

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 05/04/2015
Page: 1 of 1

Case Verification Number: 2015124084551DX

Case Information:

Employee Information:

Last Name:	Silva Fernando
Middle Initial:	
Social Security Number:	*** ** 9581
Citizenship Status:	An alien authorized to work
Document Information:	
List A Document:	Employment Authorization Document (Form I-766)
Card Number:	LN1490743435
Alien Number:	205134058
Additional Information:	
Hire Date:	05/04/2015
Three-Day Rule Reason:	RBUR3676
Submitted By:	
Submitted On:	05/04/2015

First Name:	Mateo
Other Names Used:	
Date of Birth:	02/06/1991
Email Address:	
Document Expiration Date:	09/25/2016
I-94 Number:	
Employer Case ID:	
Three-Day Rule - Other:	
Submitted On:	05/04/2015

Last Name (in DHS records):	SILVA FERNANDO
First Name (in DHS records):	MATEO
Document Expiration Date (in DHS records):	09/25/2016

Employment Authorized



Employee Referred to SSA:

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

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

Last Name:	
Middle Initial:	
Social Security Number:	
Resubmitted By:	
Resubmitted On:	

Case Result from SSA (after Resubmission):

Case Result: Submitted By: Submitted On:

Request Name Review:

Case Result from DHS (after DHS Verification in Process):
Case Result: Response Date:

Employee Referred to DHS:

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:

The employee continues to work for the employer after receiving an Employment Authorized result

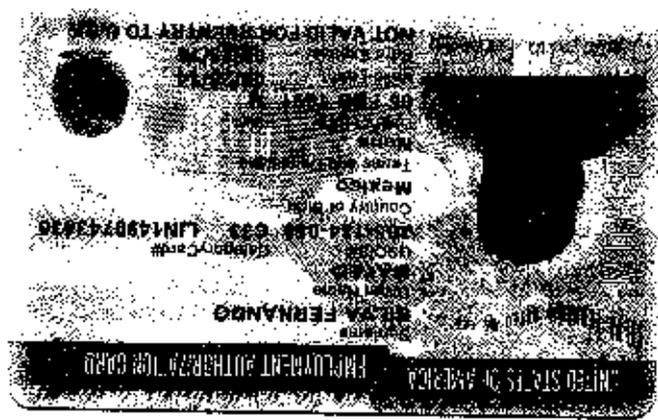
Closed By:

RBUR3676

Closed On:

05/04/2015

SENSITIVE BUT UNCLASSIFIED





New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Silva First Name Mario Middle Initial X
 Street Address 501 Maple St City/State/Zip Rockville MN 56369
 Phone Number 380 823-0459 Email Address el buvvero 213@gmail.com
 Staffing Agency/Recruitment Partner _____

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) Mario Silva Fernando

Applicant's Signature Mario Silva Fernando

Date 5-1-13

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	MHW	1-9	8850
DOH	Emergency Contact Info	Background Release Form	Background Results
DOH	Unemployment Letter (if applicable)	ESC Application	WIC Code
DOH	Work Site Loc.	ROP	WIC Code

Form W-4 (2015)

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 worksheet allows you to enter your personal deductions, certain credits, adjustments to income, or two-earners/multiplier jobs situations.

Payee. 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 15, 2016. See Pub. 505, Tax Withholding and Exemption, for more information.

Complete all worksheets that apply. However, you may claim a lower (or zero) allowance. For example, if you are exempt from withholding, you may claim only one allowance. For more information, see the instructions on page 2. Your withholding allowance must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim an exemption from withholding if your income exceeds \$1,050 and includes more than \$500 of unearned income (for example, interest and dividends). Exemptions may be able to claim a dependent, if the employer:

• is age 65 or older,
• will claim adjustments to income tax credits, or itemized deductions, on his or her tax return,
• is blind, or
• is a child.

Head of household. Generally, you can claim head of household and pay more than 50% of the cost of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 505, Exemptions, Standard Deduction, and Filing Information, for information.

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 liability. See Pub. 505, especially if your earnings exceed \$150,000 (single) or \$180,000 (married). Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we released it) will be posted at www.irs.gov/w-4.

Personal Allowances Worksheet (Keep for your records.)

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

A 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 Enter "1" 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 Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

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

E Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

F (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 872, Child Tax Credit, for more information.

H If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then have two to four eligible children or less "2" if you have five or more eligible children.

I 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.

J 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.)

K 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 Form W-4 below.

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

Form W-4
 Department of the Treasury
 Internal Revenue Service

Employee's Withholding Allowance Certificate

GMB No. 1546-0074
2015

1 Your first name and middle initial: Mateo
2 Your social security number: 354-95-95-81
3 Last name: Silva
4 Home address (number and street or rural route), city or town, state, and ZIP code: 501 Maple St, Rockville, MD 20850
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2): 7
6 Additional amount, if any, you want withheld from each paycheck: 0
7 If you meet both conditions, write "Exempt" here. If you meet only one condition, write "1" or "2" here. If you meet neither, write "0": 1
 • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption:
 • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

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: Mateo Silva
 Date: 05-01-2015
 Employer's name and address (Employer: Complete lines 3 and 4 only if sending to the IRS):
 Office code (optional):
 Employer identification number (EIN):



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

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

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

Signature of Employee: <i>Mateo Silva Fernando</i>	Date (mm/dd/yyyy): <i>05-1-15</i>
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Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Country of Issuance: _____
Foreign Passport Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

- 2. Form I-94 Admission Number: _____
- OR
- 1. Alien Registration Number/USCIS Number: _____

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number (See instructions)

- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) *9/ast/16*. Some aliens may write "N/A" in this field.
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- A noncitizen national of the United States (See instructions)
- A citizen of the United States

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

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

Date of Birth (mm/dd/yyyy): <i>05-01-2015</i>		U.S. Social Security Number: <i>354-95-811</i>		E-mail Address: <i>El buenero 213@gmail.com</i>		Telephone Number: <i>(907) 396-3603</i>	
Address (Street Number and Name): <i>501 Maple St</i>		Apt Number: <i>204</i>		City or Town: <i>Rockville</i>		State: <i>MD</i>	
Last Name (Family Name): <i>Silva</i>		First Name (Given Name): <i>Mateo</i>		Middle Initial: _____		Other Names Used (if any): _____	

Section 1. Employee Information and Attestation (Employers must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.



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.orangereescreening.com, or another outside organization in all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

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

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.orangereescreening.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. I must include email address: _____

BACKGROUND INFORMATION

Signature: Mato Silva Date: 05-01-2015

Last Name: Silva First: Mato Middle: _____

Other Names/Aliases: _____

Social Security #: 351 95 95 81 Date of Birth (mm/dd/yyyy)*: 05-01-2015

Driver's License #: _____ State of Driver's License: _____

Present Address: 501 Maple St Apt #204 Telephone # (Primary): 707-396-3603

City/State/Zip: Rockville MN 56309

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

Signature of Employer or Authorized Representative:	Date (mm/dd/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) I have examined appear to be genuine and to relate to the individual.

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

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

Section 3: Revalidation and Renewals (To be completed and signed by employer or authorized representative)

Signature of Employer or Authorized Representative: <i>Renee Burns</i>		Date (mm/dd/yyyy): <i>5/14/2015</i>	Title of Employer or Authorized Representative: <i>On-Site Rep.</i>
Last Name (Family Name): <i>Burns, Renee</i>		First Name (Given Name):	Employer's Business or Organization Name: <i>EMPLOYER SOLUTIONS STAFFING GROUP LLC</i>
Employer's Business or Organization Address (Street Number and Name): <i>7301 OHMS LANE SUITE 405</i>		City or Town: <i>EDINA</i>	State: <i>MIN</i> Zip Code: <i>55439</i>

The employee's first day of employment (mm/dd/yyyy): *5/14/2015* (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: <i>Employment Auth Card</i>	Document Number: <i>LN 1490743435</i>	Expiration Date (if any) (mm/dd/yyyy): <i>09/25/16</i>
Issuing Authority: <i>US Citizenship + Immigration</i>	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
Issuing Authority:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
Issuing Authority:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
Issuing Authority:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):

Identify and Employment Authorization AND Identity AND Employment Authorization

Employee Last Name, First Name and Middle Initial from Section 1: *Silva Fernando, Mateo*

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.



