



SENSITIVE BUT UNCLASSIFIED**Case Verification Number: 2016161125855KA**

Report Prepared: 06/09/2016

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Halstead

First Name: David

Date of Birth: 03/07/1974

Social Security Number: *** ** 6163

Hire Date: 06/09/2016

Citizenship Status: A citizen of the United States

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

List C Document: U.S. birth certificate (original or certified copy)

Document Name: Driver's license

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 03/07/2017

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 06/09/2016

Case Submitted By: LYAN0374

SENSITIVE BUT UNCLASSIFIED



New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Halstead First Name David Middle Initial H.
 Street Address 1117 Pullman avenue Apt/Ste _____
 City/State/Zip Saint Paul Park Social Security Last Four XXX-XX-6163
 Phone Number 651-354-1589 Email Address dhalstea @ yahoo.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.

David H. Halstead David H. Halstead 06/09/16
 Name (Print or type) Applicant's Signature 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 (2016)

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.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. 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 exemption from withholding if your income exceeds \$1,050 and includes more than \$350 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 worksheets on page 2 further adjust your 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 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 allowable 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.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u>1</u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u>1</u>
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	<u>3</u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u>1</u>
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.)	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" 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 \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G	
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	<u>5</u>

For accuracy, complete all worksheets that apply. {

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on 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 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2016</div>
1 Your first name and middle initial David H.		2 Your social security number 475-94-6163
Last name Halstead		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
Home address (number and street or rural route) 1117 Pullman Ave		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"/>
City or town, state, and ZIP code Saint Paul Park, MN 55071		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>5</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 ▶ 7		
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.) ▶ <i>David H. Halstead</i>		Date ▶ 06/09/16
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)



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 <i>(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.)</i>					
Last Name (Family Name) Halstead		First Name (Given Name) David		Middle Initial H	Other Names Used (if any)
Address (Street Number and Name) 1117 Pullman Avenue		Apt. Number	City or Town Saint Paul Park	State MN	Zip Code 55071
Date of Birth (mm/dd/yyyy) 03/07/1974	U.S. Social Security Number 475-94-6163	E-mail Address dhalstea@yahoo.com			Telephone Number 651-354-1589

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):

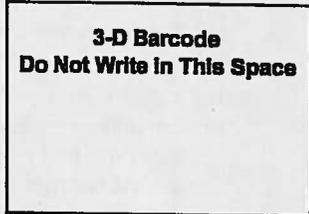
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this 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: David Halstead	Date (mm/dd/yyyy): 06/09/2016
--	--------------------------------------

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: Halstead, David H

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>Certificate of Birth</u>
Issuing Authority:		Issuing Authority: <u>State of Minnesota</u>		Issuing Authority: <u>State of Minnesota</u>
Document Number:		Document Number: <u>X954224903818</u>		Document Number: <u>N/A</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>03/07/2017</u>		Expiration Date (if any)(mm/dd/yyyy): <u>N/A</u>
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): 06/09/2016 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>La Houa Yang</u>		Date (mm/dd/yyyy) <u>06/09/2016</u>	Title of Employer or Authorized Representative <u>Staffing Coordinator</u>		
Last Name (Family Name) <u>Yang</u>		First Name (Given Name) <u>La Houa</u>		Employer's Business or Organization Name <u>EMPLOYER SOLUTIONS STAFFING 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:
---	--------------------	--

State of Minnesota } SS.
 County of St. Louis }
JOSEPH M. LASKY



I, JOSEPH M. LASKY, Clerk of District Court in and for said County and State aforesaid, do hereby certify that the following is a true and correct copy of the certificate of BIRTH of DAVID HERBERT HALSTEAD, on file and of record in my office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said court at Duluth, Minnesota, this ninth day of May, 1974

JOSEPH M. LASKY

Clerk of said District Court

By Kim Jackson
 Deputy

MINNESOTA DEPARTMENT OF HEALTH
 Section of Vital Statistics
CERTIFICATE OF LIVE BIRTH

This becomes a permanent legal record when properly executed. Please type, or use permanent ink.

LOCAL FILE NUMBER			STATE FILE NUMBER		
1. CHILD - NAME FIRST MIDDLE LAST DAVID HERBERT HALSTEAD			2. DATE OF BIRTH MONTH DAY YEAR 3-7-74		3. HOUR 10:4
4. SEX Male	5. THIS BIRTH SINGLE TWIN TRIPLET ETC. Single	6. IF NOT SINGLE BIRTH, BORN FIRST SECOND, ETC.	7. COUNTY OF BIRTH St. Louis		
8. LOCATION OF BIRTH CITY, VILLAGE OR TOWNSHIP Duluth		9. BORN OUTSIDE U.S. SPECIFY	10. HOSPITAL - NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) St. Mary's		
11. FATHER - NAME FIRST MIDDLE LAST David Michael Halstead			12. AGE (AT TIME OF THIS BIRTH) 35	13. BIRTHPLACE (STATE OR FOREIGN) New Jersey	
14. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Mary Elizabeth Vosika			15. AGE (AT TIME OF THIS BIRTH) 35	16. BIRTHPLACE (STATE OR FOREIGN) Minnesota	
17. RESIDENCE OF MOTHER - STATE Minnesota		18. COUNTY St. Louis	19. CITY, VILLAGE OR TOWNSHIP Duluth 55803		
20. ADDRESS OF MOTHER STREET AND NUMBER POST OFFICE 133 Marion St.			21. I CERTIFY THAT THIS CERTIFICATE IS CORRECT		
22. CERTIFICATE TO BE COMPLETED BY ATTENDING PHYSICIAN WHO HAS BEEN ALIVE AT THE PLACE OF BIRTH			23. SIGNATURE OF PHYSICIAN Max W. Halstead		
24. SIGNATURE Dr. B. Williams			25. ATTENDING ADDRESS Duluth Clinic		
26. REGISTER - SIGNATURE Kim Jackson Deputy			27. DATE FILED MAR 13 1974		

THIS SPACE RESERVED FOR USE OF REGISTRAR

MINNESOTA
DRIVER'S LICENSE



DAVID HERBERT HALSTEAD
1117 PULLMAN AVE
ST PAUL PARK, MN 56071

Date of Birth **03-07-1974**
Sex **M** Eyes **BLU** Class **D**
Height **5-8** Weight **148**

ISSUED **11-2013** EXPIRES **03-07-2017**

David Halstead



X964224903818



employer solutions staffing group.

Leveraging Resources in a Changing Market

Wage Payment Method Authorization (Minnesota)

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 paper Check.

SECTION 1 BASIC INFORMATION

Employee Name David H. Halstead SSN# (last 4 digits) 475-94-6163 Effective Date 06/09/16

SECTION 2 PAYROLL ELECTION

Direct Deposit (Please complete Sections 3 and 5 below) *Note: Direct Deposit accounts may take up to 7 days to be activated*
 Payroll Debit Card (Please complete Sections 4 and 5 below) **Paper Check** (Please complete Section 5 below)

SECTION 3 DIRECT DEPOSIT

Update Bank Account

Bank Name: US Bank

Routing#: 541210032

Account#: 143100353141

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 DHH Date 06/09/16

- 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

Federal law requires you to request a Payroll Debit Card to pay your wages. Except for the transactions, you must sign and acknowledge the wages.

DEBIT CARD ACTIVATION AND USE INSTRUCTIONS: PLEASE SEE THE DEBIT CARD AND ACTIVATION BROCHURE FOR COMPLETE INSTRUCTIONS.

DEPOSIT TICKET
DAVID H HALSTEAD
6809 ASHWOOD RD. APT 301
WOODBURY, MN 55125-1223

Void

CASH
17-2/910

DATE _____
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

TOTAL FROM OTHER SIDE

SUB TOTAL

* LESS CASH RECEIVED

\$

usbank. All of us serving youSM

CARDHOLDER

First Name _____

Street Address _____

City _____

⑆541210032⑆ ⑆43100353141⑆

t. In order to notify you. If payroll Debit so they can

account or ms. You will you receive

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.

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: dhalstea @ yahoo.com
this information will only be used to send your paystubs electronically

Employee's Signature: David H. Halstead

Date: 06/09/16

EMERGENCY CONTACT INFORMATION

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

Employee Name: David H. Halstead
Address: 1117 Pullman Avenue Saint Paul Park MN 550
Home Phone: 651-354-1589

EMERGENCY CONTACTS

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

<p>Contact #1</p> <p>Name: <u>Patricia Delgado</u></p> <p>Relationship: <u>wife</u></p>	<p>Home Phone:</p> <p>Cell Phone: <u>651-276-4673</u></p> <p>Work Phone:</p>
<p>Contact #2</p> <p>Name: <u>Jeff Halstead</u></p> <p>Relationship: <u>Brother</u></p>	<p>Home Phone: <u>612-616-2291</u></p> <p>Cell Phone: <u>(612-616-7447)</u> <u>Carol</u></p> <p>Work Phone:</p>

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