



## Preliminary Questions

For CMG use only

Name: Justin Davis

Date: 3/23/16

- 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? N
- 5. What shift to you prefer? 1st

**\*To be completed during interview only\***

Date of interview 3/23/16

Have you ever been convicted of a crime? Yes  No

Explain

Incident DWI; had treatment and have been sober since. happened back in 2010

Employee Signature \_\_\_\_\_

Interviewer Signature [Signature]

ENTERED

# Justin Davis

Pine Island, MN  
davisjustin1055@gmail.com

## WORK EXPERIENCE

### Material Handler

McNeilus Truck and Manufacturing - Dodge Center, MN - August 2014 to April 2015

#### Responsibilities

Used forklift to bring in random parts for assemblers.  
Took large parts for refuse trucks in and out of the buildings using forklift.  
Parts that I carried were weighing up to 10,000 lbs.  
Used forklift and spotter to bring in unfinished refuse boxes, (whole rear end of truck)  
Drove finished concrete mixer drums out into the yard using forklift.  
Backflushed mixer drums in the computer for inventory purposes.  
Entered every 7 digit part number into the computer for inventory.  
Used forklift to organize shelving units.  
Drove unpainted mixer drums into repair bays for welding using a forklift.  
Took over assistant supervisors position on the drumline, when help was needed.  
Used a forklift to take in CNG machines.

### DST

Century plastics - Hayfield, MN - October 2013 to August 2014

#### Responsibilities

String up coilers.  
Tie off maxis.  
Took maxis off of coilers using a forklift.  
Watched pipe to make sure there are no blow outs or defects.  
Put couplers on defects in pipe.  
Ensure that pipe is up to full standard and quality.  
Dispose of any defected pipe.  
Help operators with start up procedures.  
Do manual screen changes.  
Clean up shop and make sure there are no safety hazards.  
Made up tags for storage purposes.  
Used forklift to move chopped pipe into different warehouse.

### Forklift Operator

Rochester concrete/ aerotek temp - Rochester, MN - June 2013 to September 2013

#### Responsibilities

Load pallets of block into tumbler with a forklift.  
Take out finished block off conveyor with forklift.  
Wrap finished block and tag with proper information for shipment.  
Use forklift to unload trucks.  
Put unfinished block into certain areas of the yard using a forklift.  
Filled out paper work for finished and unfinished block.  
Cleaned out cement mixer using air chisels.

Ran a machine to cube block onto a pallet and send out down the conveyor.  
Checked unfinished block for any imperfections or anything out of place.  
Used skid loader to fill holes and to push piles over dump area.  
Checked pallets to make sure they were ok to use.  
use certain tools to fix or repair machines .

### **Forklift Operator/ laborer**

Concast/ aerotek temp - Wanamingo, MN - May 2013 to June 2013

#### Responsibilities

Used forklift to move pallets and equipment throughout the building.  
Used forklift to move finished and unfinished product to the right place.  
Filled forms with wet concrete.  
Used tools to vibrate bubbles out of the concrete.  
Prepared forms with bolts n screws for wet concrete to be poured into forms.  
Cleaned up work area.  
Dropped rebar into forms for concrete to be poured into forms.  
Used tape measure to make sure knock out was exactly in the middle of the form.  
Used troll to make top of wet concrete flat and edgers to make slanted edges.  
Used certain tools to clean out cement mixer .

### **Lovestock handler**

Quality pork processors - Austin, MN - February 2013 to April 2013

#### Responsibilities

Took pigs out of government approved pens.  
Led pigs to shower pen.  
Closed shower pen gate and turned water on for cleaning of the pigs.  
Took signed government card and put into locked box.  
Entered pig and pen information into handheld computer.  
Took care of downed or slow pigs and put off to side to be disposed of properly.  
Washed walk ways after pigs were all through.

### **Laborer**

Rochester medical/ masterson temp - Stewartville, MN - February 2012 to February 2013

#### Responsibilities

Put catheters onto line to be prepped for packaging.  
Counted and checked catheters for defaults or holes in package.  
Put a certain amount of packaged catheters into a box n labeled correctly.  
Put water packs into proper packaging onto the line to be prepped for packaging.  
Worked on catheter packaging machine.  
Put gloves, directions, and towels into packaging bags.  
Sealed finished packaging bags then box up and labeled correctly for shipment.  
repair downed machines.

### **Production Associate**

McNeilus Truck and Manufacturing - Dodge Center, MN - July 2012 to August 2012

#### Responsibilities

Marked or tagged identification on truck parts.  
Loaded and unloaded items from machines, conveyors, and conveyances.  
Counted finished products to determine if product orders were complete.

Examined products to verify conformance to quality standards.  
Lifted raw materials to hooks and took finished products off hooks and put into bins or pallets.

### **Forklift operator/ laborer**

Meadow ingredients/ mastersons temp - Byron, MN - May 2012 to June 2012

#### Responsibilities

Mark or tag identification on cheese blocks.  
Put unfinished cheese away using forklift.  
Lift raw cheese manually and packed cheese in boxes.  
Took hot cheese to freezer to be chilled.  
Assorted certain types of cheese and other ingredients to make certain flavors.  
Used forklifts to stock finished cheese.

### **Crew leader**

Top of the world construction - Plainview, MN - May 2010 to September 2011

#### Responsibilities

Inspected problem roofs to determine the best repair procedures and bid on roof repairs.  
Set up scaffolding to provide safe access to roofs.  
Aligned roofing materials with edges of roofs.  
Cleaned and maintained equipment.  
Cemented or nailed flashing strips of metal or shingle over joints to make them watertight.  
Installed, repaired, or replaced single-ply roofing systems, using waterproof sheet materials such as modified plastics, elastomeric, or other asphaltic compositions.  
Cut felt, shingles, or strips of flashing to fit angles formed by walls, vents, or intersecting roof surfaces.  
Installed vapor barriers or layers of insulation on flat roofs.  
Cut roofing paper to size using knives; and nail or staple roofing paper to roofs in overlapping strips to form bases for other materials.  
Covered exposed nail-heads with roofing cement or caulking to prevent water leakage or rust.

### **Zayo box assembler**

Vertical Limit Construction - April 2011 to July 2011

#### Responsibilities

Inspected or tested wiring installations, assemblies, or circuits for resistance factors or for operation and recorded results.  
Assembled electrical or electronic systems or support structures and install components, units, sub assemblies, wiring, or assembly casings, using rivets, bolts, soldering or micro-welding equipment.  
Adjusted, repaired, or replaced electrical or electronic component parts to correct defects and to ensure conformance to specifications.  
Read and interpreted schematic drawings, diagrams, blueprints, specifications, work orders, or reports to determine materials requirements or assembly instructions.  
Positioned, aligned, or adjusted work pieces or electrical parts to facilitate wiring or assembly.  
Conferred with supervisors or engineers to plan or review work activities or to resolve production problems.  
Used forklift to put away incoming wire product.

## **EDUCATION**

### **GED**

Hawthorn education center



## CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5

DATE 3-23-16

Name Davis Justin Bradley  
Last First Middle Maiden

Present address 1037 Amanda CT SW  
Number Street  
Pike Island MN 55963  
City State Zip

Social Security No. 469-21-7006

Telephone 507-513-8421 E-Mail \_\_\_\_\_

If under 18, please list age \_\_\_\_\_ Referred by \_\_\_\_\_

Position applied for (1) Forklift  
 and salary desired (2) \$14.00/hr.  
(Be specific)  
*North 35+ white*

Shift available to work  
 1<sup>st</sup>  \_\_\_\_\_  
 2<sup>nd</sup> \_\_\_\_\_  
 3<sup>rd</sup> \_\_\_\_\_  
*weekends G.L. (1)*

How many hours can you work weekly? 60+ Can you work nights? Yes

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

When available for work? ASAP

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>Hawthorne (GED)</u>			
	<u>Educatio Center</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? To own a vehicle

Driver's license number Y995291339923 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 Michael Lush Name Kyle Iverson

Position Assembler Position delivery

Company McNeilus Truck Company B+C Plumbing, Heating

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone (507)-272-8151 Telephone (507)-884-0273

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 _____	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.		

**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 _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Employment dates</td> <td style="width:50%;">Pay or salary</td> </tr> <tr> <td>From</td> <td>Start</td> </tr> <tr> <td>To</td> <td>Final</td> </tr> <tr> <td colspan="2">Your last job title _____</td> </tr> </table>	Employment dates	Pay or salary	From	Start	To	Final	Your last job title _____	
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 _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Employment dates</td> <td style="width:50%;">Pay or salary</td> </tr> <tr> <td>From</td> <td>Start</td> </tr> <tr> <td>To</td> <td>Final</td> </tr> <tr> <td colspan="2">Your last job title _____</td> </tr> </table>	Employment dates	Pay or salary	From	Start	To	Final	Your last job title _____	
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.									

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:

3-23-16

**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](http://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.

<b>New York and Maine applicants or employees only:</b> 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.
<b>New York applicants or employees only:</b> 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.
<b>Oregon applicants or employees only:</b> 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.
<b>Washington State applicants or employees only:</b> 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](http://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:  Date: 3-23-16

**BACKGROUND INFORMATION**

Last Name: Davis First: Justin Middle: Bradley  
Other Names/Alias: \_\_\_\_\_  
Social Security #\*: 469-21-7006 Date of Birth (mm/dd/yyyy)\*: ~~12/30/1989~~ 12/30/1989  
Driver's License #: 4995291337923 State of Driver's License: MN  
Present Address: 1032 Amanda CT SW Telephone # (Primary): 507-513-8421  
City/State/Zip: Pine Island, MN 55963

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

MINNESOTA  
DRIVER'S LICENSE



JUSTIN BRADLEY DAVIS  
221 2ND ST SW APT 203  
DODGE CENTER, MN 55927

Date of Birth 12-30-1989

Sex Eyes Class  
M HZL D

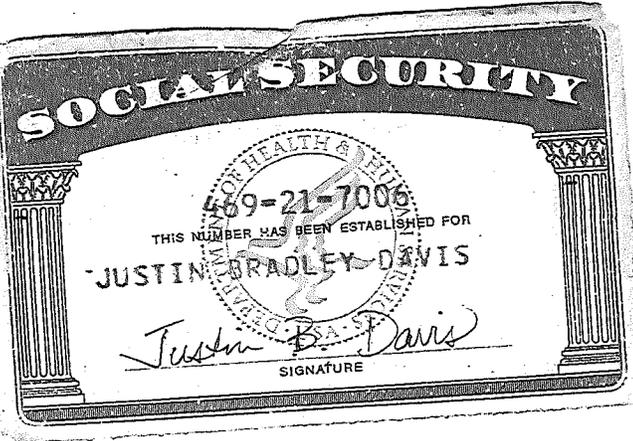
Height Weight  
6-0 230 DONOR

ISSUED 02-2015

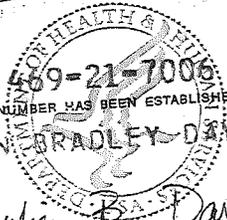
EXPIRES 12-30-2017

Y995291337923

*Justin Davis*



SOCIAL SECURITY



489-21-7006

THIS NUMBER HAS BEEN ESTABLISHED FOR

JUSTIN BRADLEY DAVIS

*Justin B. Davis*

SIGNATURE



SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2016083112041HF**

Report Prepared: 03/23/2016

Company Information

---

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

---

Last Name: Davis

First Name: Justin

Date of Birth: 12/30/1989

Social Security Number: \*\*\* \*\* 7006

Hire Date: 03/23/2016

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: 12/30/2017

Case Status Information

---

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 03/23/2016

Case Submitted By: SHAU5397

Closed On: 03/23/2016

Closed By: SHAU5397

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

SENSITIVE BUT UNCLASSIFIED



# 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) Davis		First Name (Given Name) Justin		Middle Initial B	Other Names Used (if any)	
Address (Street Number and Name) 1037 Amanda Ct Sw			Apt. Number	City or Town Pine Island	State MN	Zip Code 55963
Date of Birth (mm/dd/yyyy) 12/30/1989	U.S. Social Security Number 4149-21-71016	E-mail Address davisjustin1055@gmail.com			Telephone Number 507-513-8421	

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):

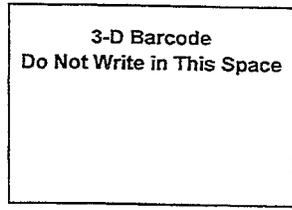
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" 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: <i>Justin Davis</i>	Date (mm/dd/yyyy): 03-23-2016
--	-------------------------------

## 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	

**STOP** Employer Completes Next 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: Davis, Justin B

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>MN Drivers License</u>		Document Title: <u>SS card</u>
Issuing Authority:		Issuing Authority: <u>S. of MN</u>		Issuing Authority: <u>SS Admin</u>
Document Number:		Document Number: <u>Y995291337923</u>		Document Number: <u>4091-21-7006</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>12/30/2017</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>[Signature]</u>		Date (mm/dd/yyyy) <u>03/23/2016</u>	Title of Employer or Authorized Representative <u>Admin Assistant</u>	
Last Name (Family Name) <u>Haugerud</u>	First Name (Given Name) <u>Sierra</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:
---	--------------------	--

MINNESOTA  
DRIVER'S LICENSE



JUSTIN BRADLEY DAVIS  
221 2ND ST SW APT 203  
DODGE CENTER, MN 55927

Date of Birth 12-30-1989

Sex Eyes Class

M HZL D

Height Weight DONOR

6-0 230

ISSUED 02-2015

EXPIRES 12-30-2017

Y995291337923

*Justin Davis*

SOCIAL SECURITY

469-21-7006

THIS NUMBER HAS BEEN ESTABLISHED FOR

JUSTIN BRADLEY DAVIS

*Justin B. Davis*

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  
3-23-16  
\_\_\_\_\_  
Date

**SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6**