

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
 Report Prepared: 02/10/2015
 Page: 1 of 1

Case Verification Number: 2015041130234FE

Case Information:

Employee Information:
 Last Name: Nguyen
 First Name: Huang
 Middle Initial:
 Social Security Number: *** 3204
 Citizenship Status: A citizen of the United States
 List B Document: Driver's license or ID card issued by a U.S. state or outlying possession
 Document Name: ID card
 Driver's License or ID Card Number:
 Alien Number:
 Additional Information:
 Hire Date: 02/10/2015
 Employee Case ID: Three-Day Rule - Other
 Submitted On: 02/10/2015
 Initial Case Result: Employment Authorized

Employee Referred to SSA:

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

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

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

Request Name Review:

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

Employee Referred to DHS:

Referred By:
 Referred On:
 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:

02/10/2015

SENSITIVE BUT UNCLASSIFIED

MINNESOTA
DRIVERS LICENSE

RODOLPH VAN NESTEN
 601 17TH AVE N APT 3
 COLD SPRING, MN 55300

DOB of BORN 11-26-1969
 Sex M
 Eyes BRN
 Hair BRN
 Height 165
 S-3
 165

ISSUED 02-2014
 EXPIRES 02-24-2017

Rodolph Van Nesten

R208153557810

SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR

RODOLPH VAN NESTEN

USA

Rodolph Van Nesten

SECRET

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	1-9	8850	W4
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) HORNING NGUYEN
 Applicant's Signature [Signature]
 Date 2-10-15

I agree to abide by the policies and procedures of ESSG.
 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.
 I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check. 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 understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. I authorize Employer Staffing 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.

Applicant Certification and Authorization

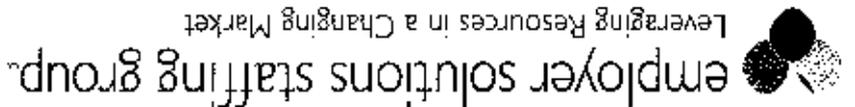
Are you legally authorized to work in the United States of America? YES NO
 All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Staffing Agency/Recruitment Partner Jenny Missill
 Phone Number 320-296-0827 Email Address [redacted]
 City/State/Zip St Cloud MN 56320
 Street Address 6581 York St N Apt/Site _____
 Last Name NGUYEN First Name HORNING Middle Initial V

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



8 Employee's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)
 9 (Write code optional)
 10 Employer identification number (EIN)
 Date: 2-10-15
 Employee's signature: [Signature]

Under penalty 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.

7 If you meet both conditions, write "Exempt" here.
 • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
 • Last year I had a refund of all federal income tax withheld because I had no tax liability, and I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption:
 6 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)
 5 Additional amount, if any, you want withheld from each paycheck
 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.

1 Your first name and middle initial: HOANG V
 2 Your social security number: 238-19-3204
 3 Single Married Married, but with a nonresident alien, check the "Single" box.
 Home address (number and street or rural route): 6581 20th St N
 City or town, state, and ZIP code: STERLING WA 98303

Form W-4
 Department of the Treasury
 Internal Revenue Service
 OMB No. 1545-0074
 2014
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.

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

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent.
 • You are single and have only one job.
 • You are married, have only one job, and your spouse does not work.
 • Your wages from a second job or your spouse's wages (for the total of both) are \$1,500 or less.

B Enter "1" if:
 • You are single and have only one job.
 • You are married, have only one job, and your spouse does not work.
 • Your wages from a second job or your spouse's wages (for the total of both) are \$1,500 or less.

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.)

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

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

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

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
 • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.
 • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child.

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.)

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, 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 (2014)

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-earner/multiple job 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.

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/w-4.

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 \$1,000 and includes more than \$500 of unearned income (for example, interest and dividends).

Exemptions. An employer 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.

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 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

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 2014 expires February 17, 2015. 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 \$1,000 and includes more than \$500 of unearned income (for example, interest and dividends).

Exemptions. An employer 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.

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.

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/w-4.

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 take from withholding compares to your projected total tax liability. See Pub. 505, especially if your earnings exceed \$130,000 (single) or \$180,000 (married).

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.

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/w-4.

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 take from withholding compares to your projected total tax liability. See Pub. 505, especially if your earnings exceed \$130,000 (single) or \$180,000 (married).

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.

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/w-4.

STOP Employer Completes Next Page 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: <i>Heavenly Nguyen</i>	Date (m/d/yyyy): <i>02-10-2015</i>
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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: _____

3-D Barcode Do Not Write in This Space

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

- An alien authorized to work until (expiration date, if applicable, m/d/yyyy) _____ Some aliens may write "N/A" in this field. (See instructions)
- 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): <i>11-24-1969</i>		U.S. Social Security Number: <i>288-79-3204</i>		E-mail Address: <i>SAIGONCAT@Yahoo.com</i>		Telephone Number: <i>320-296-0827</i>	
Address (Street Number and Name): <i>6581 20th St N</i>		Apt. Number: _____		City or Town: <i>St Cloud</i>		State: <i>MN</i> Zip Code: <i>56303</i>	
Last Name (Family Name): <i>NGUYEN</i>		First Name (Given Name): <i>HONG</i>		Middle Initial: <i>V</i>		Other Names Used (if any): _____	

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.)
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.



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. This information 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 obtained with regard to applicant for employment. It 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.orangetreescreeing.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.

<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 is 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.orangetreescreeing.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: [Signature]
 Date: 02-10-2015

Last Name: NGUYEN First: HOANG Middle: VAN

Other Names/Aliases: _____
 Social Security #: 238-79-3204
 Driver's License #: MN 2208153557810
 State of Driver's License: MN

Present Address: 5507 6581 20th St N
 Telephone # (Primary): 320-296-0827

City/State/Zip: St Cloud MN 56303

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: HONIG V NEWYEN SSN# (last 4 digits): 3204 Effective Date: 02-10-2015

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

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)

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.

CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)

First Name: _____ M.I.: _____ Last Name: _____

Street Address (please print clearly): _____

City: _____ State: _____ Zip: _____

Call 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 #: _____

SECTION 5 AUTHORIZATION

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: [Signature] Date: 02-10-15

SECTION 6 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: _____

(this information will only be used to send your paystubs electronically)

Employee's Signature: _____ Date: _____

ENROLLMENT FORM

BSC NAV+SAD P2M v15.0

REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK OR BLUE INK (Must Be Filled Out)

Social Security Number 23879-3204

Date of Birth 11/24/1969 Sex M F

Name HANG NGUYEN

Street Address 6581 DORA ST N

City ST Cloud State MA Zip 56303

Home Phone 320-296-0827

Do you or any dependents have Medicare? Yes No If Yes:

Medicare Health Insurance Claim Number (HICN) _____

Medicare Effective Date _____

Names of Covered Person(s) _____

1. _____

2. _____

3. _____

REQUIRED DEPENDENT INFORMATION

Name _____

Social Security Number _____

Date of Birth _____ Sex M F

Relationship: Spouse Child Domestic Partner

Name _____

Social Security Number _____

Date of Birth _____ Sex M F

Relationship: Spouse Child Domestic Partner

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.

NAME OF BENEFICIARY _____

RELATIONSHIP _____

Accidental Death & Dismemberment is part of the Term Life Benefit.

OPTION 1 FIXED INDEMNITY PLAN

Weekly Rates

You MUST enroll in the Indemnity Medical Insurance Plan before adding any additional indemnity benefits, except Dental. Your coverage level for the Term Life will be identical to your medical plan selection.

FIXED INDEMNITY MEDICAL

\$20.91 Employee Only

\$42.44 Employee + 1

\$56.67 Employee + Family

NO to all indemnity benefits.

This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

DENTAL

\$5.99 Employee Only

\$11.98 Employee + 1

\$19.77 Employee + Family

NO

TERM LIFE

\$0.60 Employee Only

\$0.90 Employee + 1

\$1.80 Employee + Family

NO

SHORT-TERM DISABILITY

\$4.20 Employee Only

NO

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

OPTION 2 MEC WELLNESS/PREVENTIVE PLAN

Monthly Rates

\$58.87 Employee Only

\$87.73 Employee + 1

\$186.99 Employee + Family

NO to MEC Wellness/Preventive Plan

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declaration of coverage.

Date 02/11/2015

Signature Theresa Thompson