

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
 E-Verify
 Report Prepared: 02/12/2015
 Page: 1 of 1

Case Verification Number: 2015043110437TN

Case Information:

Employee Information:

Last Name: ojuu
 First Name: owar
 Middle Initial:
 Social Security Number: *** ** 2582
 Citizenship Status: An alien authorized to work
 Document Information:
 Last A Document: Employment Authorization Document (Form I-766)
 Card Number: MSC1491288336
 Alien Number: 094665956
 Additional Information:
 Hire Date: 02/12/2015
 Three-Day Rule Reason: Employer Case ID:
 Submitted By: JMS3269
 Submitted On: 02/12/2015

Initial Case Result:

Last Name (in DHS records): OJUU
 First Name (in DHS records): OVAR
 Document Expiration Date (in DHS records): 10/01/2015
 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:
 Middle Initial:
 Social Security Number:
 Resubmitted By:
 Resubmitted On:
 First Name:
 Other Names Used:
 Date of Birth:
 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:

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

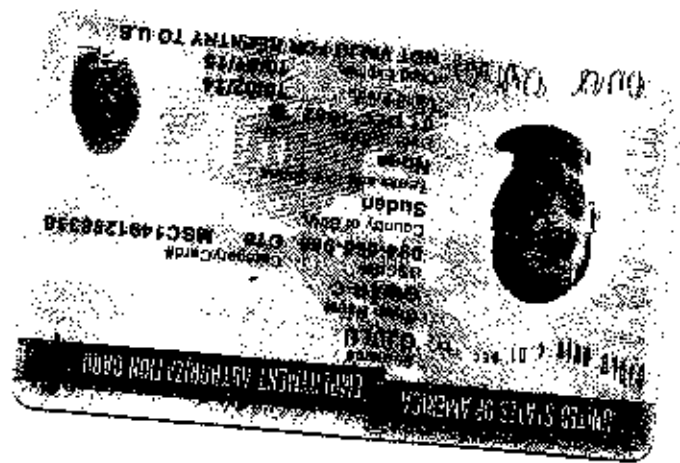
Closed By:

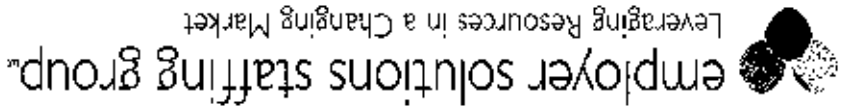
JMS3269

Closed On:

02/12/2015

SENSITIVE BUT UNCLASSIFIED





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

New Hire Application

Personal Data - PLEASE PRINT LEGIBLY IN INK

Last Name OSULLY First Name OWAN Middle Initial CHAR
 Street Address 1405 17th Ave NE #308 Aptste 308
 City/State/Zip ST CLOUD MN 56304
 Phone Number 320-228-5026 Email Address _____@_____
 Staffing Agency/Recruitment Partner CMG

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

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

Applicant Certification and Authorization

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

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

Name (Print or type) Owan O'Sully
 Applicant's Signature Owan O'Sully
 Date 2-12-15

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	8860	WA
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	



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047

Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

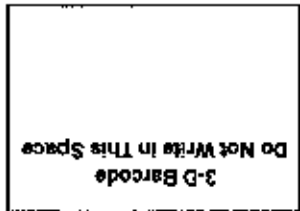
Last Name (Family Name) <u>Qamar</u>		First Name (Given Name) <u>Qamar C</u>		Middle Initial <u></u>		Other Names Used (if any) <u></u>	
Address (Street Number and Name) <u>1805 18th Ave N</u>		Apt. Number <u>308</u>		City or Town <u>Sf Cloud</u>		State <u>MN</u>	
Zip Code <u>56304</u>		Date of Birth (m/d/yyyy) <u>12-01-1982</u>		U.S. Social Security Number <u>476-45-8582</u>		E-mail Address <u></u>	
Telephone Number <u>320-223-5026</u>							

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

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

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, m/d/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: 094-665-956

OR

2. Form I-94 Admission Number: _____

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

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <u>Qamar Qamar</u>	Date (m/d/yyyy): <u>7-12-15</u>
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: <u></u>	Date (m/d/yyyy): <u></u>
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Last Name (Family Name) <u></u>		First Name (Given Name) <u></u>	
------------------------------------	--	------------------------------------	--

Address (Street Number and Name) <u></u>		City or Town <u></u>	State <u></u>	Zip Code <u></u>
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Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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Signature of Employer or Authorized Representative	Date (mm/dd/yyyy): 02-12-2015	Title of Employer or Authorized Representative: Office Staff
Last Name (Family Name): John J. Messell	First Name (Given Name): John J.	Employer's Business or Organization Name: Employer Solutions Staffing Group LLC
Employer's Business or Organization Address (Street Number and Name): 7301 OHM Lane Suite 405	City or Town: Edina	State: MN Zip Code: 55435

The employee's first day of employment (mm/dd/yyyy): 02-12-2015 (See instructions for exemptions.)

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.

Certification

Document Title: Employment Authorization	Document Number: 094-665-956	Expiration Date (if any) (mm/dd/yyyy): 10-01-15
Issuing Authority: US Citizenship and Immigration	Issuing Authority:	Expiration Date (if any) (mm/dd/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):

Identify and Employment Authorization OR List B AND List C Employment Authorization

Employee Last Name, First Name and Middle Initial from Section 1: John J. Messell

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.)

3-D Barcode Do Not Write in This Space

DISCLOSE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSE 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 obtained with regard to applicants 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: 800-886-4774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING's website is at www.orangetreescrreening.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.orangetreescrreening.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: OWAN GOWIN Date: 2-12-11

BACKGROUND INFORMATION

Last Name: OWAN First: OWAN Middle: CLAW

Other Names/Aliases: _____
 Social Security #: 416-45-2582
 Date of Birth (mm/dd/yyyy): 12-01-82

State of Driver's License: _____
 Driver's License #: _____

Present Address: 1405 12th Ave NE #302 Telephone # (Primary): 820-273-8086

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: Owar Ojima SSN# (last 4 digits): 8882 Effective Date: 8-12-15

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)

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, BSSG 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, BSSG 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: Owar M.I.: C Last Name: Ojima Date of Birth: 12-01-1982

Street Address (no box not acceptable): 11405 12th Ave City: St Cloud State: MN Zip: 56304

Cell Phone (mobile): 320-228-5026 Social Security#: 476-45-8582

My mobile service provider is: _____
 Yes, sign me up, for text alerts
 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 #: 073972181
 Payroll Debit Card Account #: _____

I have received my Payroll Debit Card, welcome brochure, 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 BSSG 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 pay stubs electronically

Employee's Signature: Owar Ojima Date: 8-12-15

Hard Check

ENROLLMENT FORM

BSC NAV*SAD P2M v15.0

REQUIRED EMPLOYEE INFORMATION

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

Social Security Number 476-45-2582
 Date of Birth 12/01/1982 Sex M F
 Name OWAN GAYLIN
 Street Address 1405 12th AVE NE
 City St Cloud State FL Zip 32301
 Home Phone 320-223-5026

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 INDENTITY 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 INDENTITY 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

YES
 NO \$4.20 Employee Only

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

**OPTION 2
MFC WELLNESS/PREVENTIVE PLAN**

Monthly Rates

\$58.87 Employee Only
 \$87.73 Employee + 1
 \$186.99 Employee + Family

NO to MEC Wellness/Preventive Plan

Signature OWAN GAYLIN Date 02/12/15

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 declination of coverage.