



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5		DATE <u>1-13-16</u>
Name <u>Vogen Shannon Sue</u> <small>Last First Middle Maiden</small>		<u>Westphal</u>
Present address <u>104 N main PO Box 163</u> <small>Number Street</small> <u>Waukegan</u> <u>MN</u> <u>55990</u> <small>City State Zip</small>		
Social Security No. <u>515 - 92 - 5914</u>		
Telephone <u>(800) 884-0874</u>	E-Mail <u>Shannon.vogen@yahoo.com</u>	
If under 18, please list age _____	Referred by <u>indeed.com</u>	
Position applied for (1) <u>any</u> and salary desired (2) <u>10.00 hour</u> (Be specific) <u>South Ind</u>	Shift available to work 1 st <input checked="" type="checkbox"/> _____ 2 nd <input checked="" type="checkbox"/> _____ 3 rd _____ <i>weekends G.K</i>	
How many hours can you work weekly? <u>40</u>	Can you work nights? <u>yes</u>	
Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME.		
When available for work? <u>1-19-16</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		
Do you anticipate any absences from work on a regular basis? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Kingsland</u>	<u>Spring Valley MN</u>	<u>12</u>	<u>GED</u>
College				
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

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

What is your means of transportation to work? car

Driver's license number _____ State of issue MN

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date _____

Have you had any accidents during the past three years? ___ Yes No
If so, how many? _____

Have you had any moving violations during the past three years? ___ Yes No
If so, how many? _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____



Applicant Interview Score Card

Name Shannon Vogen Date of Interview 1/13/16

Position/Shift Assignment ~~_____~~ 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

46

Former Employer Rating Bonus Points 1-20

—

Interviewer: [Signature] Total Points

46

Date: 1/13/16

Julie's Race

by Wanda Hann

The dogsled race was about to begin. Julie's team of dogs was lined up at the starting gate. Julie stood behind them. The air was so cold that she could see her breath. Other teams were lined up, too, and the dogs were excited. Julie kept her eyes on the clock. At exactly ten o'clock, she and the other racers yelled, "Mush!" The dogs knew that meant "Go!" They leapt forward and the race began!

Julie had trained months for this race, and she hoped she and her dogs would win. Hour after hour, day after day, Julie's dogs pulled the sled in order to get in shape for the race.

Now, they ran over snowy hills and down into frozen valleys. They stopped only to rest and eat. They wanted to stay ahead of the other teams. The racers had to go a thousand miles across Alaska. Alaska is one of the coldest places on Earth. The dogs' thick fur coats helped keep them warm in the cold wind and weather. In many places along the route, the snow was deep. Pieces of ice were as sharp as a knife. The ice could cut the dogs' feet. To keep that from happening, Julie had put special booties on their feet.

At first, the dogs seemed to pull the sled very slowly. They were still getting used to the race. But on the third day out, they began to pull more quickly. They worked as a team and passed many of the other racers. Once, one of the sled's runners slid into a hole and broke. Julie could have given up then, but she didn't. She fixed it and they kept going.

When they finally reached the finish line, they found out that they had come in first place! It was a great day for Julie and her dogs.

5 Why don't the dogs freeze in the cold weather?

- (A) Julie puts special booties on their feet.
- (B) They sleep by the fire at night.
- (C) Their thick fur coats keep them warm.
- (D) It doesn't get very cold in Alaska.

The dogs' thick fur coats helped keep them warm in the cold wind and weather.

What does *thick* mean?

- 6**
- (F) thin
 - (G) hard
 - (H) fat
 - (I) skinny

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: _____)

Signature: Shannon Vogin Date: 1-13-16

BACKGROUND INFORMATION

Last Name: Vogin First: Shannon Middle: Sue

Other Names/Alias: _____
 Social Security #: 515-92-5916 Date of Birth (mm/dd/yyyy)*: 10/08/1976

Driver's License #: LE22152730510 State of Driver's License: Minnesota

Present Address: 104 N Main PO Box 163 Telephone # (Primary): 507-884-0874

City/State/Zip: Wynkoff MN 55990

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

MINNESOTA
DRIVER'S LICENSE

SHANNON SUE VOGEN
 913 S SECTION AVE
 SPRING VALLEY, MN 55975

Date of Birth 10-08-1976
 Sex F Eyes GRN Class D
 Height 5-3 Weight 160

ISSUED 10-2013 EXPIRES 10-08-2017

Shannon Vogen

L622152230510



SOCIAL SECURITY

515-92-5916

THIS NUMBER HAS BEEN ESTABLISHED FOR
 SHANNON SUE VOGEN

Shannon Sue Vogen
 SIGNATURE



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2016013115137DB

Report Prepared: 01/13/2016

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Vogen

First Name: Shannon

Date of Birth: 10/08/1976

Social Security Number: *** ** 5916

Hire Date: 01/13/2016

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: Social Security Card

Document Name: Driver's license

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 10/08/2017

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 01/13/2016

Case Submitted By: GLEN1037

Closed On: 01/13/2016

Closed By: GLEN1037

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

SENSITIVE BUT UNCLASSIFIED



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: Vogen, Shannon

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>Minnesota</u>		Issuing Authority: <u>SSA</u>
Document Number:		Document Number: <u>L622152230510</u>		Document Number: <u>515-92-5916</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>10/08/2017</u>		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				<div style="border: 1px solid black; padding: 5px;"> 3-D Barcode Do Not Write in This Space </div>
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

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 <u>Garrison Lenz</u>		Date (mm/dd/yyyy) <u>11/13/2016</u>	Title of Employer or Authorized Representative <u>Administrative Assistant</u>	
Last Name (Family Name) <u>Lenz</u>		First Name (Given Name) <u>Garrison</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:



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) Vogel		First Name (Given Name) Shannon		Middle Initial S	Other Names Used (if any)	
Address (Street Number and Name) 104 N Main PO Box 1123			Apt. Number	City or Town WYKOFF	State MN	Zip Code 55990
Date of Birth (mm/dd/yyyy) 10-8-76	U.S. Social Security Number 717-912-5916	E-mail Address Shannonvogel@yahoo.com			Telephone Number 507-884-0874	

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):

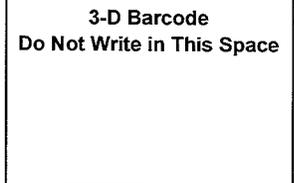
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (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: Shannon Vogel	Date (mm/dd/yyyy): 01-13-2016
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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



MINNESOTA
DRIVERS LICENSE



SHANNON SUE VOGEN
913 S SECTION AVE
SPRING VALLEY, MN 55975

Date of Birth 10-08-1976
Sex F Eyes GRN Class D
Height 5-3 Weight 160
ISSUED 10-2013 EXPIRES 10-08-2017

Shannon Vogen

L622152230510

SOCIAL SECURITY

513-92-5916

THIS NUMBER HAS BEEN ESTABLISHED FOR
SHANNON SUE VOGEN

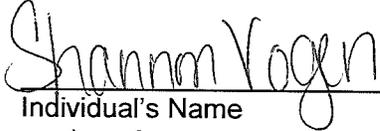
Shannon Sue Vogen
SIGNATURE

**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
1-13-11e

Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6



Preliminary Questions

For CMG use only

Name: Shannon

Date: 1/13/16

- ✓ 1. If hired are you willing to take a drug test? Y
- ✓ 2. Do you have any known food allergies to soy, wheat, peanuts, or milk? N
- ✓ 3. Are you able to work with pork? Y
- ✓ 4. Which plant do you prefer? South
- ✓ 5. What shift do you prefer? 2nd

To be completed during interview only

Date of interview 1/13/16

→ Have you ever been convicted of a crime? Yes No X

Explain

Incident _____

→ Employee Signature Shannon Vogen

Interviewer Signature [Signature]

1/13/16 @ 10³⁰

Shannon Vogen

ENTERED

Wykoff, MN
shannonvogen@yahoo.com - 507-884-0874

Authorized to work in the US for any employer

WORK EXPERIENCE

Certified Pharmacy Technician

Walmart - Rochester, MN - September 2013 to March 2015

Responsibilities

Customer service, Fill prescriptions, Input prescriptions, Call doctors offices and insurance companies, Problem Solving, Work the register, Assist the Pharmacist

Accomplishments

Customer Care

Skills Used

Computer Skills, Customer Service, Problem Solving, Analytic Thinking

Housekeeping Supervisor

Ramada (now the Kahler Apache) - Rochester, MN - April 2012 to September 2013

Responsibilities

Clean Rooms, Assign Rooms to be cleaned to housekeeping staff, Check cleaned rooms, Update computer system with clean or dirty rooms, assist guests

Skills Used

Cleaning, Computer Skills, Customer Skills

Sander and Sanding Inspector

HALCON Furniture - Stewartville, MN - October 2010 to February 2012

Responsibilities

Sanded pieces of office furniture and inspected sanded piece before sending them to finishing

Skills Used

Use equipment to sand

Pharmacy Technician

Walmart - Rochester, MN - September 2002 to April 2010

Responsibilities

Customer service, Fill prescriptions, Input prescriptions, Call doctors offices and insurance companies, Problem Solving, Work the register, Assist the Pharmacist

Accomplishments

Customer Care

Skills Used

Computer Skills, Customer Service, Problem Solving, Analytic Thinking