

SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2015124143708CR

Case Information:

Employee Information:

Last Name: Traub-Gray
First Name: Daniel
Middle Initial:
Social Security Number: *** ** 2760
Citizenship Status: A citizen of the United States
Document Information: Last B Document: Driver's license or ID card issued by a U.S. state or outlying possession
Document Name: Driver's license
Document Number:
Driver's License or ID Card Number:
Last Name: Daniel
First Name: Daniel
Middle Initial:
Social Security Number: 06/11/1993
Date of Birth:
Email Address:
List C Document: Social Security Card
Document State: Minnesota
Document Expiration Date: 06/11/2018
I-94 Number:
Additional Information: Hire Date: 05/04/2015
Employer Case ID:
Three-Day Rule Reason: Three-Day Rule - Other:
Submitted On: 05/04/2015
Initial Case Result: Employment Authorized

Employee Referred to SSA:

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

Referred By: Referred On:

Case Result: Case Result from SSA (after Review and Update Employee Data):

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

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

Case Result:

Request Name Review: Comments:

Submitted By: Submitted On:

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

Case Result:

Employee Referred to DHS:

Referred By: Referred On:

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

Case Result:

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:

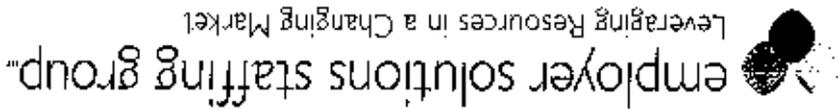
Closure Statement:

The employee continues to work for the employer after receiving an Employment Authorized result
JMLS3269
Closed On: 05/04/2015

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: Gray First Name: Daniel Middle Initial: BT
 Street Address: 1008 2nd St N Apt/Ste: _____
 City/State/Zip: Stillwater, MN 55082
 Phone Number: 651-491-2733 Email Address: dgray@gsa.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 regulation 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) Daniel Gray
 Applicant's Signature [Signature]
 Date 5-14-15

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 Ledger (if applicable)
ESC Application	WA	Work Site Loc.	WC Code
Rev. 11/2013		ESSG - CMG	

The exception do not apply to supplemental wages greater than \$1,000.00.

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 marital situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the Form W-4. 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 a dependent on his or her tax return. Your exempt claim is based on the amount of your income (or other qualifying individuals - See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information).

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.

Text boxes. You can take projected tax credits like account in figuring your allowable amount of withholding allowances. In figuring your allowable amount of withholding allowances, you may be claimed using the Personal Allowance 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.

Personal Allowances Worksheet (Keep for your records).

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

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

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.)

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

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

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

Child Tax Credit (including additional child tax credit). See Pub. 508, Child Tax Credit, for more information. (Note. Do not include child support payments. See Pub. 508, Child and Dependent Care Expenses, for details.)

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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>[Signature]</i>	Date (mm/dd/yyyy): 05-4-15
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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: _____

3-D Barcode
Do Not Write in This Space

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission 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)
- 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): 06-11-93		U.S. Social Security Number: 471-27-2960		E-mail Address: danygy@ gmail.com		Telephone Number: 651-491-2933	
Address (Street Number and Name): 1008 2nd St N		City or Town: Stillwater		State: MN		Zip Code: 55082	
Last Name (Family Name): Gray		First Name (Given Name): Daniel		Middle Initial: BT		Other Names Used (if any):	

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.)

▶ **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.

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 documents, 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 Renewal (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 Renewal (if applicable) (mm/dd/yyyy):

Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405		City or Town EDINA	State MN	Zip Code 55439
Last Name (Family Name) MISSALL		First Name (Given Name) Jennifer		Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC
Signature of Employer or Authorized Representative		Date (mm/dd/yyyy) 05-04-2015	Title of Employer or Authorized Representative office staff	

The employee's first day of employment (mm/dd/yyyy) 05-04-2015 (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: W35323402511	Expiration Date (if any) (mm/dd/yyyy): 06-11-2015
Document Title: Social Security Card	Issuing Authority: Social Security Administration	Document Number: 471-27-2760	Expiration Date (if any) (mm/dd/yyyy): N/A

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

Employee Last Name, First Name and Middle Initial from Section 1: **Thunh - Gray, Daniel B**

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.)

3-D Barcode
Do Not Write in This Space

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.orangetreescreening.com, or another outside organization in all-encompassing manner, 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.

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.
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.
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 is available to you upon request.
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.

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, 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

Last Name: Gray First: David Middle: Benjamin Thugh

Other Names/Aliases: 471-29-2960

Social Security #: W353234029511

Driver's License #: 1006 2nd St N

State of Driver's License: MN

Telephone # (Primary): 651-491-2933

City/State/Zip: Stillwater, MN 55082

Date of Birth (mm/dd/yyyy): 06-11-93

Signature: [Signature] Date: 5-4-15

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

SECTION 1 BASIC INFORMATION

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.

Employee Name: Daniel Grey SSN# (last 4 digits): 8760 Effective Date: 5-4-2015

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 _____

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: _____

SECTION 4 PAYROLL DEBIT CARD (GLOBAL CASH CARD)

- 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.

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: _____ MT: _____ Last Name: _____
 Street Address (PO BOX NOT ACCEPTABLE): _____
 Social Security#: _____
 City: _____ State: _____ Zip: _____
 Cell Phone (mobile): _____

GET TEXT ALERTS, when your paycheck is deposited on your card. All we need to know your cell phone service provider and mobile number above; Yes, sign me up, for text alerts 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 #: _____

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: dongrey1789@gmail.com

this information will only be used to send your paystubs electronically

Employee's Signature: [Signature]

Date: 5-4-15

ENROLLMENT FORM

REQUIRED EMPLOYEE INFORMATION

(Must Be Filled Out)
 Social Security Number 491-28-2760
 Date of Birth 06/11/1993 Sex M F

Name Daniel Gray
 Street Address 1008 2nd St N
 City Shillwater State NH Zip 55082
 Home Phone 651-491-2933

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 Daniel Gray
 Social Security Number 491-28-2760
 Date of Birth 06/11/1993 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.

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 _____
 Date 05/04/2015

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.

\$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
 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 MFC WELLNESS/PREVENTIVE PLAN

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