

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security

Report Prepared: 02/17/2015

E-Verify

Page: 1 of 1

Case Verification Number: 2015048114542KR

Case Information:

Employee Information:

Last Name: Ojula

Middle Initial:

Social Security Number: *** ** 7465

Citizenship Status: An alien authorized to work

Document Information:

List B Document: ID card issued by a U.S. federal, state or local government agency

Alien Number: 212072201

Additional Information:

Hire Date: 02/17/2015

Three-Day Rule Reason: JMIS3269

Submitted By: Submitted On: 02/17/2015

Initial Case Result:

Last Name (in DHS records): OJULA

Employment Authorized

First Name (in DHS records): RIJUN

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:

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:

JM183269

Closed On:

02/17/2015

SENSITIVE BUT UNCLASSIFIED

MINNESOTA
IDENTIFICATION CENTER
NOT A DRIVER'S LICENSE

ROOM 0407 JULIA
 1800 E ST GERMAIN ST APT 8
 ST CLOUD, MN 56304

Date of Birth 01-01-1989
 Sex F
 Eyes BRN
 Hair ID
 Height 5-6
 Weight 130

ISSUED 12-2014
 EXPIRES 01-01-2018

M443746909511

SOCIAL SECURITY

CIAL SECURTY
 THIS NUMBER HAS BEEN ESTABLISHED FOR
 ROOM 0407 JULIA
 ADMINISTRATION

SIGNATURE
 07/30/2014



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: Bruce Middle Initial: OMOT
 Street Address: 1500 E St Germain St Apt/Ste: 9
 City/State/Zip: Southland, MN 56304
 Phone Number: 651-703-1099 Email Address: Bruce.OSULLY@gmail.com
 Staffing Agency/Recruitment Partner: Edina Job Search Missel/

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 Employee 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) Bruce
 Applicant's Signature [Signature]
 Date 17/02/2015

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		For ESSG Client Use	
DOH	NHW	I-9	8850
DOH	Work Site Loc.	WC Code	
Emergency Contact Info	Background Release Form	Background Results	Unemployment Letter (if applicable)
ESC Application	W4		

Form W-4 (2014)

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 indicate 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 from withholding if your income exceeds \$1,000 and on his or her tax return, you cannot claim exemption on his or her tax return.

Exceptions. An employee may be able to claim exemption from withholding even if the employee is 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.

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 cost 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/w4.

Personal Allowances Worksheet (Keep for your records.)

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

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 your spouse or yourself you will claim on your tax return. (Entering "0" may help you avoid having too little tax withheld.)

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

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. (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

• If your total income will be less than \$65,000 (\$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.

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.)

For accuracy, complete all worksheets that apply.

• 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.

• 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.

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• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

• 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.

• 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.

• 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.

Employee's Withholding Allowance Certificate

1 Your first name and middle initial
Last name

2 Your social security number

3 Single 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)

6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2014, 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.

8 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.

9 Employer's name and address (Employer: Complete lines 8 and 9 only if sending to the IRS.)

10 Employer identification number (EIN)

Date 17/02/2015

City or town, state, and ZIP code 1500 E St (Overman)

Home address (number and street or rural route) 1500 E St (Overman)

City or town, state, and ZIP code 1500 E St (Overman)

City or town, state, and ZIP code 1500 E St (Overman)

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Form W-4 (2014)

Department of the Treasury Internal Revenue Service

Form W-4

OMB No. 1545-0074

2014

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.

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cal. No. 102203

Form W-4 (2014)



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 documents 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>Obilo</u>		First Name (Given Name) <u>Roun</u>		Middle Initial <u>C</u>	Other Names Used (if any)
Address (Street Number and Name) <u>1500 E St Germain</u>		Apt. Number <u>09</u>	City or Town <u>St. Cloud</u>	State <u>mn</u>	Zip Code <u>56304</u>
Date of Birth (mm/dd/yyyy) <u>1-1-1989</u>	U.S. Social Security Number <u>773-87-7465</u>	E-mail Address		Telephone Number	

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) 08/20/16. 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.

3-D Barcode
Do Not Write in This Space

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) 02-17-2015

Signature of Employee: _____
Date (mm/dd/yyyy): 05-01-1989

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 _____

STOP Employer Completes Next Page STOP

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 education, employment 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 Chms Lane, Minneapolis, MN 55439. Tel.: 800-886-4774 or 952-941-9040. Fax: 800-886-0774 or 952-941-9040. 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.

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.
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.
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.
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.

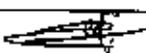
ACKNOWLEDGMENT AND AUTHORIZATION

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 Chms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING's website is at: www.orangetreescreening.com, another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this authorization shall be as valid as the original.

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

(Must include email address)

BACKGROUND INFORMATION

Signature:  Date: 1/7/02/2015

Last Name: OSUN First: BUNN Middle: DANOT

Other Names/Alias: _____

Social Security #: 773-87-7465

Driver's License #: _____

Present Address: 1500 E 87th Creemaw

Telephone # (Primary): 651-703-1099

City/State/Zip: St Paul/Minnesota/55304

*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: <u>Rawn O'Sullivan</u> SSN# (last 4 digits): <u>7465</u> Effective Date: <u>17/02/2015</u>	
SECTION 2 PAYROLL ELECTION <input checked="" type="checkbox"/> Direct Deposit (Please complete Sections 3 and 5 below) <u>NO</u> <input type="checkbox"/> Payroll Debit Card (Please complete Sections 4 and 5 below)	
SECTION 3 DIRECT DEPOSIT <input checked="" type="checkbox"/> Update Bank Account Bank Name: _____ Routing#: _____ Account#: _____ Account Type: <input 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: <u>Rawn</u> Date: <u>17/02/2015</u>	
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: <u>Rawn</u> M.I.: <u>O'S</u> Last Name: <u>Sullivan</u> Street Address (no box or apartment): <u>1500 East Chermans</u> City: <u>Amman</u> State: <u>UT</u> Zip: <u>56304</u> Cell Phone (mobile): <u>651-703-1099</u> Social Security#: _____ Date of Birth: <u>0/0/1989</u>	
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: <u>Rawn O'Sullivan @ essg.com</u> this information will only be used to send your pay stubs electronically. Employee's Signature: _____ Date: <u>17/02/2015</u>	
RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card) Payroll Debit Card Routing #: _____ Payroll Debit Card Account #: _____ All we need to know your cell phone service provider and mobile number above! <input type="checkbox"/> Yes, sign me up for text alerts <input type="checkbox"/> My mobile service provider is: _____ 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 that authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.	
Employee's Signature: _____ Date: <u>17/02/2015</u>	

ENROLLMENT FORM

ESC NAV+SAD P2M #150

VS:IND. 219301-EMP OFFICE USE ONLY LOCATION Rehire Date

REQUIRED EMPLOYEE INFORMATION

(Must Be Filled Out)
 Social Security Number 773-87-7A65
 Date of Birth 01/01/1989 Sex M F
 Name RUAN OMOT OJUIY
 Street Address 1500 E ST GERMAN
 City Cloud State MA Zip 56304
 Home Phone 651-703-1099

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 INDENTY PLAN

You MUST enroll in the Indentury Medical Insurance Plan before adding any additional Indentury benefits, except Dental. Your coverage level for the Term Life will be identical to your medical plan selection.
 \$20.91 Employee Only
 \$42.44 Employee + 1
 \$56.67 Employee + Family
 NO to all Indentury 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
 YES \$0.60 Employee Only
 YES \$0.90 Employee + 1
 YES \$1.80 Employee + Family
 NO
 \$4.20 Employee Only
SHORT-TERM DISABILITY
 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
 82193010-M-EMP 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.
 Signature _____
 Date 11/02/2015