



employer 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

Last Name Hogley, Jr. First Name Andrew Middle Initial W
 Street Address 15511 Firwood Apt/Ste _____
 City/State/Zip Cypress, TX 77429
 Phone Number 832-588-5403 Email Address w.hogley15511@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.

If you agree, ESSG requires that you certify your application by submitting an electronic signature. To certify your application, read the text below and provide an electronic signature or print out and sign.

Andrew Hogley Applicant's Signature 6/20/15 Date

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

| For ESSG Office Use Only | | | |
|------------------------------|-------------------------------|--------------------------|---|
| DOH _____ | NHW _____ | I-9 _____ | 8850 _____ W4 _____ |
| Emergency Contact Info _____ | Background Release Form _____ | Background Results _____ | Unemployment Letter (if applicable) _____ ESC Application _____ |
| For ESSG Client Use | | | |
| DOH _____ | ROP _____ | Work Site Loc. _____ | WC Code _____ |

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 if your marital status or when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 50. Do not sign the form to validate it. See Form 1040 and Form 1040-EZ for more information. See Pub. 505, Tax Withholding and Estimated Tax.

Rate. If another person can claim you as a dependent on his or her return, you cannot claim an exemption on this withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exemptions. 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
- still claims adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exemptions 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 Personal Allowances Worksheet determines the withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself, your dependent(s), or other persons. See the instructions for information.

Tax credits. You can take predicted tax credits into account when determining the number of allowable 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 consulting your other credits into withholding allowances.

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for yourself if no one else can claim you as a dependent. A
- B** Enter "1" if: B
- 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 (for 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.) C
- D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. D
- E** Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E
- F** Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit F
- G** Enter "1" if you have at least \$2,000 of child or dependent care expenses. For details: G
- Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 - Child Tax Credit (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details.
 - If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "4" if you have two to four eligible children or less "2" if you have five or more eligible children.
 - If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.
- H** Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H

For accuracy, complete all worksheets that apply.

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

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

| | | | | |
|---|---|---|---|-------------------|
| W-4 | | Employee's Withholding Allowance Certificate | | OMB No. 1545-0074 |
| Form 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. Your employer may be required to send a copy of this form to the IRS. | | 2015 |
| 1 Your first name and middle initial | Last name | 2 Your social security number | | |
| ANCO W | MAZZER JR | 587-56-270 | | |
| 3 Home address (number and street or rural route) | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/> | | | |
| 15511 Fairwinds | 6 \$ | | | |
| COVINGTON LA | 7 | | | |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) | 5 | | | |
| 6 Additional amount, if any, you want withheld from each paycheck | 6 \$ | | | |
| 7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption: | 8 | | | |
| • Last year I had a right to a refund of all federal income tax withheld because I expect to have no tax liability. | 9 | | | |
| • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. | 10 | | | |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. | | | | |
| Employee's signature | | | | |
| (This form is not valid unless you sign it.) ANCO W | | | | |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) | | | 9 Office code (optional) | |
| Date 1/21/15 | | | 10 Employer identification number (EIN) | |



Employment Eligibility Verification

USCIS

Form I-9

Department of Homeland Security

U.S. Citizenship and Immigration Services

OMB No. 1615-0047

Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

| | | | |
|---|---|--|---------------------------|
| Last Name (Family Name) <u>HASLER, JR</u> | First Name (Given Name) <u>ANDREW</u> | Middle Initial <u>W</u> | Other Names Used (If any) |
| Address (Street Number and Name) <u>15511 FALCON</u> | Apt. Number <u>CYPRESS</u> | City or Town <u>TX</u> | State <u>TX</u> |
| Date of Birth (mm/dd/yyyy) <u>7/20/1952</u> | U.S. Social Security Number <u>587-56-1270</u> | E-mail Address <u>W.HASLER@15511E.COM</u> | Zip Code <u>77428</u> |
| Telephone Number <u>832-588-9403</u> | | | |

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

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

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

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

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

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: ANDREW HASLER JR Date (mm/dd/yyyy): 6/21/2015

3-D Barcode
Do Not Write in This Space

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

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

Signature of Preparer or Translator: _____ Date (mm/dd/yyyy): _____

Last Name (Family Name): _____ First Name (Given Name): _____

Address (Street Number and Name): _____ City or Town: _____ State: _____ Zip Code: _____



Employer Completes Next Page

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Hagler, Angus W.

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|---|----|--|-----|--|
| Document Title: | | Document Title: <u>Driver's license</u> | | Document Title: <u>Social Security Card</u> |
| Issuing Authority: | | Issuing Authority: <u>TEXAS</u> | | Issuing Authority: <u>Social Security Administration</u> |
| Document Number: | | Document Number: <u>02942873</u> | | Document Number: <u>587-56-1270</u> |
| Expiration Date (if any)(mm/dd/yyyy): | | Expiration Date (if any)(mm/dd/yyyy): <u>07/20/2019</u> | | Expiration Date (if any)(mm/dd/yyyy): |
| Document Title: | | | | |
| Issuing Authority: | | | | |
| Document Number: | | | | |
| Expiration Date (if any)(mm/dd/yyyy): | | | | |
| Document Title: | | | | |
| Issuing Authority: | | | | |
| Document Number: | | | | |
| Expiration Date (if any)(mm/dd/yyyy): | | | | |

**3-D Barcode
Do Not Write in This Space**

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 06/21/2015 (See instructions for exemptions.)

| | | | | |
|---|--|---|---|--------------------------|
| Signature of Employer or Authorized Representative <u>Kate Scholl</u> | | Date (mm/dd/yyyy) <u>06/24/2015</u> | Title of Employer or Authorized Representative <u>Administrative Assistant</u> | |
| Last Name (Family Name) <u>Scholl</u> | | First Name (Given Name) <u>Caitlin</u> | Employer's Business or Organization Name <u>Employer Solutions Group, LLC</u> | |
| Employer's Business or Organization Address (Street Number and Name) <u>7301 Ohms Lane Suite 405</u> | | City or Town <u>Edina</u> | State <u>MN</u> | Zip Code <u>55439</u> |

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

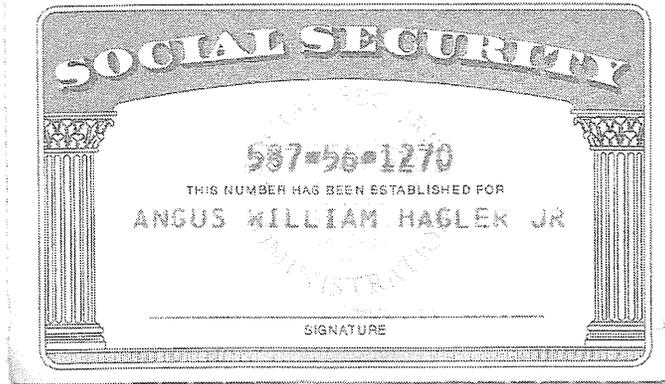
| | |
|--|---|
| A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial | B. Date of Rehire (if applicable) (mm/dd/yyyy): |
| | |

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

| | | |
|-----------------|------------------|---------------------------------------|
| Document Title: | Document Number: | Expiration Date (if any)(mm/dd/yyyy): |
| | | |

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | | |
|---|--------------------|--|
| Signature of Employer or Authorized Representative: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |
| | | |



313084564: 0004900459: 1749

For _____

Schlumberger
Employees Credit Union

SS+ Club

Pay to the Order of _____

\$ _____

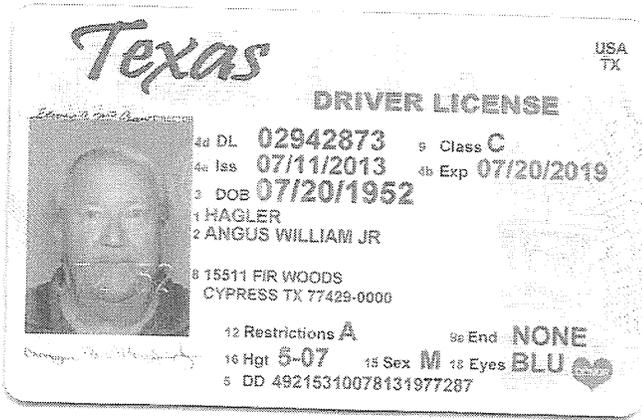
Date _____

VOID

ANGUS W HAGLER JR
CAROLYN P HAGLER
15511 FIR WOODS LANE
CYPRESS, TX 77429

1749

36-8456/3130



EMERGENCY CONTACT INFORMATION

EMPLOYER SOLUTIONS STAFFING GROUP
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Employee Name: William Haber

Address: 15511 F.R. Woods

Home Phone: 832-588-5409

EMERGENCY CONTACTS

Please list two people (in priority order) who could be contacted in case of an emergency

| EMERGENCY CONTACTS | |
|---|---------------------------------|
| Please list two people (in priority order) who could be contacted in case of an emergency | |
| Contact #1 | Home Phone: <u>281-213-2197</u> |
| Name: <u>Carroll Haclier</u> | Cell Phone: <u>832-588-5324</u> |
| Relationship: <u>Wife</u> | Work Phone: <u>281-571-6057</u> |
| Contact #2 | Home Phone: |
| Name: | Cell Phone: |
| Relationship: | Work Phone: |

Additional Information you want Employer Solutions Staffing Group and our clients to know in the event of an emergency:

**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

OMB No. 1545-1560

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.
* See separate instructions.

Your name ANNE W. HARRIS JR Social security number 587-565-1270
Street address where you live 15811 FORT WOODS
City or town, state, and ZIP code CARRISSTON TN 37024
County HARRIS Telephone number 251-213-2747

If you are under age 40, enter your date of birth (month, day, year) _____

Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- Check here if any of the following statements apply to you.
- * I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - * I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - * I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - * I am at least age 18 but not age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, or
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
 - * During the past year, I was convicted of a felony or released from prison for a felony.
 - * I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - * I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
* Received TANF payments for at least the past 18 months, or
* Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
* Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature [Signature] Date 6/21/15
For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 29851L Form 8850 (Rev. 1-2012)

TAX CREDIT QUESTIONNAIRE



EMPLOYER SECTION:

ESG FEIN#: _____ ESG Client Name & State: _____

Hiring Manager: _____ Position: _____ Starting Wage: \$ _____

EMPLOYEE SECTION:

Employee Name: ANDREW JR Street Address: 1551 KENNEDY City/State: CHICAGO, IL Zip: 77427

SS#: 567-561270 Date of Birth: 7/20/1952 Age: 62 Have you worked for this company before? Yes No If yes, location: _____

Please complete all questions, and sign and date the form.

1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997? (If yes, please provide information below) Yes No

Name of the person receiving benefits: _____ Relationship to you: _____

City: _____ County: _____ State: _____

2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months? Yes No

(If yes, please provide information below)

Name of the person receiving benefits: _____ Relationship to you: _____

City: _____ County: _____ State: _____

3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months? Yes No

Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits.

**If you checked yes please provide a copy of your SSI documentation.*

4. Have you received any type of Vocational rehabilitation services within the past two years? Yes No

If yes, please indicate which type of agency you worked with and provide their location information below:

Vocational Rehabilitation Agency Dept. of Veterans Affairs Employment Network (Ticket to Work Program)

Name of Agency: _____ Phone #: _____

City: _____ County: _____ State: _____

**If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.*

5. Are you a Veteran of the U.S. Military? **If yes, please provide a copy of your DD-214 and letter of separation.* Yes No

(If yes, please provide information below. If no, please continue to question 6.)

Dates of Service - From: _____ To: _____

Branch of Service: **Select One**

Are you entitled to or are you receiving compensation for a service-connected disability? Yes No

Have you been unemployed at any time during the last 12 months? Yes No

If yes, dates of unemployment - From: _____ To: _____

Did you receive unemployment compensation at any point during your unemployment? Yes No

6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months? Yes No

Conviction Date: _____ Release Date: _____

Was this a Federal or State conviction? If State - County: _____ State: _____

Additional Tax Credits

IEC (Native American): Are you or your spouse a member of a Native American Tribe? Yes No

**If you checked yes please provide a copy of your CDIB card.*

CA Residents: Are you the child of foster parents? Do you receive CalWorks? Workforce Investment Act? Yes No

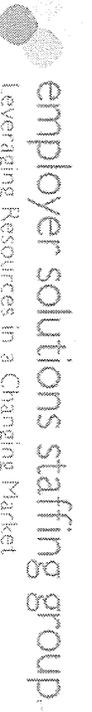
Are you a migrant or seasonal farm worker? Have you ever been convicted of a misdemeanor? Yes No

SC Residents: Do you receive Family Independence Benefits? Yes No

PLEASE READ, SIGN, AND DATE:

Under penalties of perjury, I declare the information above to be true and accurate to the best of my knowledge, and I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative, Associated Consultants, Inc. dba RetroTax, or the Department of Labor.

New Employee Signature: [Signature] Date: 6/21/2015



employer solutions staffing group.
Leveraging Resources in a Changing Market

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: Andrew H. Hester, Sr. SSN# (last 4 digits): 1270 Effective Date: 6/21/15

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: Chatham County Emp. Co.
 Routing#: 313084564
 Account#: 0004900455
 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: AH Date: 6/21/15

- To help us avoid making an error, please attach a copy of a voided check. (A deposit slip will not work.)
- If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods.

SECTION 4 - PAYROLL DEBIT CARD (GLOBAL CASH CARD)

Patent law requires all financial institutions to obtain, verify, and report 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: ML Last Name: Date of Birth:
 Street Address (do not use apartment): Social Security#:
 City: State: Zip: Cell Phone (mobile):

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

Payroll Debit Card Routing #: 072972181 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: Andrew H. Hester, Sr. Date: 6/21/15

SECTION 5 - AUTHORIZATION

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

*E-mail: WHA@ESSG13511@GMAIL.COM
 this information will only be used to send your paystubs electronically
 Employee's Signature: Andrew H. Hester, Sr. Date: 6/21/15

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 include 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: 800-886-9774 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>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.</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 California applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by ESSG.
 (Must include email address: _____)

Signature: ANDREW JR Date: 6/21/15

BACKGROUND INFORMATION

Last Name: ANDERSON JR First: ANDREW Middle: WILLIAM

Other Names/Alias:

Social Security #: 567-56-1270 Date of Birth (mm/dd/yyyy): 7/20/1952

Driver's License #: 02842873 State of Driver's License: TX

Present Address: 15511 Fairwood Telephone # (Primary): 832-568-5403

City/State/Zip: Cypress TX 77429

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

ENROLLMENT FORM

REQUIRED EMPLOYEE INFORMATION

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

Social Security Number 68754-1270 Sex M F
 Date of Birth 02/20/1952
 Name ANGUS W HANCOCK JR
 Street Address 1591 FALWATER
 City CAYCE State SD Zip 57142
 Home Phone 201-213-2147

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 CAROL R HANCOCK Sex M F
 Social Security Number _____
 Date of Birth 02/23/1956 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 CAROL R HANCOCK
 RELATIONSHIP WIFE

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 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

- YES \$0.60 Employee Only
- YES \$0.90 Employee + 1
- NO \$1.80 Employee + Family

SHORT-TERM DISABILITY

- YES \$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

- \$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 declination of coverage.

Signature ANGUS W HANCOCK Date 06/23/2015

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 06/25/2015
Page: 1 of 1

Case Verification Number: 2015176131714YY

Case Information:**Employee Information:**

| | | | |
|-------------------------|--------------------------------|-------------------|------------|
| Last Name: | Hagler | First Name: | Angus |
| Middle Initial: | W | Other Names Used: | |
| Social Security Number: | *** ** 1270 | Date of Birth: | 07/20/1952 |
| Citizenship Status: | A citizen of the United States | Email Address: | |

Document Information:

| | | | |
|-------------------------------------|---|---------------------------|----------------------|
| List B Document: | Driver's license or ID card issued by a U.S. state or outlying possession | List C Document: | Social Security Card |
| Document Name: | Driver's license | Document State: | Texas |
| Driver's License or ID Card Number: | | Document Expiration Date: | 07/20/2019 |
| Alien Number: | | I-94 Number: | |

Additional Information:

| | | | |
|------------------------|------------|-------------------------|------------|
| Hire Date: | 06/25/2015 | Employer Case ID: | |
| Three-Day Rule Reason: | | Three-Day Rule - Other: | |
| Submitted By: | CSCH4411 | Submitted On: | 06/25/2015 |

Initial Case Result:

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

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:

Closed By:

Closed On:

SENSITIVE BUT UNCLASSIFIED