

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 05/07/2015
Page: 1 of 1

Case Verification Number: 2015127130058WB

Case Information:

Employee Information:
 Last Name: Sailer
 Middle Initial:
 Social Security Number: *** ** 5360
 Citizenship Status: A citizen of the United States
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:
 List C Document: Social Security Card
 Document State: Minnesota
 Document Expiration Date: 12/31/2018
 Alien Number:
 Additional Information:
 Hire Date: 05/07/2015
 Employer Case ID: JMS13269
 Three-Day Rule Reason: Submitted By:
 Submitted On: 05/07/2015

Employee Referred to SSA:

Case Result: Referred By: Referred On:

Case Result: Resubmitted By: Resubmitted On:

Referred By:

Referred On:

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

Case Result:

Response Date:

Case Closure:

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.
Closed By: JMS3269
Closed On: 05/07/2015

SENSITIVE BUT UNCLASSIFIED



New Hire Application

Personal Data -- PLEASE PRINT LEGIBLY IN INK

Last Name Sallet First Name Shakir Middle Initial B
 Street Address 722 27th Ave N Apt/Ste _____
 City/State/Zip Sf. Cloud MN 56303
 Phone Number 320 291 8426 Email Address SalletShakir@gmail.com
 Staffing Agency/Recruitment Partner Lenny Missetl

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) Shakir Sallet
 Applicant's Signature Shakir Sallet
 Date 5-7-15

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

For ESSG Office Use Only		DOH	NHW	I-9	8860	W4
Emergency Contact Info		Background Release Form	Background Results	Unemployment Letter (if applicable)	ESG Application	
For ESSG Client Use						
DOH	ROP	Work Site Loc.	WC Code	ESSG - CMG		

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

Normalize income: If you have a large amount of irregular 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 your Form W-4. Your withholding liability 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 1992, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding: After you file Form W-4, take effect, use Pub. 505 to see how the amount you are withholding will affect your projected total tax liability. See Pub. 505, especially if your earnings for 2015 are Pub. 505, especially if your earnings exceeded \$130,000 (single) or \$183,000 (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/wf.

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. 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.)

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.

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 (\$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 \$65,000 and \$84,000 (\$100,000 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.)

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 \$69,000 (\$20,000 if married), see the Two-Earner/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 Form W-4 below.

For accuracy, complete all worksheets that apply.

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

Employee's Withholding Allowance Certificate

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 2015

Your first name and middle initial: Shukir B. Last name: Salifu

Home address (number and street or rural route): 722 27th Ave N. City or town, state, and ZIP code: St. Cloud MN 56303

3 Single Married Married, but withheld at higher single rate. Note: If married, but legally separated, or spaced in 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.

Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2): 5

Additional amount, if any, you want withheld from each paycheck: \$

Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption:

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.

Under penalty 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: [Signature]

Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)



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>[Signature]</i>	Date (mm/dd/yyyy): 05-07-2015
---	-------------------------------

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

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:
 Foreign Passport Number: _____
 Country of Issuance: _____

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.

- 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) _____ . Some aliens may write "N/A" in this field. (See instructions)

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): 12/11/1987		U.S. Social Security Number: 477-11-5360		E-mail Address: SalletShakar@gmail.com		Telephone Number: 320.291.8426	
Address (Street Number and Name): 722 27th Ave N		City or Town: St. Cloud		State: MN		Zip Code: 56303	
Last Name (Family Name): Sallet		First Name (Given Name): Shakir		Middle Initial: R		Other Names Used (if any):	

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).

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.

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

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 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING'S website is at www.orange-treescreening.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p>New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.</p>
<p>New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p>Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.</p>
<p>Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING'S website is at: www.orange-treescreening.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: Sallet+Shakir@Gmail.com)

Signature: Shakir Sallet Date: 5-7-15

BACKGROUND INFORMATION

Last Name: Sallet First: Shakir Middle: Rashid

Other Names/Aliases:

Social Security #: 477-19-5360 Date of Birth (mm/dd/yyyy)*: 12-11-1987

Driver's License #: A59108226015 State of Driver's License: MN

Present Address: 722 27th Ave N Telephone # (Primary): 320 291 4426

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: Shakti Sallet SSN (last 4 digits): 5360
 Effective Date: 5-7-15

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: Shakti M. H. Last Name: Sallet
 Street Address (no PO BOX): 722 27th Ave N
 City: St Cloud State: MN Zip: 56303
 (Cell) Phone (mobile): 320 291-8426
 Social Security #: 477-19-5360

GET TEXT ALERTS, when your paycheck is deposited on your card!
 All we need to know your cell phone service provider and mobile number above!
 Yes, sign me up. Air text alerts
 My mobile service provider is: _____

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 #: 4853-4001-5319-3737

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.

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: Sallet Shakti @ gmail.com
 this information will only be used to send your pay stubs electronically

Employee's Signature: Shakti Sallet
 Date: 5-7-15

ENROLLMENT FORM

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

Social Security Number 477-19-5360
 Date of Birth 12/11/97 Sex M F

Name Shakil Saif
 Street Address 722 27th Ave A
 City Ch Cloud State MA Zip 56303
 Home Phone 320-291-8426

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.

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 [Signature]
 Date 05/07/2015

OPTION 1
 FIXED INDEMNITY PLAN
 Weekly Rates

You MUST enroll in the Indemnity Medical Insurance Plan before adding any additional indemnity benefits, except Dental. Your coverage level for the Term Life will be identical to your medical plan selection.

FIXED 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
 YES \$0.90 Employee + 1
 NO \$1.80 Employee + Family

TERM LIFE

YES \$4.20 Employee Only
 NO

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