

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify
Report Prepared: 02/05/2015
Page: 1 of 1

Case Verification Number: 2015036140331UY

Case Information:

Employee Information:

Last Name: Othow
First Name: Achaia
Middle Initial:
Social Security Number: *** ** 5697
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
Driver's License or ID Card Number: 089645455
Additional Information:
Alien Number:
Hire Date: 02/05/2015
Three-Day Rule Reason:
Submitted By: RBFR3676
Initial Case Result:

Last Name (in DHS records): OTHOW
First Name (in DHS records): ACHALIA
Employment Authorized
List C Document: Social Security Card
Document State: Minnesota
Document Expiration Date: 06/02/2018
I-94 Number:
Employer Case ID:
Three-Day Rule - Other:
Submitted On: 02/05/2015

Initial Case Result:

Employee Referred to SSA:

Case Result: Case Result from SSA (after Review and Update Employee Data):

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

Last Name:
First Name:
Other Names Used:
Date of Birth:
Social Security Number:
Middle Initial:
Resubmitted By:
Resubmitted On:

Case Result from SSA (after Resubmission):

Request Name Review:

Comments:
Submitted By:
Submitted On:

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

Employee Referred to DHS:

Case Result: Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Case Result from DHS (after DHS Tentative Nonconfirmation):

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



empoyer solutions staffing group.
Leveraging Resources in a Changing Market



7301 Ohms Lane Suite 405
Edina, MN 55439
Tel: 952.835.1258 • Fax: 952.835.1255
www.esgstaffingsolutions.com

New Hire Application

Personal Data - PLEASE PRINT LEGIBLY IN INK

Last Name Offrow First Name Heather Middle Initial Ellen
 Street Address 835 Orifwood Dr. Apt. 8 City/State/Zip Edina, MN 55439
 Phone Number 320-774-7069 Email Address heather.offrow@esgstaffing.com
 Staffing Agency/Recruitment Partner Kenny Missell

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) Heather Offrow

Applicant's Signature Heather Offrow

Date 1-5-15

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

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



| | | | | |
|-------------------------------------|--|-------------------------|-------|----------|
| 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) | | |

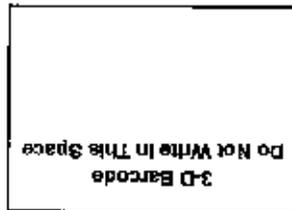
I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

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

| | |
|--|----------------------------------|
| Signature of Employee: <i>Acosta @Huew</i> | Date (mm/dd/yyyy): <i>8/5/15</i> |
|--|----------------------------------|

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

Country of Issuance: _____
 Foreign Passport Number: _____
 If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:
 2. Form I-94 Admission Number: _____
 OR
 1. Alien Registration Number/USCIS Number: _____



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

- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy). (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): *089-645-455*
- A noncitizen national of the United States (See instructions)
- A citizen of the United States

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/dd/yyyy): <i>6-9-1982</i> | | U.S. Social Security Number: <i>475-49-5693</i> | | E-mail Address: _____ | | Telephone Number: <i>320-219-8810</i> | |
| Address (Street Number and Name): <i>835 Westwood</i> | | Apt. Number: <i>8</i> | | City or Town: <i>St. Cloud</i> | | State: <i>MN</i> | |
| Zip Code: <i>56303</i> | | First Name (Given Name): <i>wood</i> | | Middle Initial: <i>A</i> | | Last Name (Family Name): <i>Acosta</i> | |

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

| | | |
|---|--------------------|--|
| Signature of Employer or Authorized Representative: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |
|---|--------------------|--|

I attest, under penalty of perjury, that to the best of my knowledge, the 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): |
|-----------------|------------------|---------------------------------------|

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 | Date (mm/dd/yyyy) | Title of Employer or Authorized Representative |
| Last Name (Family Name) | First Name (Given Name) | Employer's Business or Organization Name |
| Burns | Achalla | Employment Solutions Staff Group LLC |
| Employer's Business or Organization Address (Street Number and Name) | City or Town | State |
| 7301 OHMS Lane, Suite 405 | Edina | MN |
| Zip Code | | |
| 552137 | | |

The employee's first day of employment (mm/dd/yyyy): 02-05-2012 (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: | Document Number: | Expiration Date (if any)(mm/dd/yyyy): |
| Drivers License | M78323555218 | 06-02-2018 |
| Issuing Authority: | Document Number: | Expiration Date (if any)(mm/dd/yyyy): |
| State of Minnesota | 47549-5297 | |
| Issuing Authority: | Document Number: | Expiration Date (if any)(mm/dd/yyyy): |
| Social Security Administration | | |
| Document Title: | Document Number: | Expiration Date (if any)(mm/dd/yyyy): |
| Social Security Card | | |

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

Employee Last Name, First Name and Middle Initial from Section 1: O'Hara, Achalla

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

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

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. Fax: 800-886-4774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING'S website is at www.orangetreescreeening.com, or another outside organization in 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 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING'S website is at www.orangetreescreeening.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: Mr. Kovalic Date: 2/5/15

Last Name: Oftnow First: Michael Middle: Liem

Other Names/Alas: _____

Social Security #: 475-119 5697

Date of Birth (mm/dd/yyyy): 06-02-1982 MN

Driver's License #: W 782256218

State of Driver's License: W 782256218 MN

Present Address: 825 91st Wood DR. Apt. 8

City/State/Zip: St Cloud, MN 56303

Telephone # (Primary): 320-774-7469

*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: Alvina Flores SSN# (last 4 digits): 5697 Effective Date: 7/6/15

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, 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: _____ M.I.: _____ Last Name: _____
 Street Address (no box or PO address): _____ Social Security#: _____
 City: _____ State: _____ Zip: _____ Cell Phone (mobile): _____
GET TEXT ALERTS, when your paycheck is deposited on your card
 Yes, sign me up for text alerts
 My mobile service provider is: _____
RECIPT 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.
 * E-mail: _____
 This information will only be used to send your pay stubs electronically.
 Employee's Signature: Alvina Flores Date: 7-15-15

ENROLLMENT FORM

REQUIRED EMPLOYEE INFORMATION

(Must Be Filled Out)
 Social Security Number 475-49 5697
 Date of Birth 06/2/1985 Sex M F
 Name Archelia Okon
 Street Address 835 Driftwood #478
 City St Cloud State MA Zip 56303
 Home Phone 320-217-8810

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
 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

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

YES \$0.60 Employee Only
 NO \$1.80 Employee + Family

TERM LIFE

YES \$0.60 Employee Only
 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 THE WELLNESS/PREVENTIVE PLAN

\$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 Archelia Okon Date 02/05/2015