

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 05/14/2015
Page: 1 of 1

Case Verification Number: 201513411134XV

Case Information:

Employee Information:
 Last Name: Newport
 Middle Initial: *** ** 7775
 Social Security Number: A citizen of the United States
 Citizenship Status: *** ** 7775
 Date of Birth: 10/22/1972
 Email Address: John

Document Information:
 Driver's license or ID card issued by a U.S. state or outlying possession: List C Document
 Driver's license: Minnesota
 Driver's License or ID Card Number: 10/22/2015
 Alien Number: Document Expiration Date: 10/22/2015
 I-94 Number: Social Security Card

Additional Information:
 Hire Date: 05/14/2015
 Three-Day Rule Reason: Employee Case ID:
 Submitted By: JMBS3269
 Submitted On: 05/14/2015

Initial Case Result:
 Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:
 Case Result: Case Result from SSA (after SSA Tentative Nonconfirmation):
 Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name: Middle Initial: Social Security Number: Resubmitted By:
 First Name: Other Names Used: Date of Birth: Resubmitted On:
 Case Result: Case Result from SSA (after Resubmission):

Request Name Review:

Comments: Submitted On:
 Case Result: Case Result from DHS (after DHS Verification in Process):
 Response Date:

Employee Referred to DHS:

Referred By: Referred On:
 Case Result: Case Result from DHS (after DHS Tentative Nonconfirmation):
 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:

The employee continues to work for the employer after receiving an Employment Authorized result.

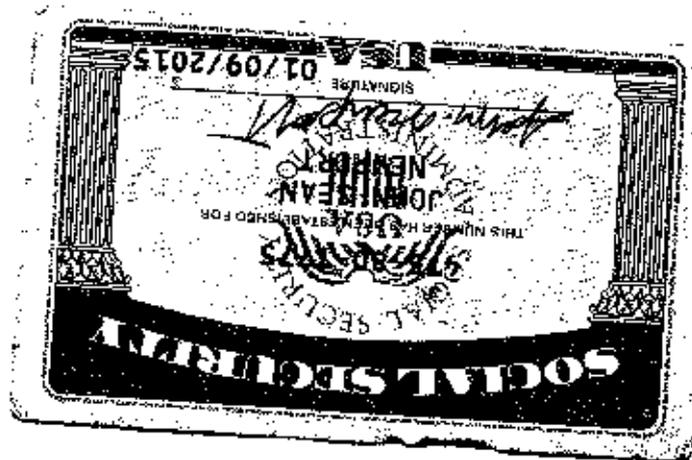
Closed By:

JMIS3269

Closed On:

05/14/2015

SENSITIVE BUT UNCLASSIFIED



DOH		ROP	Work Site Loc.	WC Code
For ESSG Client Use				
Emergency Contact Info	Background Release Form	Background Results	Unemployment Letter (if applicable)	ESC Application
DOH	NHW	I-9	8850	WA
For ESSG Office Use Only				

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

Name (Print or type) John Newport
 Applicant's Signature [Signature]
 Date 5/14/2015

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.

Applicant Certification and Authorization

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

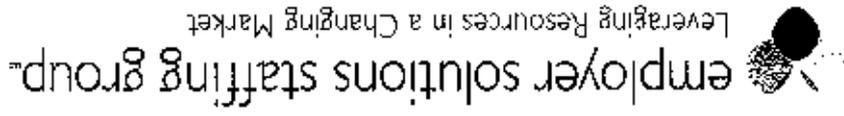
All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Staffing Agency/Recruitment Partner Jenny Missell
 Phone Number (763) 434-0962 Email Address JohnNewport2017@gmail.com
 City/State/Zip St. Cloud MN 56304
 Street Address 400 Hwy 10 S Apt/Ste _____
 Last Name Newport First Name John Middle Initial S

Personal Data--PLEASE PRINT LEGIBLY IN INK

New Hire Application

7301 Ohms Lane Suite 405
 Edina, MN 55439
 Tel: 952.835.1288 • Fax: 952.835.1255
 www.esgstaffingsolutions.com



The exemptions do not apply to supplemental wages greater than \$1,000.00.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheet allows you to claim a certain number of allowances for regular wages. Withholding must be based on that amount or your claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household 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. In figuring your allowable number of withholding allowances, Credit 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.

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 liability. See Pub. 505, especially if your earnings exceed \$180,000 (single) or \$180,000 (married).

Future developments. Information about any future developments regarding Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w-4.

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 marital status changes. Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form on this or her tax return. You cannot claim exemption from withholding if your income exceeds \$1,500 and includes more than \$250 of unearned income (for example, interest and dividends).

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding even if the employee is a dependent. If the employee is the age 65 or older.

Exemption. An employee may be able to claim exemption from withholding if the employee is a dependent, if the employee is the age 65 or older.

Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

is blind, or

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.

Enter "1" for yourself if no one else can claim you as a dependent.

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

Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

Child Tax Credit (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details.

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 \$5,000 and \$84,000 (\$100,000 and \$19,000 if married), enter "1" for each eligible child.

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.)

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.

Form W-4 Department of the Treasury Internal Revenue Service

Employee's Withholding Allowance Certificate

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.

OMB No. 1545-0047 2015

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

1 Your first name and middle initial: JOHN S Last name: NEWPORT City or town, state, and ZIP code: 900 Hwy 10 S ST. CLOUD NV 89304

3 Single Married Married Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. 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.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2): 2 6 Additional amount, if any, you want withheld from each paycheck: \$ 7

1 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. Under penalties of perjury, I declare that I have examined this certificate and believe, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature: John Newport Date: 5/14/2015

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)

STOP

STOP

Address (Street Number and Name)		City or Town	State	Zip Code
Last Name (Family Name)		First Name (Given Name)		
Signature of Preparer or Translator		Date (m/d/yyyy)		

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.

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

Signature of Employee	Date (m/d/yyyy)
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Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Country of Issuance: _____

Foreign Passport Number: _____

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

2. Form I-94 Admission Number: _____

OR

1. Alien Registration Number/USCIS Number: _____

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

(See instructions)

An alien authorized to work until (expiration date, if applicable, m/d/yyyy) _____ . Some aliens may write "N/A" in this field.

A lawful permanent resident (Alien Registration Number/USCIS Number): _____

A noncitizen national of the United States (See instructions)

A citizen of the United States

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

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.

Date of Birth (m/d/yyyy)		U.S. Social Security Number		E-mail Address		Telephone Number	
10/22/1972		475-80-7775		John.newport@9mail		(763) 439-0962	
Address (Street Number and Name)		Apt. Number		City or Town		State	
400 HWY 10 S				St. Cloud		MN	
Last Name (Family Name)		First Name (Given Name)		Middle Initial		Other Names Used (if any)	
Newport		John		S			

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.)

expiration date may also constitute illegal discrimination.

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.

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

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



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 in all-encompassing manner, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

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

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING'S website is at: www.orangetreescreening.com, another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law. **Maine and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

(Must include email address)

BACKGROUND INFORMATION

Signature: John Newport Date: 5/14/2015

Last Name: Newport First: John Middle: Sean

Other Names/Aliases: _____

Social Security #: 475-80-7775 Date of Birth (mm/dd/yyyy): 10/22/1972

Driver's License #: 2916187959810 State of Driver's License: MN

Present Address: 400 Hwy 10 S Telephone # (Primary): (763) 439-0962

City/State/zip: ST. CLOUD MN 56304

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

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: John Newport SSN# (last 4 digits): 475-80-7775 Effective Date: 5/14/2015

SECTION 2 - PAYROLL DEFERMENT

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: _____
 Routing #: _____
 Account #: _____
 Account Type: Checking Savings Other
 I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.
 Initial: _____ Date: _____

SECTION 4 - PAYROLL DEBIT CARD (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.
 Receipt 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: _____
 Street Address (PO BOX NOT ACCEPTABLE): _____
 City: _____ State: _____ Zip: _____
 Cell Phone (mobile): _____
 Social Security #: _____
 Date of Birth: _____

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

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

Payroll Debit Card Routing #: _____
 Payroll Debit Card Account #: _____

I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

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: John Newport 2017 @ gmail

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

Employee's Signature: John Newport

Date: 5/14/2015

