:	
Social Security Number:	*** ** 9166	Date of Birth:	07/03/1978
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:	North Carolina
Driver's License or ID Card Number:		Document Expiration Date:	07/03/2021
Alien Number:		I-94 Number:	

**Additional Information:**

Hire Date:	05/19/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CSCH4411	Submitted On:	05/19/2015

**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**