SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security **Report Prepared: 05/21/2015**

E-Verify **Page: 1 of 1**

Case Verification Number: 2015141134629JA

Case Information:

Employee Information:

Last Name:	Lowery	First Name:	Annah
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 5696	Date of Birth:	03/19/1997
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	ID card issued by a U.S. federal, state or local government agency	List C Document:	Social Security Card
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	05/21/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	ESAG6409	Submitted On:	05/21/2015

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:	The employee continues to work for the employer after receiving an Employment Authorized result.		
Closed By:	ESAG6409	Closed On:	05/21/2015

SENSITIVE BUT UNCLASSIFIED

MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE
IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION

DVS Driver & Vehicle Services

PLEASE READ THE INSTRUCTIONS ON THE BACK OF THIS FORM BEFORE PROCEEDING
PLEASE PRINT CLEARLY WITH BLACK INK USING ALL CAPITAL LETTERS

2015771134065

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: X [illegible]

BIRTH DATE (MONTH/DAY/YEAR): 03 19 1997

YOUR LEGAL NAME:
- COMPLETE FIRST NAME: Annah
- COMPLETE MIDDLE NAME: Jay
- COMPLETE LAST NAME: Lavery

PREVIOUS LEGAL NAME (ONLY APPLIES IF YOU CHANGED IT SINCE LAST MN APPLICATION)
- COMPLETE FIRST NAME:
- COMPLETE MIDDLE:
- COMPLETE LAST NAME:

FULL RESIDENCE ADDRESS (WHERE YOU LIVE) NOTE: MAKE SURE THIS IS A CURRENT AND VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD
- NUMBER: 413
- STREET: 18th Ave SE
- APT#: 1
- CITY: Rochester
- STATE: MN
- ZIP CODE: 55904
- MN COUNTY: Olmsted

OPTIONAL MAILING ADDRESS (SEE #1 ON BACK OF WHITE COPY) MAKE SURE THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD
I affirm that the U.S. Postal Service will not deliver mail to my Residence Address shown above. Initial here _____ to have your card sent to the address below.
- NUMBER
- STREET
- APT#
- CITY
- STATE
- ZIP CODE
- MN COUNTY

APPLICANT'S PHYSICAL DESCRIPTION

EYE COLOR	HEIGHT	WEIGHT IN POUNDS	MALE	FEMALE
BLU	5 FT. 05 IN.	150		X

This section for DVS OFFICE USE ONLY — Triple Check Completed ☐ — ONLINE ☐

TYPE

☐REG	☐EDL
☐ A	☐ DUP
☐ B	☐ DUP
☐ C	☐ DUP
☐ D	☐ DUP
☐ PROV	☐ DUP
☐ ID	☐ DUP
☐ MBOP	☐ DUP

☐ CDL IP
☑ REG IP

INDICATORS
☐ SENIOR
☐ LTD MOBILITY
☐ SNOWMOBILE
☐ FIREARM
☐ S or TC
☐ VETERAN

RX # _____

TESTS PASSED (STATE EXAM USE ONLY)
☑ D
☐ MC
☐ MBOP
☐ GK
☐ AIR
☐ COMB
☐ DBL/TRIPLE
☐ PASSENGER
☐ SCHOOL BUS
☐ TANKER
☐ HAZMAT
☐ DWI

☐ RT Passed
☐ RT Waived

RESTRICT/ENDORSE
☐ MC ORIGINAL
☐ MC RENEWAL
☐ ADD/REMOVE

FEES PAID
APPLICATION $ 14.25

OTHER FEES
MC $ _____ SB PHYS $ _____
REIN FEE $ _____ OTHER $ _____

ORGAN DONATION
$ _____

VISION
☑ PASS NR
☐ PASS With CL
☐ INCOMPLETE
☐ ATTACHED:

PROPER ID
ID

EDL DOCS

INVALIDATED
DL / ID / IP
STATE: MN
EXP: 3-19

Notes:

Application Processed by: [illegible]

I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the selective service system, if required by federal law. I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in M.S. § 169.444 regarding the safety of children around school buses.

Annah Lavery — SIGNATURE

4/5/15 — APPLICATION DATE

Visit www.dvs.dps.mn.gov to:

- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions:	**651-297-3298**
License Status, available 24/7	**651-284-2000**
General DVS Information:	**651-296-6911**
TDD/TTY:	**651-282-6555**

DEPARTMENT OF PUBLIC SAFETY STATE OF MINNESOTA

DVS Driver & Vehicle Services

(DVS USE ONLY)

DEPARTMENT OF PUBLIC SAFETY-DRIVER LICENSING

THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATED, AND IS NOT A STANDALONE IDENTIFICATION DOCUMENT.

- This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification
- This receipt is valid for the type of card indicated, when stamped with the proper validation stamp, for a maximum of 60 days from the application date shown above
- This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record

- Not valid as Enhanced Driver's License (EDL) for border crossings.
- Lost, stolen and duplicate EDL cards are deactivated and may not be used for border crossings.

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

►START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Names Used *(if any)*
Lowery	Annah	J	Paradis

Address *(Street Number and Name)*	Apt. Number	City or Town	State	Zip Code
413 13th Ave SE	1	Rochester	MN	55904

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	E-mail Address	Telephone Number
03/19/1997	474-35-5696	lowerylover4ever@gmail.com	(507)250-7275

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):

- [x] 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*)

3-D Barcode
Do Not Write in This Space

Signature of Employee: Annah Lowery	Date *(mm/dd/yyyy)*: 05/21/2015

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

STOP *Employer Completes Next Page* STOP

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 05/21/2015

Case Verification Number: 2015141134629JA

Case Information:

Employee Information:

Last Name:	Lowery	First Name:	Annah
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 5696	Date of Birth:	03/19/1997
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	ID card issued by a U.S. federal, state or local government agency	List C Document:	Social Security Card
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	05/21/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	ESAG6409	Submitted On:	05/21/2015

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:

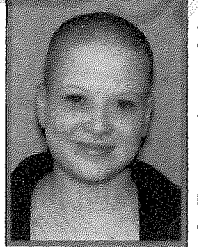
Case Closure:

Closure Statement:	The employee continues to work for the employer after receiving an Employment Authorized result.		
Closed By:	ESAG6409	Closed On:	05/21/2015

SENSITIVE BUT UNCLASSIFIED

MINNESOTA

UNDER 21



X864261447718

IDENTIFICATION CARD
NOT A DRIVER'S LICENSE

ANNAH JOY LOWERY
413 13TH AVE SE APT 1
ROCHESTER, MN 55904

Date of Birth 03-19-1997 AGE 18 03-19-2015

Sex	Eyes	Class
F	BLU	ID
Height	Weight	
5-5	150	

ISSUED 12-2014 EXPIRES 03-19-2018

Annah Lowery

SOCIAL SECURITY

474-35-5696

THIS NUMBER HAS BEEN ESTABLISHED FOR

ANNAH JOY LOWERY

SIGNATURE

12/31/2014

USA

2015771134065

MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION

DVS Driver & Vehicle Services

PLEASE READ THE INSTRUCTIONS ON THE BACK OF THIS FORM BEFORE PROCEEDING
PLEASE PRINT CLEARLY WITH BLACK INK USING ALL CAPITAL LETTERS

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: X 864261 477018

BIRTH DATE (MONTH/DAY/YEAR): 03 19 1997

YOUR LEGAL NAME → Annah (COMPLETE FIRST NAME) Jay (COMPLETE MIDDLE NAME) Lavery (COMPLETE LAST NAME)

PREVIOUS LEGAL NAME (ONLY APPLIES IF YOU CHANGED IT SINCE LAST MN APPLICATION)

COMPLETE FIRST NAME | COMPLETE MIDDLE | COMPLETE LAST NAME

[redacted]

FULL RESIDENCE ADDRESS (WHERE YOU LIVE) NOTE: MAKE SURE THIS IS A CURRENT AND VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD

NUMBER: 413 STREET: 13th Ave SE APT#: 1

CITY: Rochester STATE: MN ZIP CODE: 55904 MN COUNTY: Olmsted

OPTIONAL MAILING ADDRESS (SEE #1 ON BACK OF WHITE COPY) MAKE SURE THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD

I affirm that the U.S. Postal Service will not deliver mail to my Residence Address shown above. Initial here _____ to have your card sent to the address below.

NUMBER | STREET | APT#

CITY | STATE | ZIP CODE | MN COUNTY

APPLICANT'S PHYSICAL DESCRIPTION

EYE COLOR: BLU HEIGHT: 5 FT. 05 IN. WEIGHT IN POUNDS: 150 MALE: [ ] FEMALE: X

This section for DVS OFFICE USE ONLY — Triple Check Completed ☐ ONLINE ☐

TYPE
☐ REG ☐ EDL
☐ A ☐ DUP
☐ B ☐ DUP
☐ C ☐ DUP
☐ D ☐ DUP
☐ PROV ☐ DUP
☐ ID ☐ DUP
☐ MBOP ☐ DUP
☐ CDL IP
☑ REG IP

INDICATORS
☐ SENIOR
☐ LTD MOBILITY
☐ SNOWMOBILE
☐ FIREARM
☐ S or TC
☐ VETERAN

RX # _____

TESTS PASSED (STATE EXAM USE ONLY)
☑ D
☐ MC
☐ MBOP
☐ GK
☐ AIR
☐ COMB
☐ DBL/TRIPLE
☐ PASSENGER
☐ SCHOOL BUS
☐ TANKER
☐ HAZMAT
☐ DWI
☐ RT Passed
☐ RT Waived

RESTRICT/ENDORSE
☐ MC ORIGINAL
☐ MC RENEWAL
☐ ADD/REMOVE

FEES PAID
APPLICATION $ 14.25

OTHER FEES
MC $ SB PHYS $
REIN FEE $ OTHER $
ORGAN DONATION $

VISION
☑ PASS NR
☐ PASS With CL
☐ INCOMPLETE
☐ ATTACHED:

PROPER ID
ID

EDL DOCS

INVALIDATED
DL / ID / IP
STATE: MN
EXP: 3-18

Notes:

Application Processed by: [illegible]

I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the selective service system, if required by federal law. I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in M.S. § 169.444 regarding the safety of children around school buses.

[signature] 05/4/15

SIGNATURE — APPLICATION DATE

Visit www.dvs.dps.mn.gov to:

- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions:	**651-297-3298**
License Status, available 24/7	**651-284-2000**
General DVS Information:	**651-296-6911**
TDD/TTY:	**651-282-6555**

(DVS USE ONLY)

DEPARTMENT OF PUBLIC SAFETY-DRIVER LICENSE

DEPARTMENT OF PUBLIC SAFETY STATE OF MINNESOTA

DVS Driver & Vehicle Services

THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATED, AND IS NOT A STANDALONE IDENTIFICATION DOCUMENT.

- This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification
- This receipt is valid for the type of card indicated, when stamped with the proper validation stamp, for a maximum of 60 days from the application date shown above
- This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record

- Not valid as Enhanced Driver's License (EDL) for border crossings.
- Lost, stolen and duplicate EDL cards are deactivated and may not be used for border crossings.

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Names Used *(if any)*
Lowery	Annah	J	Paradis

Address *(Street Number and Name)*	Apt. Number	City or Town	State	Zip Code
413 13th Ave SE	1	Rochester	MN	55904

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	E-mail Address	Telephone Number
03/19/1997	474-35-5696	lowerylover4ever@gmail.com	(507)250-7275

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*)

3-D Barcode
Do Not Write in This Space

Signature of Employee: Annah Lowery	Date *(mm/dd/yyyy)*: 05/21/2015

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

STOP ***Employer Completes Next Page*** STOP

STOP *Employer Completes This Page* STOP

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: Lowery, Annah J.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: Identification Card		Document Title: S.S. Card
Issuing Authority:		Issuing Authority: Minnesota		Issuing Authority: SSA
Document Number:		Document Number: X8642614477718		Document Number: 474-35-5696
Expiration Date *(if any)(mm/dd/yyyy)*:		Expiration Date *(if any)(mm/dd/yyyy)*: 3/19/18		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)*: _____ **(*See instructions for exemptions.*)**

Signature of Employer or Authorized Representative	Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative
Emily Theros	5/21/15	Office Assistant

Last Name *(Family Name)*	First Name *(Given Name)*	Employer's Business or Organization Name
Theros	Emily	EMPLOYER SOLUTIONS STAFFING GROUP LLC

Employer's Business or Organization Address *(Street Number and Name)*	City or Town	State	Zip Code
7301 OHMS LANE SUITE 405	EDINA	MN	55439

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:

DRUG AND ALCOHOL
TESTING CONSENT FORM

1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.

2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events as described in the policy may result in adverse personnel action, including my termination from employment with ESSG. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.

3. I hereby voluntarily consent to ESSG, or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath, or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by ESSG may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to ESSG of the results of my drug and/or alcohol test and other information related to the test.

Individual's Name

05-21-2015
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

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.

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: lawerylover4ever@gmail.com)

Signature: Annah Lowery Date: 05/21/2015

BACKGROUND INFORMATION

Last Name: Lowery First: Annah Middle: Jay

Other Names/Alias: Paradis

Social Security #*: 474-35-5696 Date of Birth (mm/dd/yyyy)*: 03/19/1997

Driver's License #: X8642614477198 State of Driver's License: MN

Present Address: 413 13th Ave SE Apt #1 Telephone # (Primary): (507) 250-7275

City/State/Zip: Rochester, MN 55904

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

Preliminary Questions

For CMG use only

Name: Annah Lowery

Date: 5/21/15

1. If hired are you willing to take a drug test? Yes
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? NO
3. Are you able to work with pork? Yes
4. Which plant do you prefer? Open
5. What shift to you prefer? 3rd

To be completed during interview only

Date of interview 5/21/15

Have you ever been convicted of a crime? Yes____ No X

Explain

Incident_____

_____

_____

Employee Signature Annah Lowery

Interviewer Signature Kelsey Caudill

CORPORATE MANAGEMENT GROUP

CMG APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED

PLEASE COMPLETE PAGES 1-5 DATE 05-21-2015

Name Lowery Annah Jay
Last First Middle Maiden

Present address 413 13th Ave SE Apt #1
Number Street

Rochester MN 55904
City State Zip

Social Security No. 474 - 35 - 5696

Telephone (507) 250-7275 E-Mail lowerylover4ever@gmail.com

If under 18, please list age _____ Referred by _____

Position applied for (1) Sanitation
and salary desired (2) $12.00
(Be specific) 1st Shift

Shift available to work
1st _____
2nd _____
3rd X

Wknds ok 5/21

How many hours can you work weekly? 40 Can you work nights? Yes

Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY X FULL- OR PART-TIME

When available for work? _____

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
X No ___ Yes If so, please explain _____

Do you anticipate any absences from work on a regular basis?
X No ___ Yes If so, please explain _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				GED
College				
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ___ Yes _X_ No

What is your means of transportation to work? Husband. I have my permit

Driver's license number _____ State of issue _____

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date _____

Have you had any accidents during the past three years? ___ Yes _X_ No

If so, how many? _____

Have you had any moving violations during the past three years? ___ Yes _X_ No

If so, how many? _____

Please list two references other than relatives or previous employers.

Name Andrea Hernandez	Name Colleen Larson
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Moscow, ID	Rochester, MN
Telephone (509) 592-8819	Telephone (507) 993-2641

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes X No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? __ Yes X No

Branch _____ Specialty _____

Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.** See Resume

Name _____ Position _____ Company _____ Address _____ _____ Telephone (____)_____	Supervisor name _____ Employment dates / Pay or salary From / Start To / Final Your last job title _____
Reason for leaving (be specific) _____	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.	

Name _____ Position _____ Company _____ Address _____ _____ Telephone (____)_____	Supervisor name _____ Employment dates / Pay or salary From / Start To / Final Your last job title _____
Reason for leaving (be specific) _____	
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APPLICATION FOR EMPLOYMENT

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Name _____ Position _____ Company _____ Address _____ _____ Telephone (____)_____	Supervisor name _____	
	Employment dates	Pay or salary
	From To	Start Final
	Your last job title _____	
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

May we contact your present employer? __ Yes __ No

Did you complete this application yourself? ✓ Yes __ No

If not, who did? _____

PLEASE READ CAREFULLY
APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. 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 CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant _____ Date: 05/21/2015

Name: Annah Lowery

Achoo!

by Cynthia Sherwood

Achoo! We all sneeze sometimes. Sneezing is a reflex that your body does automatically. That means you cannot make yourself sneeze or stop one once it has started. When you sneeze, your body is trying to get rid of bad things in your nose, such as bacteria. You have extra germs when you have a cold, so you sneeze a lot more. You might also sneeze when you smell pepper!

Inside your nose, there are hundreds of tiny hairs. These hairs filter the air you breathe. Sometimes dust and pollen find their way through these hairs and bother your nasal passages. The nerves in the lining of your nose tell your brain that something is invading your body.

Your brain, lungs, nose, mouth, and the muscles of your upper body work together to blow away the invaders with a sneeze. When you sneeze, germs from your nose get blown into the air. Using a tissue or "sneezing into your sleeve" captures most of these germs. It is very important to wash your hands after you sneeze into them, especially during cold and flu season.

Do you ever sneeze when you walk into bright sunlight? Some people say that happens to them often. Scientists believe the UV rays of the sun irritate the nose lining of these people so they sneeze.

If someone nearby sneezes, remember to tell them "Gesundheit!" That is a funny-looking word which is pronounced "gezz-oont-hite." It is the German word that wishes someone good health after sneezing.

Name: Annah Lavery

Achoo Reading Test

(Circle the correct answer)

1. Why do people sneeze?
   a. The tiny hairs in your nose tickle
   (b.) Your body is trying to get rid of bad things
   c. You can make yourself sneeze when you want to

2. What are the 3 parts of your body work together with your upper body to sneeze?
   a. Hand, Elbow, Shoulder
   b. Ankle, Knee, Hip
   (c.) Brain, Lungs, Mouth

3. What other things can make you sneeze?
   (a.) Pepper, Sun, Dust, and Pollen
   b. Water, Pop, Flowers, Trees
   c. Salt, Seasonings, Meat, Fruit

4. What is a German word that people often say to someone that sneezes?
   a. Good Job
   (b.) Gesundheit
   c. Hang in there

5. What should you do after you sneeze into your hands especially during cold and flu season? This should also be done in the production area!
   a. Wipe them with a tissue
   b. Nothing
   (c.) Wash your hands

5-21 1pm

Annah Lowery
413 13th Ave SE Apt#1
Rochester, MN 55904
lowerylover4ever@gmail.com
Mobile : 5072507275

ACADEMIC DETAILS

Degree/Course	Institution	Year of Passing	Percentage / Grade
GED	Hawthorne Education Center	2015	0%

WORK EXPERIENCE

Organization	Designation	Duration
Taco Bell	Rochester, MN	Jan 2013 - till date
Mayo Clinic	Rochester, MN	Apr 2015 - till date

Roles

- Crew Trainer
- Food Service Worker

REFERENCE

Colleen Larson
Rochester, MN
Taco Bell
5079932641

Kelly Moyer
Rochester, MN
School Teacher
5073581657

(Annah Lowery)

Applicant Interview Score Card

Name Annah Date of Interview 5/21

Position/Shift Assignment 1(S.N) Stand by Position

Rating Weak (1) to Strong (5)

1.	Understanding of English conversation	1 2 3 4 (5)
2.	Speaks English Fluently	1 2 3 4 (5)
3.	Work experience related to job-food industry	1 2 3 4 (5)
4.	Work history-working presently, yrs in workforce	1 2 3 4 (5)
5.	Criminal Background information	1 2 3 4 (5)
6.	Possesses required New Hire documentation (I9)	1 2 3 4 (5)
7.	Personality-friendly, pleasant, sense of humor	1 2 3 4 (5)
8.	Appearance-well groomed, cleanliness	1 2 3 4 (5)
9.	Meets requirements to work w/pork, peanuts & soy	1 2 3 4 (5)
10.	Shift availability-prefers shift that is available for Open positions, willing to be flexible to shifts available	1 2 3 4 (5)

Total possible points **50** pts. Total points scored 50

Former Employer Rating Bonus Points 1-20 -

Interviewer: Kelsey

Date: 5/21

Total Points 50