



# Verification Request Form - B

CASE NAME CHONG YANG THAO		
ADDRESS 163 ARLINGTON AVE E		
CITY ST PAUL	STATE MIN	ZIP CODE 55117

DATE 12/04/15
CASE NUMBER 01260913

You will need to show proofs for us to decide if you are eligible. Proofs may be different if you want more than one kind of assistance. Ways you can show proofs are listed next to the item checked. If you need help getting proofs, call TAMMY HAMILTON at (651) 266-4534

### General Information

- Earned income** Verification of earnings; for the months of: ALL 11/2015 PAY STUBS for (name) AWARD STAFFING AND ATLAS STAFFING FOR CHONG  
(Check stubs, employer's statement, self-employment records, income tax returns)
- Unearned income** Verification of:  
  
For months of: \_\_\_\_\_  
(Check stubs, benefit statement or check, court order, rental receipts)
- Educational funds** Award letter or statement from school, loan agreement
- Educational expenses** Receipts, statement from school

### Miscellaneous

- Illness/incapacity pregnancy/disability** Medical statement
- Work history** Verification of work history from \_\_\_\_\_ to \_\_\_\_\_  
(Check stubs, employer's statement, W-2 forms, income tax returns)
- Child or adult care** Statement from person giving care for (months) \_\_\_\_\_ for (dependent): \_\_\_\_\_
- Student status** Statement from school
- Medical expenses** Itemized medical bills, health insurance and Medicare payments
- Medical insurance** Policy or policy number with information, insurance card (for Medicare bring Medicare card), premium notice
- Divorce decree/ child support papers**
- Federal Employer Identification Number (FEIN)**
- Other** MY FAX NUMBER IS 651 266 3930

You may be asked to show more proof:

- At the time of your interview
- When your case is reviewed
- When there is new information.

If you don't show proof you may not be able to get the help you asked for.

Return by: 12/14/15

Return to:

NAME Ramsey County	PHONE NUMBER (651) 266-4634
ADDRESS 160 East Kellogg Blvd.	
CITY	STATE ZIP CODE



# Authorization for Release of Employment Information

Date:

Case number:

To:

Worker name: ~~Tommy~~ Tammy J. Hamilton  
 Agency name: Ramsey County Human Services  
 Agency address: 160 East Kellogg Blvd  
 City, state, zip code: St. Paul MN 55101  
 Worker phone: 651-266-4634 Fax: 651-266-39

We need to verify the employment information for the person listed below:

Person name:

Social Security number: XXX-XX-\_\_\_\_

Address:

City/state/zip code:

Please provide the information requested on the back of this form and sign the form where indicated. On the bottom half of this form is a signed authorization to release information to the human services agency shown below.

Thank you for your cooperation.

## Authorization for Release of Information

**Giving Permission:** I give permission for the person/organization above to release the requested information to the above agency. This information is used to figure my eligibility for public assistance and/or services.

**Consequences:** State and Federal privacy laws protect my records. I know:

- Why I am being asked to release this information
- I do not have to consent to this authorization, but it may affect my benefits or services if I do not give my consent
- That, generally, I must give my written consent for this person/agency to give out this information, but if I do not consent, the information will not be released unless the law otherwise allows it
- I may stop this authorization with a written notice at any time, but this written notice will not affect information the agency has already requested
- The person or agency who gets my information may be able to pass it on to others
- If my information is passed on to others by DHS, it may no longer be protected by this authorization.

This authorization will end one year from the date I sign it, unless the law allows for a longer period.

CLIENT SIGNATURE <i>Chambers</i>	DATE 12/17/15	Original copy for agency Provide copy to client
SIGNATURE OF SPOUSE/GUARDIAN/AUTHORIZED REPRESENTATIVE	DATE	

# Employment Information

**To be completed by employer - return both pages to requesting agency**  
 Mail or fax to agency address/fax number on first page)

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	CASE NUMBER
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Employment period:	DATE BEGAN/EXPECTED TO BEGIN	DATE ENDED/EXPECTED TO END	IF ENDED, DATE LAST PAID
REASON ENDED EXPLAIN: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary			GROSS AMOUNT

<b>Pay rate:</b> <input type="checkbox"/> \$ _____/hour <input type="checkbox"/> \$ _____/day <input type="checkbox"/> \$ _____/acre <input type="checkbox"/> Other (explain: _____)	If per acre, # of acres anticipated? _____ Does this rate depend on the type of work performed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
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**Income received/expected:** Provide information for these months: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**What was the date of the first pay check received?** \_\_\_\_\_

EMPLOYMENT IS:	AVERAGE # HOURS PER PAY PERIOD:	HOW OFTEN PAID:
<input type="checkbox"/> Part time <input type="checkbox"/> Full time	_____	<input type="checkbox"/> Each week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Once a month <input type="checkbox"/> End of job <input type="checkbox"/> Other _____

Work Schedule:	SUN	MON	TUES	WED	THUR	FRI	SAT

**Attach verification of income earned, itemized by pay period, or complete the table below.**

**Note:** For future months, anticipate income.

	Income received (Record only those wages which you are reasonably certain the employee will be paid.)						
Date received							
Gross earnings							
No. of hours worked							
Advances/Tips/Bonuses							
Child Support withheld							
Medical insurance							

**Medical insurance:**

Does the employee have medical insurance through you or your company?     Yes     No

Is medical insurance available through you or your company?     Yes     No

If yes, what is the employee cost? \$ \_\_\_\_\_ per \_\_\_\_\_ (period of coverage)

**Signature of employer:**

I understand that the information provided on this form is correct to the best of my knowledge. I understand that this form is not a contract for services.

EMPLOYER SIGNATURE	COMPANY/BUSINESS NAME
FFIN	PHONE NUMBER
	DATE



SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2015351104141MY**

Report Prepared: 12/17/2015

**Company Information**

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Company ID: 47429

Company Name: Employer Solutions Staffing Group

**Employee Information**

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Last Name: Lucio

First Name: Shantell

Date of Birth: 07/26/1985

Social Security Number: \*\*\* \*\* 0822

Hire Date: 12/17/2015

Citizenship Status: A citizen of the United States

**Document Information**

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List B Document: Driver's license or ID card issued by a U.S. state or List C Document: Social Security Card  
outlying possession

Document Name: ID card

Document State: Wisconsin

Driver's License or ID Card Number: L2007938576607

Document Expiration Date: 07/26/2023

**Case Status Information**

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Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 12/17/2015

Case Submitted By: MARI1344

Closed On: 12/17/2015

Closed By: MARI1344

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

SENSITIVE BUT UNCLASSIFIED



employer solutions staffing group.  
Leveraging Resources in a Changing Market

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

## New Hire Application

Personal Data— PLEASE PRINT LEGIBLY IN INK

Last Name Lucio First Name Shantell Middle Initial M  
 Street Address 812 Holley Ave. Apt/Ste \_\_\_\_\_  
 City/State/Zip St Paul Park / MN / 55071 Social Security Last Four XXX-XX- 0822  
 Phone Number 612-442-9915 Email Address smclucio@gmail.com  
 Staffing Agency/Recruitment Partner Mahny

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.

Shantell Lucio  
Name (Print or type)

Shantell Lucio  
Applicant's Signature

12-17-15  
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 _____	Background Release Form _____	Background Results _____	Unemployment Letter (if applicable) _____	ESC Application _____
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.)

**A** Enter "1" for yourself if no one else can claim you as a dependent . . . . . **A** 1

**B** Enter "1" if:   
 { • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . . **B** 1

**C** Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

**D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as head of household on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . . **F** \_\_\_\_\_

**G** **Child Tax Credit** (Including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$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 and \$119,000 if married), enter "1" for each eligible child . . . . . **G** \_\_\_\_\_

**H** Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► **H** \_\_\_\_\_

For accuracy, complete all worksheets that apply.   
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074  <b>2015</b>
► 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.				
1 Your first name and middle initial Shantell M		Last name Lucio		2 Your social security number 474-06-0822
Home address (number and street or rural route) 812 Holley Ave.			3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code St. Paul Park, MN, 55071			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>1</u>
6 Additional amount, if any, you want withheld from each paycheck				6 \$ _____
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . . ►				7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ► Shantell M. Lucio			Date ► 12-17-15	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)	10 Employer identification number (EIN)



# 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) <b>Lucio</b>		First Name (Given Name) <b>Shantell</b>		Middle Initial <b>AM</b>	Other Names Used (if any)	
Address (Street Number and Name) <b>812 Holley Ave.</b>			Apt. Number	City or Town <b>St. Paul Park</b>	State <b>MN</b>	Zip Code <b>55071</b>
Date of Birth (mm/dd/yyyy) <b>07/26/1985</b>	U.S. Social Security Number <b>474-06-0822</b>	E-mail Address <b>Smclucio@gmail.com</b>			Telephone Number <b>612-442-9915</b>	

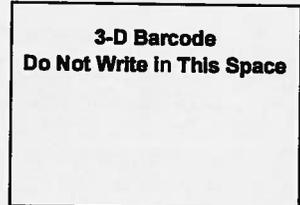
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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: <b>Shantell Lucio</b>	Date (mm/dd/yyyy): <b>12-17-15</b>
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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	



**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: Lucio, Shantell

List A Identity and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title:		Document Title: <u>ID card</u>		Document Title: <u>Certification online</u>
Issuing Authority:		Issuing Authority: <u>State of Wisconsin</u>		Issuing Authority: <u>State of MN</u>
Document Number:		Document Number: <u>L-206-7938-5766-07</u>		Document Number: <u>N/A</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>7-26-2023</u>		Expiration Date (if any)(mm/dd/yyyy): <u>MA</u>
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): 12-17-15 (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
<u>[Signature]</u>		<u>12-17-15</u>	<u>Asst Rep.</u>	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name		
<u>Armas</u>	<u>Shantell</u>	<u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u>		
Employer's Business or Organization Address (Street Number and Name) (City or Town)		State	Zip Code	
<u>7301 OHMS LANE SUITE 405</u>		<u>MN</u>	<u>55439</u>	

### 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:

his becomes a permanent legal record when properly executed. Please type, or use permanent ink.

**Minnesota Department of Health  
Section of Vital Statistics  
CERTIFICATE OF LIVE BIRTH**

1. CHILD-NAME FIRST MIDDLE LAST <b>Shantell Marie Charlette Lucio</b>			2a. DATE OF BIRTH MONTH DAY YEAR <b>July 26, 1985</b>		2b. HOUR <b>1520 CDT</b>
3. SEX <b>Female</b>	4a. THIS BIRTH SINGLE, TWIN, TRIPLET, ETC. <b>Single</b>		4b. IF NOT SINGLE BIRTH, BORN FIRST, SECOND, ETC.		5a. COUNTY OF BIRTH <b>Ramsey</b>
5b. LOCATION OF BIRTH CITY OR TOWNSHIP <b>St. Paul</b>			5c. HOSPITAL NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) <b>St. Joseph's Hospital</b>		
6a. FATHER-NAME FIRST MIDDLE LAST <b>Mark Anthony Lucio</b>			6b. AGE (AT TIME OF THIS BIRTH) <b>22</b>	6c. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>St. Paul, Minnesota</b>	
7a. MOTHER-NAME FIRST MIDDLE MAIDEN <b>Cheryl Lillian Ferraro</b>			7b. AGE (AT TIME OF THIS BIRTH) <b>19</b>	7c. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Minnesota</b>	
8a. RESIDENCE OF MOTHER-STATE <b>Minnesota</b>		8b. COUNTY <b>Dakota</b>	8c. CITY OR TOWNSHIP <b>St. Paul</b>		8d. INSIDE CORPORATE LIMITS (SPECIFY YES OR NO) <b>yes</b>
9. MAILING ADDRESS OF MOTHER STREET AND NUMBER CITY AND ZIP CODE <b>148 - 5th Ave. S. St. Paul 55075</b>			10. I CERTIFY THAT THIS CERTIFICATE IS CORRECT (SIGNATURE OF PARENT) <b>Cheryl L. Ferraro</b>		
11a. CERTIFICATION: I CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE PLACE AND ON THE DATE STATED ABOVE. SIGNATURE <b>John</b>			11b. DATE SIGNED <b>8-5-85</b>	11c. ATTENDANT (M.D., D.O., C.N.M., OTHER) SPECIFY <b>M.D.</b>	
11d. CERTIFIER-NAME (TYPE OR PRINT) <b>Dr. T. Johnson</b>			11e. MAILING ADDRESS STREET AND NUMBER POST OFFICE <b>Box 395 Mayo Mpls. 55455</b>		12b. DATE FILED <b>AUG 12 1985</b>
12a. REGISTRAR SIGNATURE <b>Sharon Hill</b> DEPUTY					
THIS SPACE RESERVED FOR USE OF REGISTRAR					

Certified to be a true and correct copy of the record on file with the Division of Public Health, City of St. Paul, Minnesota.

Alterations shown made under authority of Minnesota Statute 144.172, and Regulations of State Board of Health.

(Signed) Barbara Holstad, this 30th day of August 19 85.  
Deputy Registrar, Vital Statistics



**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: \_\_\_\_\_)

Signature: Shantell Lucio Date: 12-17-15

**BACKGROUND INFORMATION**

Last Name: Lucio First: Shantell Middle: Marie

Other Names/Alias: \_\_\_\_\_

Social Security #\*: 474-06-0822 Date of Birth (mm/dd/yyyy)\*: 07/26/1985

Driver's License #: \_\_\_\_\_ State of Driver's License: \_\_\_\_\_

Present Address: 812 Holley Ave. Telephone # (Primary): 612-442-9915

City/State/Zip: St. Paul Park / MN / 55071

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



# employer solutions staffing group

Leveraging Resources in a Changing Market

## Wage Payment Method Authorization (Minnesota)

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card.

If you do not provide a written election, wages will be paid by paper Check.

### SECTION 1 BASIC INFORMATION

Employee Name: <u>Shantell M. Lucio</u>	SSN# (last 4 digits): <u>0922</u>	Effective Date: <u>12-17-15</u>
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### SECTION 2 PAYROLL ELECTION

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

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

### SECTION 3 DIRECT DEPOSIT

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 \_\_\_\_\_

- 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: <u>Shantell</u>	M.I.: <u>M</u>	Last Name: <u>LUCIO</u>	Date of Birth: <u>7-26-85</u>
Street Address (PO BOX NOT ACCEPTABLE): <u>812 Holley Ave.</u>			Social Security#: <u>474-06-0822</u>
City: <u>St. Paul Park</u>	State: <u>MN</u>	Zip: <u>55071</u>	Cell Phone (mobile): <u>612-442-9915</u>

#### RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Routing #: <u>073972181</u>	Payroll Debit Card Account #: <u>4853 4001 7596 8900</u>
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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: Shantell Lucio Date: 12-17-15

### SECTION 5 AUTHORIZATION

I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). **\* E-mail is required for pay stub information.**

\*E-mail: \_\_\_\_\_ @ \_\_\_\_\_  
 this information will only be used to send your paystubs electronically

Employee's Signature: Shantell M. Lucio Date: 12-17-15