

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security

Report Prepared: 02/05/2015

E-Verify

Page: 1 of 1

Case Verification Number: 2015036144112BQ

Case Information:

Employee Information:

Last Name: Oman  
 Middle Initial:  
 Social Security Number: \*\*\* \*\* 1668  
 Citizenship Status: A lawful permanent resident  
 Document Information:  
 List B Document: Driver's license or ID card issued by a U.S. state or outlying possession  
 Document Name: Driver's license  
 Number: 203192765  
 Alien Number:  
 Additional Information:  
 Hire Date: 02/05/2015  
 Three-Day Rule Reason: RBUR3676  
 Submitted By:  
 Employee Case ID:  
 Three-Day Rule - Other:  
 Submitted On: 02/05/2015  
 List C Document: Social Security Card  
 Document State: Minnesota  
 Document Expiration Date: 09/22/2018  
 I-94 Number:  
 First Name: Arlet  
 Other Names Used:  
 Date of Birth: 09/22/1990  
 Email Address:  
 List C Document: Social Security Card  
 Document State: Minnesota  
 Document Expiration Date: 09/22/2018  
 I-94 Number:  
 Additional Information:  
 Hire Date: 02/05/2015  
 Three-Day Rule Reason: RBUR3676  
 Submitted By:  
 Employee Case ID:  
 Three-Day Rule - Other:  
 Submitted On: 02/05/2015

Initial Case Result:

Last Name (in DHS records): OMAN  
 Employment Authorized  
 First Name (in DHS records): ARLET

Employee Referred to SSA:

Referred By:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result:

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 from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:

Submitted By:

Case Result from DHS (after DHS Verification in Process):

Case Result:

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:

RBUR3676

Closed On:

02/05/2015

**SENSITIVE BUT UNCLASSIFIED**

**MINNESOTA**  
**DRIVER'S LICENSE**

AMIE ABALLA OMAN  
 3201 14TH ST N #200  
 ST CLOUD, MN 56303

Date of Birth 09-28-1980  
 Sex F  
 Eyes BRN  
 Hair BRN  
 Height 5-7  
 Weight 130

ISSUED 07-2014  
 EXPIRES 09-22-2018

M043137568107

**SOCIAL SECURITY**

THIS NUMBER HAS BEEN ESTABLISHED FOR

AMIE ABALLA OMAN  
 AMERICAN MINISTERS

Amie A. Oman  
 SIGNATURE

08/13/2012



# New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Oman First Name Angel Middle Initial A  
 Street Address 3201 14th St North, P.O. Box 122 Apt/Ste APT 122  
 City/State/zip St. Cloud, MN 56303  
 Phone Number 320-281-8731 Email Address @

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) Angel Oman  
 Applicant's Signature Angel Oman  
 Date 2-5-15

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		For ESSG Client Use	
DOH	NHW	Background Release Form	Emergency Contact Info
1-8	8850	Background Results	Unemployment Letter (if applicable)
W4	ESC Application	Work Site Loc.	W/C Code
ESSG - CMC		RCP	

# 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 pages 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claim and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individual. 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](http://www.irs.gov/w4).

Nonresident alien. If you are a nonresident alien, see Notice 1302, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

It is best to claim an exemption from withholding if you are a dependent, if the employee:

• Is age 65 or older,

• Has a dependent who can claim you as a dependent on his or her tax return, your earned income exemption on his or her tax return, your earned income exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends),

• Exemptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

• Is blind, or

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

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

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

Department of the Treasury Internal Revenue Service

Form W-4

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. 1545-0074 2014

Employee's signature

(This form is not valid unless you sign it.)

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)

Date

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.

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

7 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

8 City or town, state, and ZIP code

Home address (number and street or rural route)

3 Single  Married  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.

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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 (mm/dd/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 4 is prepared by a person other than the employee.)

Signature of Employee: <i>Arad Omm</i>	Date (mm/dd/yyyy): <i>2-5-2015</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  
 3. 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, mm/dd/yyyy). Some aliens may write "N/A" in this field. (See instructions)

A lawful permanent resident (Alien Registration Number/USCIS Number): *203-142-765*

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 (mm/yyyy): <i>09/22/1990</i>	U.S. Social Security Number: <i>033-41-1668</i>	E-mail Address: _____	Telephone Number: <i>320-281-8731</i>
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Address (Street Number and Name): <i>3201 14th</i>	Apt. Number: <i>122</i>	City or Town: <i>St. Cloud</i>	State: <i>MN</i>	Zip Code: <i>56303</i>
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Last Name (Family Name): <i>Omm</i>	First Name (Given Name): <i>Arad</i>	Middle Initial: <i>A</i>	Other Names Used (if any): _____
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**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.)

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



Signature of Employer or Authorized Representative: <i>Frank Gornik</i>	Date (mm/dd/yyyy): <i>02-15-2015</i>	Print Name of Employer or Authorized Representative: <i>Frank Gornik</i>
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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.

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

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

Signature of Employer or Authorized Representative: <i>Renée Burns</i>	Date (mm/dd/yyyy): <i>02-05-2015</i>	Title of Employer or Authorized Representative: <i>On Site Cord</i>
Last Name (Family Name): <i>Burns</i>	First Name (Given Name): <i>Renée</i>	Employer's Business or Organization Name: <i>EMPLOYER SOLUTIONS STAFFING GROUP LLC</i>
City or Town: <i>EDINA</i>	State: <i>MN</i>	Zip Code: <i>55439</i>

The employee's first day of employment (mm/dd/yyyy): *02-05-2015* (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.

**Section 2: Employer or Authorized Representative Review and Verification**

Employers or their authorized representative must complete and sign Section 2 within 5 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.)

Document Title	Issuing Authority	Document Number	Expiration Date (if any) (mm/dd/yyyy)
Drivers License	State of Minnesota	M043137568107	09-22-2018
Social Security Card	Social Security Administration	033-41-1668	

Employee Last Name, First Name and Middle Initial from Section 1: *Gornik Frank A*

List A OR List B AND List C

Identity and Employment Authorization

3-D Barcode Do Not Write in This Space

**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 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.

<p><b>New York and Maine applicants or employees only:</b> You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.</p>
<p><b>New York applicants or employees only:</b> Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p><b>Oregon applicants or employees only:</b> Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.</p>
<p><b>Washington State applicants or employees only:</b> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</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 Chms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING's website is at: [www.orangetreescreening.com](http://www.orangetreescreening.com), another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this authorization shall be as valid as the original.

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

Must include email address: ahk@yano.com

Signature: Ahmed Omar Date: \_\_\_\_\_  
**BACKGROUND INFORMATION**

Last Name: Omar First: Ahmed Middle: Aballa

Other Names/Aliases: \_\_\_\_\_

Social Security #: 033-41-1668 Date of Birth (mm/dd/yyyy)\*: 09/22/1990

Driver's License #: MD M0N313-7568107 State of Driver's License: MD

Present Address: 3201 14<sup>th</sup> St North apt 122 Telephone # (Primary): 320-281-8731

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: Ariel Oman SSN# (last 4 digits): 1668 Effective Date: \_\_\_\_\_

**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 (do not abbreviate): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone (mobile): \_\_\_\_\_

Serial Security#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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.

**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 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: \_\_\_\_\_ Date: \_\_\_\_\_

**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.

\* R-mail: \_\_\_\_\_

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

Employee's Signature: Ariel Oman Date: 2-5-2015

