



employer solutions staffing group<sup>inc</sup>  
Leveraging Resources in a Changing Market

7301 Ohms Lane Suite 405  
Edina, MN 55439  
Tel: 952.835.1288 • Fax: 952.835.1255  
www.esgstaffingsolutions.com

## New Hire Application

**Personal Data-- PLEASE PRINT LEGIBLY IN INK**

Last Name Shileny First Name Sara Middle Initial K  
Street Address 11280 Fenton St. Apt/Ste \_\_\_\_\_  
City/State/Zip Westminster CO, 80020  
Phone Number 303-550-5834 Email Address sara.shileny@grandview.edu  
Staffing Agency/Recruitment Partner Cydra Torbet

**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.

Sara Shileny Name (Print or type)  
[Signature] Applicant's Signature  
8-6-3-15 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<br>_____ | Background Release Form<br>_____ | Background Results<br>_____ | Unemployment Letter<br>(If applicable)<br>_____ | ESC Application<br>_____ |
| For ESSG Client Use             |                                  |                             |   |                          |
| DOH _____                       | ROP _____                        | Work Site Loc. _____        | WC Code _____                                   |                          |

# Form W-4 (2015)

**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 2015 expires February 16, 2016. 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 2015. 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](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

|          |  |          |          |
|----------|--|----------|----------|
| <b>A</b> | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .  | <b>A</b> | <u>0</u> |
| <b>B</b> | Enter "1" if:<br>{ • You are single and have only one job; or<br>• You are married, have only one job, and your spouse does not work; or<br>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .  | <b>B</b> | <u>0</u> |
| <b>C</b> | Enter "1" for your <b>spouse</b> . 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.) . . . . .  | <b>C</b> | <u>0</u> |
| <b>D</b> | Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .   | <b>D</b> | <u>0</u> |
| <b>E</b> | Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .  | <b>E</b> | <u>0</u> |
| <b>F</b> | Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .<br>(Note. Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)  | <b>F</b> | <u>0</u> |
| <b>G</b> | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.<br>• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less "1"</b> if you have two to four eligible children or <b>less "2"</b> if you have five or more eligible children.<br>• If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . . | <b>G</b> | <u>0</u> |
| <b>H</b> | 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.) ►  | <b>H</b> | <u>0</u> |

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 <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service   |  | <b>Employee's Withholding Allowance Certificate</b>   |   | OMB No. 1545-0074                                   |
| ► 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.   |  | <b>2015</b>   |   |   |
| 1 Your first name and middle initial<br><i>Sara K.</i>  |  | Last name<br><i>Shilony</i>   |   | 2 Your social security number<br><i>521-97-3625</i> |
| Home address (number and street or rural route)<br><i>11280 Fenton St.</i>  |  | 3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |   |   |
| City or town, state, and ZIP code<br><i>Westminster, CO 80020</i>   |  | 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. ► <input type="checkbox"/>   |   |   |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)  |  | 5 <u>0</u>  |   |   |
| 6 Additional amount, if any, you want withheld from each paycheck   |  | 6 \$ <u>0</u>   |   |   |
| 7 I claim exemption from withholding for 2015, and I certify that I meet <b>both</b> of the following conditions for exemption.<br>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b><br>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.<br>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<br>(This form is not valid unless you sign it.) ► <i>Sara Shilony</i>  |  | Date ► <i>6-3-15</i>  |   |   |
| 8 Employer's name and address (Employer: Complete lines 9 and 10 only if sending to the IRS.)   |  | 9 Office code (optional)  | 10 Employer identification number (EIN) |   |

This form cannot be used for employees hired prior to September 6, 2012.

Revision Date: 09/06/12  
Expiration Date: 10/01/14



**Affirmation of Legal Work Status**  
Pursuant to § 8-2-122, Colorado Revised Statutes

Employee Name: Shiteny Sara Kelly \_\_\_\_\_  
Last First Middle Date of Birth

Social Security Number: 521 - 97 - 3625 Date of Hire: 6/2/2015 (MM/DD/YYYY)

In accordance with § 8-2-122, C.R.S., within 20 days after hiring the new employee listed above,

**I affirm all four of the following by signing this form:**

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

Sara Shiteny \_\_\_\_\_  
Print Name of Employer (or Designated Representative) Official Title

[Signature] \_\_\_\_\_  
Signature of Employer (or Designated Representative) Date Signed by Employer  
6-3-2015 (MM/DD/YYYY)

Lake Region Medical \_\_\_\_\_  
Business or Organization Name Employer Phone Number

The provision of false or fraudulent information on this form may subject the employer to a significant fine and/or additional penalties.

This form and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.



# Employment Eligibility Verification

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

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 03/31/2016

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

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which 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.

**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)<br><i>Shileny</i>                   |   | First Name (Given Name)<br><i>Sara</i>              |             | Middle Initial<br><i>K</i>         | Other Names Used (if any)               |                          |
| Address (Street Number and Name)<br><i>11280 Fenton St.</i> |   |   | Apt. Number | City or Town<br><i>Westminster</i> | State<br><i>CO</i>                      | Zip Code<br><i>80020</i> |
| Date of Birth (mm/dd/yyyy)<br><i>04/26/1995</i>             | U.S. Social Security Number<br><i>521-97-3625</i> | E-mail Address<br><i>Sara.shileny@grandview.edu</i> |             |                                    | Telephone Number<br><i>303-556-5834</i> |                          |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

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

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

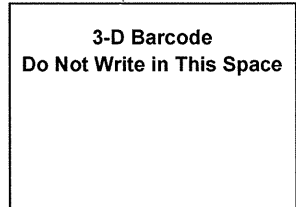
2. Form I-94 Admission Number: \_\_\_\_\_

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: \_\_\_\_\_

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



|   |                                      |
|---|--------------------------------------|
| Signature of Employee: <i>[Signature]</i> | Date (mm/dd/yyyy): <i>06/03/2015</i> |
|---|--------------------------------------|

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

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

|                                      |  |                         |                    |       |          |
|--------------------------------------|--|-------------------------|--------------------|-------|----------|
| Signature of Preparer or Translator: |  |                         | Date (mm/dd/yyyy): |       |          |
| Last Name (Family Name)              |  | First Name (Given Name) |                    |       |          |
| Address (Street Number and Name)     |  | City or Town            |                    | State | Zip Code |



**Employer Completes Next Page**





**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.)

Employee Last Name, First Name and Middle Initial from Section 1: Shileny Sara K

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity                                      | AND | List C<br>Employment Authorization    |
|---|----|---|-----|---------------------------------------|
| Document Title:                                 |    | Document Title: <u>Driver's license</u>                 |     | Document Title:                       |
| Issuing Authority:                              |    | Issuing Authority: <u>Colorado</u>                      |     | Issuing Authority:                    |
| Document Number:                                |    | Document Number: <u>10-116-0800</u>                     |     | Document Number:                      |
| Expiration Date (if any)(mm/dd/yyyy):           |    | Expiration Date (if any)(mm/dd/yyyy): <u>05/16/2016</u> |     | Expiration Date (if any)(mm/dd/yyyy): |
| 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):           |    |   |     |                                       |

**3-D Barcode**  
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): 06/03/2015 (See instructions for exemptions.)

|   |  |   |   |  |
|---|--|---|---|--|
| Signature of Employer or Authorized Representative<br><u>Caitlin Scholl</u>                             |  | Date (mm/dd/yyyy)<br><u>06/05/2015</u>    | Title of Employer or Authorized Representative<br><u>Administrative Assistant</u> |  |
| Last Name (Family Name)<br><u>Scholl</u>  |  | First Name (Given Name)<br><u>Caitlin</u> |   | Employer's Business or Organization Name<br><b>EMPLOYER SOLUTIONS STAFFING GROUP LLC</b> |
| Employer's Business or Organization Address (Street Number and Name)<br><b>7301 OHMS LANE SUITE 405</b> |  |   | City or Town<br><b>EDINA</b>  | State<br><b>MN</b>   |
|   |  |   | Zip Code<br><b>55439</b>  |  |

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

|  |   |
|--|---|
| A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial | B. Date of Rehire (if applicable) (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.

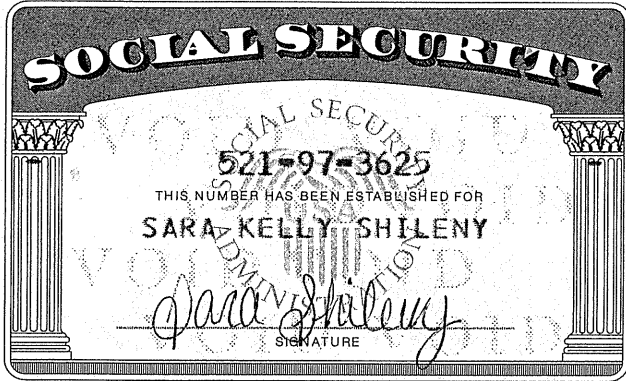
|                 |                  |                                       |
|-----------------|------------------|---------------------------------------|
| Document Title: | Document Number: | Expiration Date (if any)(mm/dd/yyyy): |
|                 |                  |                         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

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

# YOUR SOCIAL SECURITY CARD

Detach the card below and sign it in ink immediately. Keep your card in a safe place to prevent loss or theft. Do not laminate your card.



Record your number in a safe place to prevent their misuse. Application and submit evidence of U.S. citizenship. Find out exactly what you need to do to ensure your employer gets your

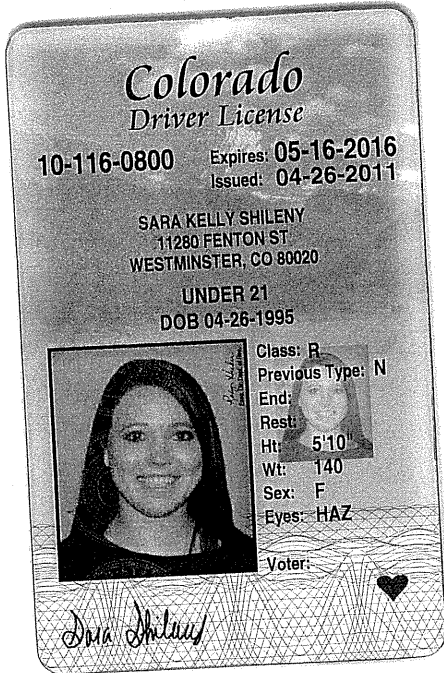
keeping purposes. Such use is prohibited. Security number by such an organization. Private organization may know your number. Employer must tell you: whether they know your number, and how the number will

Official Social Security card will be marked on officials if you use the

work, your Social Security card for "IDENTIFICATION". If you show this card to show your U.S. immigration

For more;

Sign up for Medicare; age 65 or older—to apply for SSI.



**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: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING's website is at [www.orangetreescreening.com](http://www.orangetreescreening.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.

|   |
|---|
| <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. |
| <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.  |
| <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.   |
| <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.   |

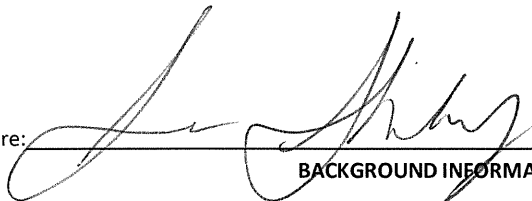
**ACKNOWLEDGMENT AND AUTHORIZATION**

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.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: sara.shitony@grandview.edu

Signature:  Date: 6-3-15

**BACKGROUND INFORMATION**

Last Name: Shitony First: Sara Middle: Kelly  
 Other Names/Alias: \_\_\_\_\_  
 Social Security #\*: 521-97-3625 Date of Birth (mm/dd/yyyy)\*: 04/26/1995  
 Driver's License #: 10-116-0800 State of Driver's License: Colorado  
 Present Address: 11200 Fenton St. Telephone # (Primary): 303-550-5834  
 City/State/Zip: Westminster, CO 80020

*\*This information will be used for background screening purposes only and will not be used as hiring criteria.*

## EMERGENCY CONTACT INFORMATION

EMPLOYER SOLUTIONS STAFFING GROUP  
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Employee Name: Sara Shileny  
Address: 11280 Fenton St. Westminster CO, 80020  
Home Phone: 303-466-2234

| EMERGENCY CONTACTS  |                                 |
|---|---------------------------------|
| Please list two people (in priority order) who could be contacted in case of an emergency |                                 |
| <b>Contact #1</b>   | Home Phone: <u>303-466-2234</u> |
| Name: <u>Errette Shileny</u>  | Cell Phone: <u>303-837-6922</u> |
| Relationship: <u>Mom</u>  | Work Phone: _____               |
| <b>Contact #2</b>   | Home Phone: <u>303-466-2234</u> |
| Name: <u>Lisa Shileny</u>   | Cell Phone: <u>303-550-0228</u> |
| Relationship: <u>Sister</u>   | Work Phone: _____               |

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

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# employer solutions staffing group<sup>llc</sup>

Leveraging Resources in a Changing Market

## 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 | Sara Shileny | SSN# (last 4 digits) | 3625 | 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

|         |  |
|---------|--|
| ACCOUNT | <input type="checkbox"/> Update Bank Account   |
|         | Bank Name: U.S. Bank   |
|         | Routing#: 102000021  |
|         | Account#: 103681702611   |
|         | Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other |

I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.

Initial SS Date 6-3-15

- 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 #<br>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.

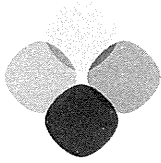
Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 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: Sara Shileny @ grandview.edu  
this information will only be used to send your paystubs electronically

Employee's Signature: [Signature] Date: 6-3-15



# employer solutions staffing group<sup>LLC</sup>

Leveraging Resources in a Changing Market

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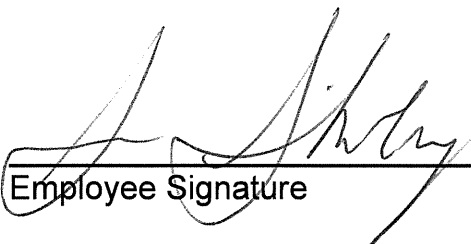
## STATEMENT OF CONFIDENTIALITY

This agreement made this 3 day of June, 2015, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and Sara Shilony hereafter referred to as "employee".

### **WITNESSETH:**

For the duration of my employment and after resignation or termination of this employment with employer, for any reason whatsoever, the employee shall not use or disclose to any other person or company, and confidential or proprietary information or know-how related to the business of the employer.

In view of the difficulty of determining the amount of damages which may result to the employer from a violation of any of the provisions hereof, the employee agrees to pay to the employer the sum of \$10,000 as liquidated damages for every such violation; provided, however, that the payment of such amount as liquidated damages shall not be construed as a release or waiver by the employer of the right to prevent any such violation in equity or otherwise.

  
\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employer Solutions Staffing Group LLC, Representative

## Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

▶ See separate instructions.

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name Sara Shileny Social security number ▶ 521-97-3625

Street address where you live 11280 Fenton St.

City or town, state, and ZIP code Westminster, CO 80020

County Jefferson Telephone number 303-550-5834

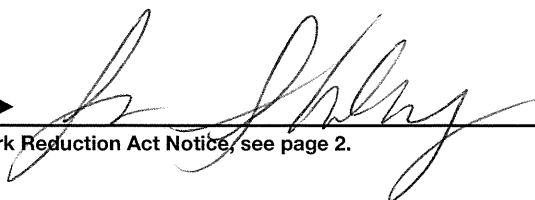
If you are under age 40, enter your date of birth (month, day, year) 04/26/1995

- 1  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
  
- 2  Check here if **any** of the following statements apply to you.
  - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a Received SNAP benefits (food stamps) for the past 6 months, **or**
    - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
  
- 3  Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
  
- 5  Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 6  Check here if you are a member of a family that:
  - Received TANF payments for at least the past 18 months, **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

### Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶



Date

6-3-15

**EMPLOYER SECTION:**

|                        |                                     |                          |
|------------------------|-------------------------------------|--------------------------|
| <b>ESG FEIN#:</b>      | <b>ESG Client Name &amp; State:</b> |                          |
| <b>Hiring Manager:</b> | <b>Position:</b>                    | <b>Starting Wage: \$</b> |

**EMPLOYEE SECTION:**

|                                    |                                      |  |  |                                    |                   |
|------------------------------------|--------------------------------------|--|--|------------------------------------|-------------------|
| <b>Employee Name:</b> Sara Shilney |                                      | <b>Street Address:</b> 11280 Fenton St |  | <b>City/State:</b> Westminster, CO | <b>Zip:</b> 80020 |
| <b>SS#:</b> 521 - 97 - 3625        | <b>Date of Birth:</b> 04 / 26 / 1995 | <b>Age:</b> 20                         | <b>Have you worked for this company before?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>If yes, location:</b>           |                   |

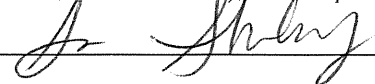
Please complete all questions, and sign and date the form.

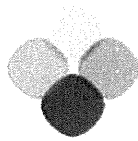
|  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| <b>1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997?</b> (If yes, please provide information below.)<br>Name of the person receiving benefits: _____ Relationship to you: _____<br>City: _____ County: _____ State: _____   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months?</b> (If yes, please provide information below.)<br>Name of the person receiving benefits: _____ Relationship to you: _____<br>City: _____ County: _____ State: _____   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months?</b><br>Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits.<br><i>*If you checked yes please provide a copy of your SSI documentation.</i>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>4. Have you received any type of vocational rehabilitation services within the past two years?</b><br>If yes, please indicate which type of agency you worked with and provide their location information below:<br><input type="checkbox"/> Vocational Rehabilitation Agency <input type="checkbox"/> Dept. of Veterans Affairs <input type="checkbox"/> Employment Network (Ticket to Work Program)<br>Name of Agency: _____ Phone #: _____<br>City: _____ County: _____ State: _____<br><i>*If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.</i>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>5. Are you a Veteran of the U.S. Military?</b> <i>*If yes, please provide a copy of your DD-214 and letter of separation.</i><br>(If yes, please provide information below. If no, please continue to question #6.)<br>Dates of Service - From: ____/____/____ To: ____/____/____<br>Branch of Service: _____<br><b>Are you entitled to or are you receiving compensation for a service-connected disability?</b><br><b>Have you been unemployed at any time during the last 12 months?</b><br>If yes, dates of unemployment - From: ____/____/____ To: ____/____/____<br><b>Did you receive unemployment compensation at any point during your unemployment?</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months?</b><br>Conviction Date: ____/____/____ Release Date: ____/____/____<br>Was this a <input type="checkbox"/> Federal or <input type="checkbox"/> State conviction? If State - County: _____ State: _____  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| Additional Tax Credits   |  |
|--|--|
| <b>IEC (Native American):</b> Are you or your spouse a member of a Native American Tribe?<br><i>*If you checked yes please provide a copy of your CDIB card.</i>   | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| <b>CA Residents:</b> <input type="checkbox"/> Are you the child of foster parents? <input type="checkbox"/> Do you receive CalWorks? <input type="checkbox"/> Workforce Investment Act?<br><input type="checkbox"/> Are you a migrant or seasonal farm worker? <input type="checkbox"/> Have you ever been convicted of a misdemeanor? |  |
| <b>SC Residents:</b> <input type="checkbox"/> Do you receive Family Independence Benefits?   |  |

**PLEASE READ, SIGN, AND DATE:**

Under penalties of perjury, I declare the information above to be true and accurate to the best of my knowledge, and I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative (Associated Consultants, Inc. dba Retrotax), for the Department of Labor.

New Employee Signature:  Date: 6-3-2015



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## **INJURY MANAGEMENT PROGRAM**

### **Injured Worker's Responsibilities**

As your employer, we are concerned about your full recovery. Reasonable and necessary medical care will be paid for any compensable work injury. Medically authorized time away from work will be reimbursed in accordance with the **State of Minnesota workers' compensation laws**. Wherever possible light duty restrictions imposed as a result of your injury will be accommodated.

#### **RESPONSIBILITIES OF THE INJURED WORKER:**

Minnesota Rule Sec. 5221.0430, Subp. 1 requires that you choose one primary health care provider. Subpart 2 places limitations on your right to change primary health care providers. Discuss with your employer any change in health care provider.

Attend all scheduled appointments. While on physical limitations, visits should be a minimum of once every two weeks. Failure to have current medical support for disability may result in termination of benefits. Schedule your next appointment immediately after your doctor visit, before you leave the clinic if possible.

Obtain a Report of Workability from your physician at every appointment, a minimum of once every two weeks. M.R. 5221.0420 requires that your physician cooperate with return to work planning and that you be released to return to work at the earliest appropriate time.

Immediately following your appointment, provide a copy of the report to the designated employer representative. You should deliver this in person so that changes in work restrictions may be addressed and any questions answered.

Follow all physical restrictions at home and at work.

Report to work and perform physically suitable tasks as assigned. These may or may not be in your regular department. The work may or may not be on your usual shift.

Maintain regular, weekly, communication with your employer if you are unable to return to work. Contact your employer a minimum of after every visit with your primary health care provider. Keep the claims representative advised of your status.

Notify your employer immediately of any new injuries or conditions that impact your physical condition.

If it is necessary to miss scheduled work due to a work injury, you must be seen by your primary health care provider the same day in order to receive compensation for the time away from work. The physician must complete a Report of Workability.

**I have read my responsibilities and agree to abide by these guidelines.**

Signed:  \_\_\_\_\_

Printed Name: Sara Shileny \_\_\_\_\_



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Leveraging Resources in a Changing Market

## Important/Importante

### LOST OR STOLEN PAYCHECKS

If a paycheck is **lost** (*missing, misplaced, destroyed, lost in the mail, etc.*), you must notify your staffing recruiter that the check cannot be found. If it can be verified that the check has not been cashed, ESSG will stop payment on the check and re-issue the check to you, deducting a fee of between \$25-\$35.

If your paycheck was **stolen**, you must first file a police report before we can re-issue the check. Once you have done so, you must provide a copy of the policy report to your staffing recruiter that the check was stolen. If the check has not been cashed and if the loss of the check was not your fault, ESSG will issue a new check and no fee will be deducted.

### CHEQUES DE PAGO PERDIDOS O ROBADOS

Si un cheque de pago se pierde (que falta, fuera de lugar, destruido, perdido en el correo, etc), usted debe notificar a su reclutador de personal que el cheque no se puede encontrar. Si se puede verificar que el cheque no ha sido cobrado, ESSG se detendrá el cheque de pago y reemitir el cheque a usted, descontando un cargo de entre \$ 25 - \$ 35.

Si su cheque de pago fue robado, primero debe denunciar el robo a la policía antes de que podamos volver a emitir el cheque. Una vez hecho esto, usted debe proporcionar una copia de la denuncia a su reclutador de personal que el cheque fue robado. Si el cheque no ha sido cobrado y si la pérdida del cheque no fue su culpa, ESSG emitirá un nuevo cheque y no hay cuota se deducirá.

AGREED/SE ACUERDA—

Name/Nombre (con letra de molde): Sara Shilensy

Signature/Firma: 

## Employee Keeps This Form

# Healthcare Notice of Exchange

As your employer, we are required to provide you with the following information under Section 1512 of the Affordable Care Act:

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

**\*\*\*The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area\*\*\***

If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information:

| Employer Name:<br>Employer Solutions Staffing Group, LLC      |  | Employer FEIN:<br>20-8084369                           |                                   |   |   |
|---|--|--|-----------------------------------|---|---|
| Employer Address:<br>7301 Ohms Lane Suite 405 Edina, MN 55439 |  | Phone Number for Health Benefits Team:<br>952-767-9519 |                                   |   |   |
| Insurance Plans Available:                                    | Who is Eligible?                                       | Meets Minimum Value Standard?                          | Meets Minimum Essential Coverage? | When is it effective?                       | Will I be penalized if I only have this plan? |
| Fixed Indemnity Plan  | Everyone   | No   | No                                | Available immediately – offered upon hire   | Yes   |
| MEC Plan  | Everyone   | No   | Yes                               | Available immediately – offered upon hire   | No  |
| Major Medical Plan  | Full time employees after 120 hours are met in 30 days | Yes  | Yes                               | Within 60 days of being determined eligible | No  |

For more information about ESSG's Insurance options, contact:

The Health Benefits Team  
Employer Solutions Staffing Group  
952-767-9519 | [health@employersolutionsgroup.com](mailto:health@employersolutionsgroup.com)

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

\_\_\_\_\_, or any of its subsidiaries may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" conducted by a consumer reporting agency which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history (State and Federal records), social security verification, address trace, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any report conducted by a consumer reporting agency. Please be advised NationSearch.com, LLC (NationSearch)—11184 Huron St. Suite 13; Northglenn, CO 80234; (800)-827-9550—will be the consumer reporting agency conducting the background investigation. The scope of this notice and authorization is all encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reporting 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 report conducted by a consumer reporting agency.

**ACKNOWLEDGEMENT 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 those documents. I hereby authorize the obtaining of "consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, credit reporting agency, employer, to provide any and all background information requested by NationSearch.com, LLC—11184 Huron St. Suite 13; Northglenn, CO 80234 (800)-827-9550—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.

**Notice to California Applicants:** Notice to California Applicants: Under section 1786.22 of California Civil Code, you have the right to request from NationSearch, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which NationSearch has previously furnished within the two-year period preceding your request. You may view the file maintained on you by contacting NationSearch during normal business hours. You may also obtain a copy of this report(s) upon submitting proper identification. Upon making a written request, you may receive a summary of your report.

**New York applicants or employees only:** You have the right to inspect and receive a copy of any report conducted by a consumer reporting agency and requested by the Company by contacting the consumer reporting agency identified above directly.

**Notice to Maine Applicants:** Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not a consumer report was requested. If such report was obtained, you may contact the consumer reporting agency, NationSearch, and request a copy of the report(s) compiled.

**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 the Company.

|   |  |   |
|---|--|---|
| Last Name:<br><i>Shiteny</i>  | First Name:<br><i>SARA</i>   | Middle Name:<br><i>Kelly</i>                                      |
| Other Names Used:   | SSN:<br><i>521-97-3625</i>   | Date of Birth:<br>(For Employment Purposes Only) <i>4/26/1995</i> |
| Motor Vehicle Number & State of Issue:<br>(Driver's License Number)<br><i>10-116-0800</i> | Current Address: <i>11286 Fenton St.<br/>Westminster CO, 80020</i> |   |

Signature: *[Signature]* Date: *6/3/15*

Please initial this box in affirmation that you have been advised of your rights as it pertains to this consumer report, and are aware of the consumer reporting agency conducting the background investigation:

*SS*

**SENSITIVE BUT UNCLASSIFIED****Department of Homeland Security****Report Prepared: 06/05/2015****E-Verify****Page: 1 of 1****Case Verification Number: 2015156144523KU****Case Information:****Employee Information:**

|                         |                                |                   |            |
|-------------------------|--------------------------------|-------------------|------------|
| Last Name:              | Shileny                        | First Name:       | Sara       |
| Middle Initial:         | K                              | Other Names Used: |            |
| Social Security Number: | *** ** 3625                    | Date of Birth:    | 04/26/1995 |
| Citizenship Status:     | A citizen of the United States | Email Address:    |            |

**Document Information:**

|                                     |   |                           |                      |
|-------------------------------------|---|---------------------------|----------------------|
| List B Document:                    | Driver's license or ID card issued by a U.S. state or outlying possession | List C Document:          | Social Security Card |
| Document Name:                      | Driver's license  | Document State:           | Colorado             |
| Driver's License or ID Card Number: |   | Document Expiration Date: | 05/16/2016           |
| Alien Number:                       |   | I-94 Number:              |                      |

**Additional Information:**

|                        |            |                         |            |
|------------------------|------------|-------------------------|------------|
| Hire Date:             | 06/03/2015 | Employer Case ID:       |            |
| Three-Day Rule Reason: |            | Three-Day Rule - Other: |            |
| Submitted By:          | CSCH4411   | Submitted On:           | 06/05/2015 |

**Initial Case Result:**

Case Result: Employment Authorized

**Employee Referred to SSA:**

Referred By: Referred On:

**Case Result from SSA (after SSA Tentative Nonconfirmation):**

Case Result: Response Date:

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

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

**Case Result from SSA (after Resubmission):**

Case Result:

**Request Name Review:**

|               |               |
|---------------|---------------|
| Comments:     |               |
| Submitted By: | Submitted On: |

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

Case Result: Response Date:

**Employee Referred to DHS:**

Referred By: Referred On:

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

Case Result: Response Date:

**Photo Matching Results:**

Determination:

---

**Employee Referred to DHS (Additional):**

Referred By:

Referred On:

---

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

Case Result:

Response Date:

---

**Case Closure:**

Closure Statement:

Closed By:

Closed On:

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**SENSITIVE BUT UNCLASSIFIED**