E-Verify

SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2016335095330BJ

Report Prepared: 11/30/2016

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Salinas Mendez

First Name: Juan

Date of Birth: 12/20/1978

Social Security Number: *** ** 9674

Hire Date: 11/29/2016

Citizenship Status: An alien authorized to work

Document Information

List A Document: Employment Authorization Document (Form I-766)

Alien Number: 205010975

Card Number: EAC1624650760

Document Expiration Date: 11/13/2017

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 11/30/2016

Case Submitted By: PVAN0787

SENSITIVE BUT UNCLASSIFIED

For more information contact us at 888-464-4218 or E-Verify@dhs.gov

U.S. Department of Homeland Security   U.S. Citizenship and Immigration Services

Enable Permanent Tooltips   Accessibility   Download Viewers

employer solutions staffing group llc
Leveraging Resources in a Changing Market

New Hire Application

Personal Data-- <u>PLEASE PRINT LEGIBLY IN INK</u>

Last Name _Salinas   Mendez_ First Name _Juan_ Middle Initial _A_

Street Address _8718 Grenadier Ave. S_ Apt/Ste _____

City/State/Zip _Cottage Grove MN 55016_ Social Security Last Four _XXX-XX-9674_

Phone Number _612 306 8411_ Email Address _Jannybox26_ @gmail.com

Staffing Agency/Recruitment Partner _CMG_

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

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.

Juan A Salinas | _Juan Salinas_ | _11-29-16_
Name (Print or type) | Applicant's Signature | Date

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 _____	8850 _____	W4 _____
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 _____

ESSG - Supermoms CMG

Rev. 05/2015

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 16, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,050 and includes more than $350 of unearned income (for example, interest and dividends).

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

• Is age 65 or older,

• Is blind, or

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

The exceptions do not apply to supplemental wages greater than $1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-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 claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

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.)

A	Enter "1" for **yourself** if no one else can claim you as a dependent	A ____
B	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. } . . .	B ____
C	Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C ____
D	Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return	D ____
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . .	E ____
F	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.)	F ____
G	**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 $70,000 ($100,000 if married), enter "2" for each eligible child; then **less** "1" if you have two to four eligible children or **less** "2" if you have five or more eligible children. • If your total income will be between $70,000 and $84,000 ($100,000 and $119,000 if married), enter "1" for each eligible child . .	G ____
H	Add lines A through G and enter total here. (**Note:** This may be different from the number of exemptions you claim on your tax return.) ▶	H ____

For accuracy, complete all worksheets that apply.

• 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.

• 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. - - - - - - -

Form W-4
Department of the Treasury Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

OMB No. 1545-0074

2016

1 Your first name and middle initial	Last name	2 Your social security number
Jean A	Salinas Mendez	

Home address (number and street or rural route)	3 ☐ Single ☒ Married ☐ Married, but withhold at higher Single rate.
8718 Grenadier Ave. S	**Note:** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

City or town, state, and ZIP code	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. ▶ ☐
Cottage Grove MN 55016	

5	Total number of allowances you are claiming (from line H above **or** from the applicable worksheet on page 2)	5	4
6	Additional amount, if any, you want withheld from each paycheck	6	$
7	I claim exemption from withholding for 2016, 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.		
	If you meet both conditions, write "Exempt" here . . . . ▶	7	

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.

Employee's signature (This form is not valid unless you sign it.) ▶ *Jean Salinas*   **Date** ▶ 11-29-16

8 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)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.   Cat. No. 10220Q   Form **W-4** (2016)

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

▶**START HERE:** Read Instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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)	First Name (Given Name)	Middle Initial	Other Last Names Used (if any)
Salinas Mendez	Juan	A	

Address (Street Number and Name)	Apt. Number	City or Town	State	ZIP Code
8718 Grenadier Ave. S		Cottage Grove	MN	55016

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
12-20-1978	846-13-9674	Jannyboy26@gmail.com	612 306-8411

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 boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States (See instructions)

☐ 3. A lawful permanent resident   (Alien Registration Number/USCIS Number): _____

☒ 4. An alien authorized to work   until (expiration date, if applicable, mm/dd/yyyy): **11-14-2017**
Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: 205-010-975
OR

2. Form I-94 Admission Number: _____
OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
Juan Salinas	11-29-2016

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator.   ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's 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**

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
	Salinas Mendez	Juan	A	Alien

List A — Identity and Employment Authorization	OR	List B — Identity	AND	List C — Employment Authorization

List A

Document Title: US Employment Auth

Issuing Authority: USCIS

Document Number: EAC1624650760

Expiration Date (if any)(mm/dd/yyyy): 11/13/2017

Document Title:

Issuing Authority:

Document Number:

Expiration Date (if any)(mm/dd/yyyy):

Document Title:

Issuing Authority:

Document Number:

Expiration Date (if any)(mm/dd/yyyy):

List B

Document Title:

Issuing Authority:

Document Number:

Expiration Date (if any)(mm/dd/yyyy):

List C

Document Title:

Issuing Authority:

Document Number:

Expiration Date (if any)(mm/dd/yyyy):

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

Certification: 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.

The employee's first day of employment (mm/dd/yyyy): 11/29/2016 (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
	11/29/2016	Administrative Asst

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name
Vang	Pang	EMPLOYER SOLUTIONS STAFFING GROUP LLC

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code
7301 OHMS LANE SUITE 405	EDINA	MN	55439

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)

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.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative

Form I-9 11/14/2016 N

UNITED STATES OF AMERICA   EMPLOYMENT AUTHORIZATION CARD

Surname
SALINAS MENDEZ

Given Name
JUAN A

USCIS#   Category Card#
205-010-975   C09   EAC1624660760

Country of Birth
Mexico

Terms and Conditions
None

Date of Birth   Sex
20 DEC 1978   M

Valid From: **11/14/16**
Card Expires: **11/13/17**
NOT VALID FOR REENTRY TO U.S.

Fingerprint not available

Juan Salinas

SOCIAL SECURITY

VALID FOR WORK ONLY
WITH DHS AUTHORIZATION

846-13-9674
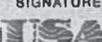
THIS NUMBER HAS BEEN ESTABLISHED FOR

**JUAN ANTONIO
SALINAS MENDEZ**

Juan A Salinas Mendez
SIGNATURE   10/17/2012

USA

IAUSA2050109751EAC1624650760<<
7812204M1711132MEX<<<<<<<<<<<7
SALINAS<MENDEZ<<JUAN<ANTONIO<<

Authorization

Authorization: By signing below, you authorize: (a) backgroundchecks.com ("BGC") and/or Orange Tree Employment Screening to request information about you from any public or private information source; (b) anyone to provide information about you to BGC and/or Orange Tree Employment Screening; (c) BGC and/or Orange Tree Employment Screening to provide Employer Solutions Staffing Group, LLC one or more reports based on that information; and (d) Employer Solutions Staffing Group, LLC ("ESSG") to share those reports with others for legitimate business purposes related to your employment. BGC and/or Orange Tree Employment Screening may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an employee of ESSG.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for BGC.

Printed name: _Juan_ _A_ _Salinas Mendez_
First   Middle (☐ none)   Last

Other names used: _____
Current county of residence: _____

Current and former addresses:

from Mo/Yr	to Mo/Yr	Street	City, State & Zip
5-2016	current	8716 Grenadier AVES	COTTage Grove MN 5501
8-12	5-16	2630 17th aves #2	MPLS MN 55407

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

_12-20-1978_
Date of birth

_846-13-9674_
Social security number

_X394285750116_
Driver's license number & state

Juan Antonio Salinas Mendez
Name as it appears on license

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: ☐.

Juan Salinas   _11-29-16_
Signature   Date

employer solutions staffing group LLC
Leveraging Resources in a Changing Market

Wage Payment Method Authorization (Minnesota)

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 paper Check.

SECTION 1 BASIC INFORMATION

Employee Name _Jean A Salinas_	SSN# (last 4 digits) _9674_	Effective Date _11 20 2016_

SECTION 2 PAYROLL ELECTION

☐ **Direct Deposit** (Please complete Sections 3 and 5 below) *Note: Direct Deposit accounts may take up to 7 days to be activated*

☐ **Payroll Debit Card** (Please complete Sections 4 and 5 below)   ☒ **Paper Check** (Please complete Section 5 below)

SECTION 3 DIRECT DEPOSIT

A C C O U N T

☐ Update Bank Account	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.
Bank Name:	
Routing#	
Account#	
Account Type: ☐ Checking ☐ Savings ☐ Other ____	Initial _____ Date _____

- 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.

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	Date of Birth
Street Address (PO BOX NOT ACCEPTABLE)			Social Security#
City	State	Zip	Cell Phone (mobile)

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.**

*E-mail: _____ @ _____

this information will only be used to send your paystubs electronically

Employee's Signature: _Jean Salinas_	Date: _11-29-16_

EMERGENCY CONTACT INFORMATION

Employee Name: Juan Salinas

Address: 8718 Grenadier Ave. S Cottage Grove MN 55016

Home Phone: 612 306 8411

EMERGENCY CONTACTS
Please list two people (in priority order) who could be contacted in case of an emergency

Contact #1	
	Home Phone:
Name: Cris Briones	Cell Phone: 651 246 2244
Relationship: Wife	Work Phone:

Contact #2	
	Home Phone:
Name: Yesenia Espinoza	Cell Phone: 612 296 5380
Relationship: Friend	Work Phone:

Additional information you want Employer Solutions Staffing Group and our clients to know in the event of an emergency:

_____

_____

_____

_____

_____