

SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2015099142832FQ

Case Information:

Employee Information:

Last Name: Usman First Name: Heather Social Security Number: *** ** 4875 Middle Initial: Other Names Used: Date of Birth: 09/29/1987 Citizenship Status: A citizen of the United States Email Address: Document Information: ID card issued by a U.S. Federal, state or local government agency List B Document: Social Security Card Alien Number: I-94 Number: Additional Information: Hire Date: 04/09/2015 Employee Case ID: JMBS3269 Three-Day Rule Reason: Submitted By: 04/09/2015 Initial Case Result: Employment Authorized

Employee Referred to SSA:

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

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments: Submitted By: Submitted On:

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

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:

Employee Referred to DHS (Additional):

Referred By: Referred On:

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

Case Result:

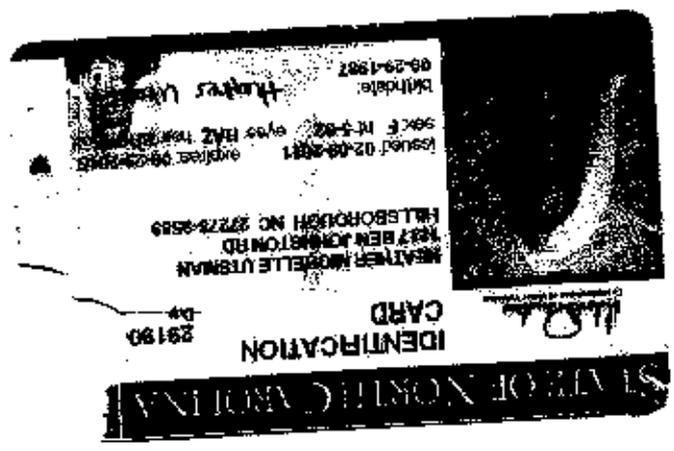
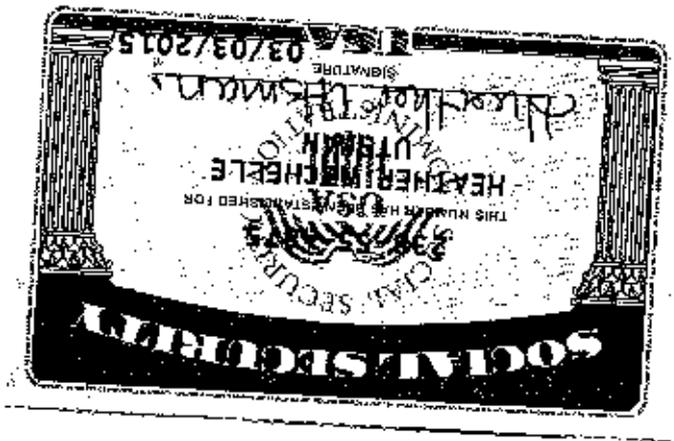
Response Date:

Case Closure:

Closure Statement:

The employee continues to work for the employer after receiving an Employment Authorized result. JMIS3269
Closed On: 04/09/2015

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empoyer solutions staffing group.



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: Wtisman First Name: Heather Middle Initial: M
 Street Address: 509 8th Ave N St Cloud Apt/Ste:
 City/State/zip: MN, 56303
 Phone Number: 320.247-3968 Email Address: Hwtismanhe9@gmail.com
 Staffing Agency/Recruitment Partner: CMG

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) Heather Wtisman Applicant's Signature Heather Wtisman
 Date April 9th 2015

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	IA	8850
DOH	ESC Application	Unemployment Letter (if applicable)	W4
Emergency Contact Info	Background Release Form	Background Results	W/C Code
ROP	Work Site Loc.		

ESSG - CMG

Rev. 11/2013

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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.

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.
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.
G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
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.)

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

Employee's Withholding Allowance Certificate

Form W-4 Department of the Treasury Internal Revenue Service. Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS.

1 Your first name and middle initial: Heather M. Last name: Wismun. Home address: 509 8th Ave N, St. Cloud, MN 56303.

2 Your social security number: 238-55-4875. 3 Total number of allowances you are claiming: 3. 4 Additional amount, if any, you want withheld from each paycheck: \$.



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 4 is prepared by a person other than the employee.)

Signature of Employer	Date (mm/dd/yyyy)
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Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

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

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.

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)
Address (Street Number and Name)		Apt. Number	City or Town	State	Zip Code
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number	E-mail Address	Telephone Number	

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.)

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) (m/d/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) (m/d/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) appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative: _____ Date (m/d/yyyy): _____ Print Name of Employer or Authorized Representative: _____

Signature of Employer or Authorized Representative: _____ Date (m/d/yyyy): 04-01-2015 Title of Employer or Authorized Representative: Office Staff

Last Name (Family Name): W. Sessell First Name (Given Name): Jennifer

Employer's Business or Organization Name: EMPLOYER SOLUTIONS STAFFING GROUP, LLC

City or Town: EDINA State: MN Zip Code: 55439

Employer's Business or Organization Address (Street Number and Name): 7301 OHMS LANE SUITE 405

The employee's first day of employment (m/d/yyyy): 04-01-2015 (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.

Section 2: Employer or Authorized Representative Review and Verification

Employers of 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 examining 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: **Ufsmann, Heather M**

List A OR List B AND List C

Document Title	Issuing Authority	Document Number	Expiration Date (if any) (m/d/yyyy)
Identification Card	State of North Carolina	29190	04-29-15
Social Security Card	Social Security Administration	238-55-4875	N/A

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 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING'S website is at 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>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>Other applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the usage 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>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>

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

Signature: Heather Wismoun Date: April 9th 2015
 Last Name: Wismoun First: Heather Middle: Michelle
 Other Names/Aliases: _____
 Social Security #: 238 55 4875
 Date of Birth (mm/dd/yyyy): 09/29/1987
 State of Driver's License: _____
 Driver's License #: _____
 Present Address: 509 8th Ave N
 Telephone # (Primary): 330-247-3918
 City/State/Zip: St Cloud mn 56303

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

Direct Deposit/Payroll Debit Card Authorization

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card. If you do not provide a written election, wages will be paid by Payroll Debit Card.

SECTION 1 BASIC INFORMATION

Employee Name: Heather Wasmann SSN# (last 4 digits) 4875 Effective Date: April 9th

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)

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 _____ M.I. _____ Last Name _____
 Street Address (no box or apartment) _____
 City _____ State _____ Zip _____
 Cell Phone (mobile) _____
 Social Security# _____
 Date of Birth _____

GET TEXT ALERTS, when your paycheck is deposited on your card!

Yes, sign me up for text alerts
 My mobile service provider is: _____

RECIPT OF PAYROLL DEBIT CARD (to be completed when you pickup 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.

Employee's Signature: _____

Date: _____

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: h.wasmann@gsnall.com

This information will only be used to send your paystubs electronically

Employee's Signature: _____

Date: April 9th

ENROLLMENT FORM

REQUIRED EMPLOYEE INFORMATION

(Must Be Filled Out)
 Social Security Number 238-55-4875
 Date of Birth 09/29/87 Sex M F
 Name Weather W. Khan
 Street Address 509 8th Ave N
 City St. Cloud State MN Zip 56303
 Home Phone 320-247-3968
 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 Patton Coultner
 Social Security Number 710-85-0279
 Date of Birth 03/18/2013 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.

OPTION 1 FIXED INDEMNITY PLAN
 Weekly Rates:

You MUST enroll in the Indemnity Medical Insurance Plan before adding any additional indemnity benefits, except Denial. 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
 This coverage is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

SHORT-TERM DISABILITY

\$4.20 Employee Only
 NO
 Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.
OPTION 2 MEC WELLNESS/PREVENTIVE PLAN
 Monthly Rates
 82193010-M-EMP
 \$58.87 Employee Only
 \$87.73 Employee + 1
 \$186.99 Employee + Family
 NO to MEC Wellness/Preventive Plan

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 Weather W. Khan
 Date 04/09/2015