

SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 201511112711GT

Case Information:

<b>Employee Information:</b>	Last Name: Sawadogo	First Name: Siguan
	Middle Initial: *** ** 9239	Date of Birth: 09/28/1985
	Social Security Number: A lawful permanent resident	Email Address:
<b>Document Information:</b>	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: Minnesota
	Driver's License or ID Card Number: 204567063	Document Expiration Date: 09/28/2018
<b>Additional Information:</b>	Alien Number: 04/21/2015	I-94 Number:
	Hire Date: 04/21/2015	Employer Case ID: MMS3269
	Three-Day Rule Reason: Submitted By: 04/21/2015	Submitted On: 04/21/2015
<b>Initial Case Result:</b>	Last Name (in DHS records): SAWADOGO	First Name (in DHS records): SIGUAN
	Case Result: Employment Authorized	

Employee Referred to SSA:

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

Response Date:

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

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

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):

Response Date:

Employee Referred to DHS:

Referred By:

Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Response Date:

Photo Matching Results:

Determination:

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

Referred By:

Referred On:

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

Case Result:

Response Date:

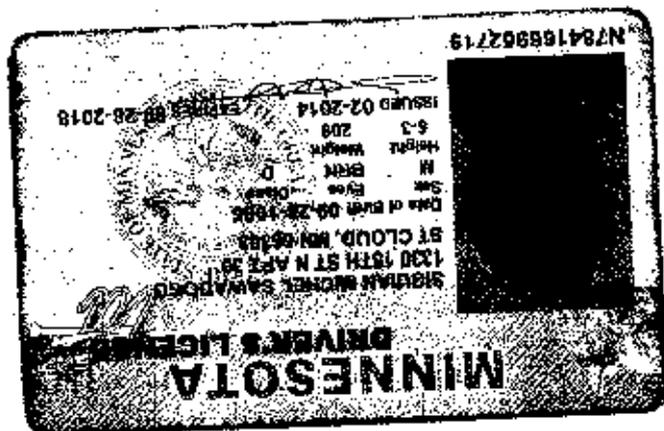
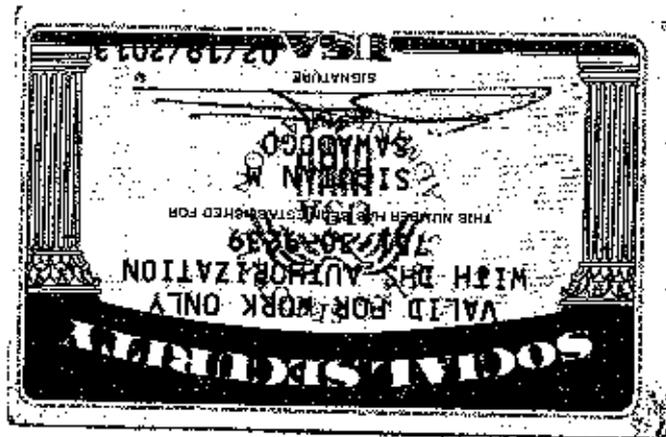
**Case Closure:**

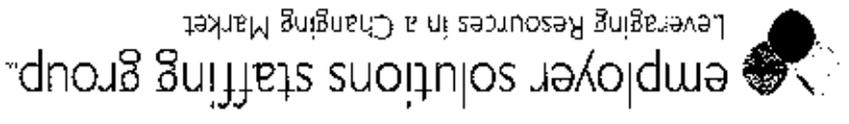
Closure Statement:

The employee continues to work for the employer after receiving an Employment Authorized result  
JMIS3269  
Closed On: 04/21/2015

Closed By:

**SENSITIVE BUT UNCLASSIFIED**





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 Sandoz First Name Sigismund Middle Initial M  
 Street Address 2280 Stree + North 1st St Apt 46 Apt/Ste 46  
 City/State/zip St Cloud MN 56303  
 Phone Number 320.248.6037 Email Address Sigismund @G-Mail.com  
 Staffing Agency/Recruitment Partner Jenny Missell

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

Are you legally authorized to work in the United States of America?  YES  NO

### Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

Name (Print or type) Sigismund Sandoz  
 Applicant's Signature [Signature]  
 Date 05-24-15

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

For ESSG Office Use Only		For ESSG Client Use	
DOH	NHW	Background Release Form	Emergency Contact Info
1-9	8850	Background Results	Unemployment Letter (if applicable)
W4	ESC Application	Work Site Loc.	WC Code
ESSG - CMG		Rev. 11/2013	

The exceptions do not apply to supplemental wages greater than \$1,000.00. Be sure to complete the Personal Allowances Worksheet below. The worksheet on page 2 will adjust your withholding allowances based on the information you provide on this form. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances for regular wages, withholding must be based on all allowances you claimed and may not be a flat amount or percentages of wages.

Personal Allowances Worksheet (Keep for your records.)

Form W-4 with sections A through H. Section A: Enter '1' for yourself if no one else can claim you as a dependent. Section 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. Section 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. Section D: Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. Section E: Enter '1' if you will file as head of household on your tax return. Section F: Enter '1' if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit. Section G: Child Tax Credit (including additional child tax credit). Section H: Add lines A through G and enter total here.

Employee's Withholding Allowance Certificate. Includes fields for: 1. Your first name and middle initial (Steven Michael H), last name (Sawadogo), and ZIP code (ST. LOUIS 6303). 2. Your social security number (754 30 9839). 3. Home address (4230 Street North St Ave) and city/town/state/ZIP code. 4. Marital status (Single). 5. Total number of allowances (2). 6. Additional amount (0). 7. This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. 8. Employer's signature (Sawadogo) and date (04-21-15). 9. Office code (optional) and 10. Employer identification number (EIN).



# 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) Santodogo		First Name (Given Name) Steven Michael		Middle Initial M		Other Names Used (if any)	
Address (Street Number and Name) 1230 Street North Ave		City or Town St. Cloud		State MN		Zip Code 56303	
Apt Number A6		U.S. Social Security Number [54-30-9239]		E-mail Address Stevenson@gmail.com		Telephone Number 820-298-6034	
Date of Birth (mm/dd/yyyy) 09-28-85							

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): 804-567-063
- 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.

OR

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

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): 04-24-15
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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: _____

Signature of Employer or Authorized Representative:	Date (m/d/yyyy):	Print Name of Employer or Authorized Representative:
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) appear to be genuine and to relate to the individual.

Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

**Section 3: Reverification and Retires** (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 Retire (if applicable) (m/d/yyyy):

Employer's Business or Organization Name		City or Town	State	Zip Code
7301 OHMS LANE SUITE 405		EDINA	MINN	55439
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name		
Misell	Jennifer	EMPLOYER SOLUTIONS STAFFING GROUP LLC		
Signature of Employer or Authorized Representative	Date (m/d/yyyy)	Title of Employer or Authorized Representative		
<i>[Signature]</i>	04-21-2015	Off. Staff		

The employee's first day of employment (m/d/yyyy) 04-21-2015 (See instructions for exemptions.)

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

**Certification**

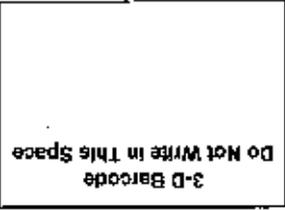
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Driver License	N 784166952719	09-28-18
Issuing Authority:	State of Minnesota	
Document Title:	Document Number:	Expiration Date (if any) (m/d/yyyy):
Social Security Card	751-30-92-39	N/A
Issuing Authority:	Social Security Administration	

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

Employee Last Name, First Name and Middle Initial from Section 1: Saugapogo, Siquian M

**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.)



**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 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING'S website is at [www.orange treescreening.com](http://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><b>New York and Maine applicants or employees only:</b> You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.</p>
<p><b>New York applicants or employees only:</b> Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p><b>Oregon applicants or employees only:</b> Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.</p>
<p><b>Washington State applicants or employees only:</b> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>

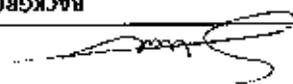
**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, 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](http://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)

**BACKGROUND INFORMATION**

Signature:  Date: 04-21-15

Last Name: Steven Meyer  
 First: Steven  
 Middle: Michael  
 Other Names/Aliases: Michael  
 Social Security #: 751-30-9239  
 Date of Birth (mm/dd/yyyy): 09-28-85  
 State of Driver's License: MN  
 Driver's License #: N786166952719  
 Present Address: 12305 15th + 15th  
 Telephone # (Primary): 320-298-6037  
 City/State/zip: St Paul / MN / 56303

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

# ENROLLMENT FORM

VS:IND 219301-E-MP

OFFICE USE ONLY

LOCATION

Rehire Date

## REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK or BLUE INK

(Must Be Filled Out)  
 Social Security Number 754-30-8239  
 Date of Birth 09/28/1985 Sex  M  F

Name Stanton Michael Serradell  
 Street Address 1230 Street North 45 Ave  
 City, State & Zip HN 56303  
 Home Phone 320-298-6037

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.

Signature

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.

Date

04/21/2015

## 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

\$5.99 Employee Only  
 \$11.98 Employee + 1  
 \$19.77 Employee + Family  
 NO

## TERM LIFE

YES \$0.60 Employee Only  
 YES \$0.90 Employee + 1  
 YES \$1.80 Employee + Family  
 NO  
 YRS \$4.20 Employee (Only)

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

## SHORT-TERM DISABILITY

OPTION 2  
 82193010-M-E-MP  
 Monthly Rates

\$58.87 Employee Only  
 \$87.73 Employee + 1  
 \$186.99 Employee + Family  
 NO to MEC Wellness/Preventive Plan

NO to MEC Wellness/Preventive Plan

### 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: SILVIAN MICHEL Savard SSN# (last 4 digits) 9239 Effective Date 04-21-15

#### SECTION 2 - PAYROLL ELECTION

Direct Deposit (Please complete Sections 3 and 5 below)  
 Payroll Debit Card (Please complete Sections 4 and 5 below)

#### SECTION 3 - DIRECT DEPOSIT

<input type="checkbox"/> Update Bank Account	Bank Name:	Routing#	Account#	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
<p>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.</p>				
Initial	Date			

#### SECTION 4 - PAYROLL DEBIT CARD (OPTIONAL CASE CARD)

Federal law requires all financial institutions to obtain, verify, and report 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 (no box not acceptable)			
City	State	Zip	Cell Phone (mobile)

**GET TEXT ALERTS**, when your paycheck is deposited on your card;  Yes, sign me up, for text alerts  
 All we need to know your cell phone service provider and mobile number above;  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 #	Payroll Debit Card Account #
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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: [Signature] Date: \_\_\_\_\_  
 \*E-mail: \_\_\_\_\_  
 this information will only be used to send your payroll electronically

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.  
 @