

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
Report Prepared: 02/04/2015  
Page: 1 of 1

Case Verification Number: 2015035121457EN

Case Information:

Employee Information:

Last Name: South  
First Name: Ashley  
Middle Initial:  
Social Security Number: \*\*\* \*\* 2601  
Citizenship Status: A citizen of the United States  
Document Information:  
Driver's license or ID card issued by a U.S. state or outlying possession  
List B Document:  
Document Name: Driver's license  
Minnesota  
Document State:  
Document Expiration Date: 10/21/2018  
Number:  
Alien Number:  
1-94 Number:

Additional Information:  
Hire Date: 02/04/2015  
Three-Day Rule Reason: RBUR3676  
Submitted By:  
Initial Case Result:  
Case Result: Employment Authorized

Employee Referred to SSAs:

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:  
Social Security Number:  
Resubmitted By:  
Resubmitted On:  
Date of Birth:  
Other Names Used:

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:

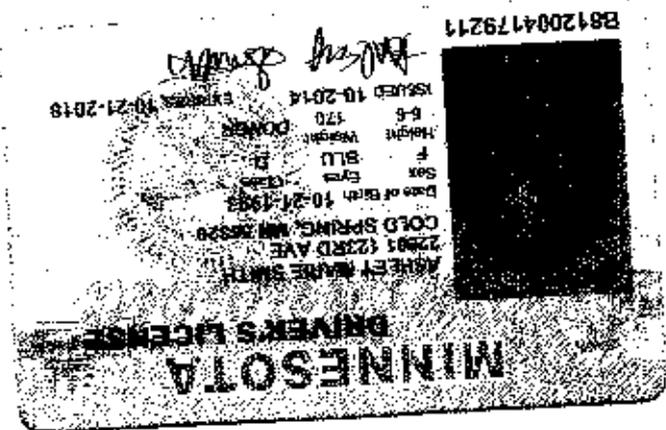
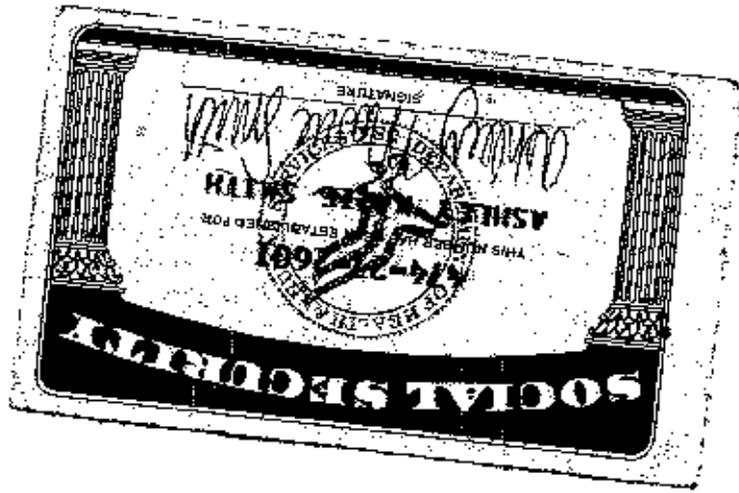
Referred By:  
Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result:  
Response Date:

Photo Matching Results:

Determination:



DOH		ROP	Work Site Loc.	W/C Code
For ESSG Client Use				
Emergency Contact Info	Background Release Form	Background Results	Unemployment Letter (if applicable)	ESS Application
DOH	NHW	1-9	8850	W4
For ESSG Office Use Only				

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

Name (Print or type)

Andrew Smith

Applicant's Signature

*Andrew Smith*

Date

2/4/15

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

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.

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 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 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.

**Applicant Certification and Authorization**

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

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

Staffing Agency/Recruitment Partner

Broaden Recruiters

Phone Number

320-248-8911

Email Address

asmith8449@gmail.com

@gmail.com

City/State/Zip

St. Joseph, MN 56374

Street Address

809 Dale St. E

Last Name

Smith

First Name

Andrew

Middle Initial

M

Apt/Ste

Personal Data - PLEASE PRINT LEGIBLY IN INK

**New Hire Application**

Levraging Resources in a Changing Market  
**employer solutions staffing group.**



7301 Ohms Lane Suite 405  
 Edina, MN 55439

Tel: 952.835.1288 • Fax: 952.835.1255  
 www.esgstaffingsolutions.com

# Form W-4 (2014)

**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.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form on this or later return, you cannot 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.

**Notes.** 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 \$1,000 and includes more than \$500 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 worksheet on page 2 further explains your withholding allowances based on itemized deductions, certain credits, adjustments to income, or (if you are a nonresident alien) other allowances.

**Complete all worksheets that apply.** However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances.

**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 allowed 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.

**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/w-4](http://www.irs.gov/w-4).

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

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

**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.

**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.)

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

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

**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.)

**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 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.

• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child.

**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.)

• 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 (if married, see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.

For accuracy, complete all worksheets that apply.

• 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 W-4**

## Employee's Withholding Allowance Certificate

OBS No. 1545-0074 **2014**

Department of the Treasury

Your first name and middle initial **OSMUN W**

Last name **SMITH**

Home address (number and street or rural route) **809 DUNE ST. E.**

City or town, state, and ZIP code **ST. JOSEPH MN 56374**

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

6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2014, 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.

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 **[Signature]**

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)

Date **2/4/15**



# 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 an offer.)

Last Name (Family Name) Smith		First Name (Given Name) Joseph		Middle Initial M		Other Names Used (if any)	
Address (Street Number and Name) 809 Dwy St E				City or Town St. Joseph		State MN	
Apt. Number		Zip Code		Telephone Number 320-248-8191		E-mail Address osmith849@gmail.com	
Date of Birth (mm/dd/yyyy) 10/21/1993		U.S. Social Security Number [REDACTED]		Date of Birth (mm/dd/yyyy) 10/21/1993			

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.

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

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>Joseph Smith</i>	Date (mm/dd/yyyy): 02/09/2015
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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):
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Last Name (Family Name)		First Name (Given Name)	
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Address (Street Number and Name)		City or Town	State	Zip Code
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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.

**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)
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Employer's Business or Organization Address (Street Number and Name) City or Town EDINA State MN ZIP Code 55439	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC
Last Name (Family Name) Burns First Name (Given Name) Renee	Signature of Employer or Authorized Representative Date (mm/dd/yyyy) 02-04-2015 Title of Employer or Authorized Representative On Site Coord

The employee's first day of employment (mm/dd/yyyy): 02-04-2015 (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: Drivers License	Issuing Authority: State of Minnesota	Document Number: 6712009179	Expiration Date (if any) (mm/dd/yyyy): 10-21-18
Document Title: Social Security Card	Issuing Authority: Department of Health and Human Services	Document Number: 474-26-01	Expiration Date (if any) (mm/dd/yyyy):

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

Employee Last Name, First Name and Middle Initial from Section 1: Smith, Ashley, 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 noted 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. This information 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.

<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, 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: [asmith849@gmail.com](mailto:asmith849@gmail.com))

**BACKGROUND INFORMATION**

Last Name: Smith First: Anthony Middle: Marie  
 Signature: Anthony Smith Date: 2/4/15  
 Social Security #: 474-272001 Other Names/Alia: \_\_\_\_\_  
 Driver's License #: B812004179211 State of Driver's License: MN  
 Present Address: 809 DUNE ST E Telephone # (Primary): 320-248-8191  
 City/State/Zip: ST. JOSEPH MN 56374

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

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: OSMITH SMITH SSN# (last 4 digits): 2101 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**

Update Bank Account  
 Bank Name: \_\_\_\_\_  
 Routing: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Account Type:  Checking  Savings  Other

- 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 (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: OSMITH M.I.: M Last Name: SMITH  
 Street Address: Box 1000 St. Joseph MO  
 City: St. Joseph State: MO Zip: 64503  
 Social Security #: 474-27-2601 Date of Birth: 10/21/1993  
 Call Phone (mobile): 320-248-8191 My mobile service provider is: \_\_\_\_\_  
 Yes, sign me up for text alerts

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

Payroll Debit Card Routing #: 073972181  
 Payroll Debit Card Account #: \_\_\_\_\_

I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

**SECTION 5 - AUTHORIZATION**

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

\* E-mail: OSMITH8499@gmail.com  
 Employee's Signature: [Signature] Date: 2/4/15  
 this information will only be used to send your paystubs electronically

# ENROLLMENT FORM

## 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**

\$0.60 Employee Only  
 \$0.90 Employee + 1  
 \$1.80 Employee + Family

YES  
 NO

**SHORT-TERM DISABILITY**

YES  
 NO

\$4.20 Employee Only

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

**OPTION 2 MEDICAL WELLNESS/PREVENTIVE PLAN**

Monthly Rates

\$58.87 Employee Only  
 \$87.73 Employee + 1  
 \$186.99 Employee + Family

NO to MEC Wellness/Preventive Plan

## REQUIRED EMPLOYEE INFORMATION

**PRINT USING BLACK or BLUE INK**  
 (Must Be Filled Out)

Social Security Number 474-77-2401  
 Date of Birth 10/21/1993 Sex  M  F

Name ASHLEY SMITH  
 Street Address 809 DAVE ST. E  
 City St. JOSEPH State MA Zip 01037  
 Home Phone 320-248-8191

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

## BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.

**NAME OF BENEFICIARY** \_\_\_\_\_  
**RELATIONSHIP** \_\_\_\_\_

Accidental Death & Dismemberment is part of the Term Life Benefit.

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declaration of coverage.

Signature [Signature]  
 Date 02/04/2015