



10am
2-8-16

ENTERED

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 2-4-16

Name Dortillo Mirta Maria
Last First Middle Maiden

Present address 1618 marion rd SE #109
Number Street
Rochester MN 55904
City State Zip

Social Security No. 534 - 91 - 1017

Telephone (507) 990-0381 E-Mail _____

If under 18, please list age _____ Referred by _____

Position applied for (1) <u>Open</u> and salary desired (2) <u>\$10. hr</u> <small>(Be specific)</small> <i>507 2nd</i>	Shift available to work 1 st _____ 2 nd <u>X</u> 3 rd _____ <i>Weekends G.V. (1)</i>
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How many hours can you work weekly? 40 Can you work nights? yes

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

When available for work? immediate

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

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

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Plainview High School</u>	<u>Plainview MN</u>	<u>9</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? Driving

Driver's license number _____ State of issue _____

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? friend/co-worker

Boyfriend

Please list two references other than relatives or previous employers.

Name Melba Aceves

Name Michael Matuskemo

Position Receptionist

Position Quality

Company Liberty Texas

Company Bard Medical

Address Rochester MN

Address Sterwaterville MN

55904

Rochester MN.

Telephone (507) 491-7486

Telephone (507) 251-9453

APPLICATION FOR EMPLOYMENT

MILITARY

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

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? __ Yes 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.**

Name <u>Bard medical</u>	Supervisor name <u>Josh</u>	
Position <u>packing</u>	Employment dates	Pay or salary
Company _____	From _____	Start \$ <u>11.50</u>
Address <u>medical drive</u>	To <u>1-10-16</u>	Final \$ <u>11.50</u> hr.
<u>Strwaterville mn - 55976</u>	Your last job title <u>packer</u>	
Telephone (507) <u>533-9600</u>		

Reason for leaving (be specific) Laid off

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

Packing line

Name <u>Windham Garden Hotel</u>	Supervisor name <u>Sharla Winkster</u>	
Position <u>Housekeeper</u>	Employment dates	Pay or salary
Company <u>Hotel inc.</u>	From <u>2-17-15</u>	Start \$ <u>4x room</u>
Address <u>16255 Broadway</u>	To <u>7-18-15</u>	Final \$ <u>4x room</u>
<u>Rochester mn 55904</u>	Your last job title <u>Housekeeper</u>	
Telephone (507) <u>281-2211</u>		

Reason for leaving (be specific) working a little bit hrs and not enough pay

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

APPLICATION FOR EMPLOYMENT

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.**

Name _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From	Start
Address _____	To	Final
Telephone (____) _____	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 _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From	Start
Address _____	To	Final
Telephone (____) _____	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 Marta Portillo Date: 2-4-16



Preliminary Questions

For CMG use only

Name: Mirita Portillo

Date: 2/8/16

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 2/8/16

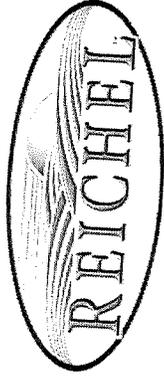
Have you ever been convicted of a crime? Yes No

Explain

Incident _____

Employee Signature Mirita Portillo

Interviewer Signature [Signature]



Employee Photo Release Form

I, Mirka Portillo, agree to let Reichel Foods use my picture for internal security purposes. I also agree to submit a written request to Reichel Foods if/when I wish my photo be removed from the company database.

Employee Signature Name: Mirka Portillo

Date: 2-8-16

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: Mirta Portillo Date: 2-8-16

BACKGROUND INFORMATION

Last Name: portillo First: Mirta Middle: _____

Other Names/Alias: _____

Social Security #: 534-91-1017 Date of Birth (mm/dd/yyyy)*: 5-12-1989

Driver's License #: _____ State of Driver's License: _____

Present Address: 1618 marion Rd SE #109 Telephone # (Primary): 507-990-0381

City/State/Zip: Rochester MN - 55904

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

MINNESOTA
IDENTIFICATION CARD
NOT A DRIVER'S LICENSE



MIRTA MARIA PORTILLO FUENTES
 1618 MARION RD APT 192
 ROCHESTER, MN 55904

Date of Birth 05-12-1989
 Sex F Eyes BRN Class ID
 Height 5-0 Weight 111

ISSUED 08-2015 EXPIRES 06-12-2018
 MIRTA PORTILLO

P386190215117

SOCIAL SECURITY
VALID FOR WORK ONLY
WITH DHS AUTHORIZATION

THIS NUMBER HAS BEEN/ESTABLISHED FOR
 MIRTA M.
 PORTILLO FUENTES

534-91-1017

Mirta M. Portillo Fuentes
 SIGNATURE 09/29/2014



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2016039124345BM

Report Prepared: 02/08/2016

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Portillo

First Name: Mirta

Date of Birth: 05/12/1989

Social Security Number: *** ** 1017

Hire Date: 02/08/2016

Citizenship Status: A lawful permanent resident

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

Alien Number: 207296652

Document Name: ID card

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 05/12/2018

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 02/08/2016

Case Submitted By: GLEN1037

Closed On: 02/08/2016

Closed By: GLEN1037

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

SENSITIVE BUT UNCLASSIFIED

MINNESOTA
IDENTIFICATION CARD
 NOT A DRIVER'S LICENSE

MIRTA MARIA PORTILLO FUENTES
 1618 MARION RD APT 192
 ROCHESTER, MN 55904

Date of Birth 05-12-1989
 Sex F Eyes BRN Class ID
 Height 5-0 Weight 111

ISSUED 08-2015 EXPIRES 05-12-2018
Marta Portillo



P386190215117

SOCIAL SECURITY

VALID FOR WORK ONLY
 WITH DHS AUTHORIZATION

536-91-1017

THIS NUMBER HAS BEEN ESTABLISHED FOR
 MIRTA M
 PORTILLO FUENTES

Marta M Portillo Fuentes
 SIGNATURE

09/29/2014





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) <u>Portillo</u>		First Name (Given Name) <u>Mirta</u>		Middle Initial <u>M</u>	Other Names Used (if any)
Address (Street Number and Name) <u>1618 Marion Rd SE</u>			Apt. Number <u>109</u>	City or Town <u>Rochester</u>	State <u>MN</u> Zip Code <u>55904</u>
Date of Birth (mm/dd/yyyy) <u>5-12-1989</u>	U.S. Social Security Number <u>534-91-1017</u>		E-mail Address		Telephone Number <u>507-990-0381</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): 207-296-652
- 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

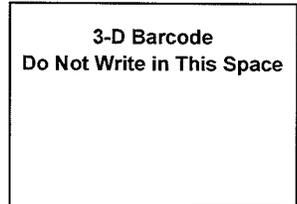
2. Form I-94 Admission Number: _____

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: <u>Mirta Portillo</u>	Date (mm/dd/yyyy): <u>05-12-1989</u>
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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: <u>M.P.</u>			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: Portillo, Mirta

List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization
Document Title:	Document Title: <u>Identification Card</u>	Document Title: <u>Social Security Card</u>
Issuing Authority:	Issuing Authority: <u>MN</u>	Issuing Authority: <u>SSA</u>
Document Number:	Document Number: <u>P38619021517</u>	Document Number: <u>534-91-1017</u>
Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy): <u>05/12/2015</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): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Garrison Lenz</u>		Date (mm/dd/yyyy) <u>2/5/16</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:

**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.

Mirta Portillo
Individual's Name
2-8-16
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6