



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2016127114912TD

Report Prepared: 05/06/2016

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Chur

First Name: Acacia

Date of Birth: 01/12/1996

Social Security Number: *** ** 1186

Hire Date: 05/06/2016

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: ID card

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 01/12/2017

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 05/06/2016

Case Submitted By: SHAU5397

Closed On: 05/06/2016

Closed By: SHAU5397

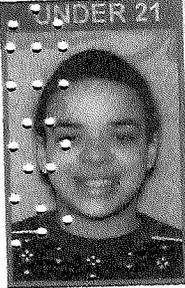
Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

SENSITIVE BUT UNCLASSIFIED

Run
Background

MINNESOTA
IDENTIFICATION CARD
NOT A DRIVER'S LICENSE

UNDER 21



ACACIA DRE CHUOR
200 15TH ST NE BSMNT
ROCHESTER, MN 55906

Date of Birth 01-12-1996
Sex Eyes Class
F BRN ID
Height Weight
5-2 140

ISSUED 02-2016 EXPIRES 01-12-2017

L482101715514 *Acacia*



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

APPLICATION RECEIPT

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: **1982101715814** BIRTH DATE (MONTH/DAY/YEAR): **01121976**

FULL LEGAL NAME: **Michelle Chace** COMPLETE FIRST NAME: **Michelle** COMPLETE MIDDLE NAME: **Chace** COMPLETE LAST NAME: **Chace**

PREVIOUS LEGAL NAME (ONLY APPLIES IF YOU CHANGED IT SINCE LAST MN DRIVER'S LICENSE, EDL, ID OR IP APPLICATION):

COMPLETE FIRST NAME: COMPLETE MIDDLE NAME: COMPLETE LAST NAME:

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

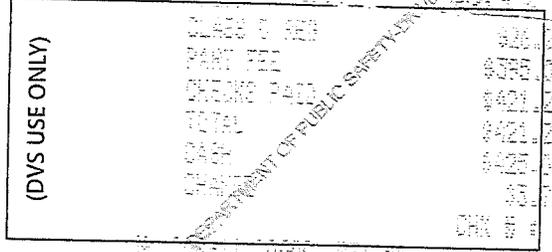
NUMBER: **200** STREET: **16115th Ave N** CITY: **Becker** STATE: **MN** ZIP CODE: **55906** MN COUNTY: **Becker**

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: CITY: STATE: ZIP CODE: MN COUNTY:

APPLICANT'S PHYSICAL DESCRIPTION

EYE COLOR: **BRN** HAIR: **BRN** INCHES: **5** FT. **7** IN. WEIGHT IN POUNDS: **150** MALE FEMALE



Visit dvs.dps.mn.gov to:

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

Questions? Contact Us:

- Driver's License questions: (651) 297-3298
- Motor Vehicle questions: (651) 297-2126
- License Status, available 24/7: (651) 284-2000
- TDD/TTY: (651) 282-6555

2016771077098

TYPE <input type="checkbox"/> REG <input type="checkbox"/> EDL <input type="checkbox"/> A <input type="checkbox"/> DUP <input type="checkbox"/> B <input type="checkbox"/> DUP <input type="checkbox"/> C <input type="checkbox"/> DUP <input type="checkbox"/> D <input type="checkbox"/> DUP <input type="checkbox"/> PROV <input type="checkbox"/> DUP <input type="checkbox"/> ID <input type="checkbox"/> DUP <input type="checkbox"/> MBOP <input type="checkbox"/> DUP <input type="checkbox"/> CLP <input type="checkbox"/> REG IP	TESTS PASSED (STATE EXAM USE ONLY) <input type="checkbox"/> D <input type="checkbox"/> MC <input type="checkbox"/> MBOP <input type="checkbox"/> GK <input type="checkbox"/> AIR <input type="checkbox"/> COMB <input type="checkbox"/> DBL/TRIPLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TANKER <input type="checkbox"/> HAZMAT <input checked="" type="checkbox"/> DWI <input type="checkbox"/> RT Passed <input type="checkbox"/> RT Waived	RESTRICT/ENDORSE <input type="checkbox"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADD/REMOVE FEES PAID APPLICATION \$ 121.05 OTHER FEES MC \$ SB PHYS \$ REIN FEE \$ OTHER \$ 395 ORGAN DONATION \$	VISION <input checked="" type="checkbox"/> PASS NR <input type="checkbox"/> PASS with CL <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ATTACHED: PROPER ID MN ID
INDICATORS <input type="checkbox"/> SENIOR <input type="checkbox"/> LTD MOBILITY <input type="checkbox"/> SNOWMOBILE <input type="checkbox"/> FIREARM <input type="checkbox"/> S or TC <input type="checkbox"/> VETERAN	NOTES: 421.05	INVALIDATED DL/ID/IP STATE: MN Exp: 01/2017	

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.

X *Michelle Chace*
 Applicant Signature
 Application Date: 08/27/16

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.**

DVS

**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


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: _____)

Signature: Acacia Chuor Date: 5/6/16

BACKGROUND INFORMATION

Last Name: Chuor First: Acacia Middle: Dre
 Other Names/Alias: Acacia Ward
 Social Security #: 472-31-1186 Date of Birth (mm/dd/yyyy)*: 01/12/1996
 Driver's License #: LY82101715514 State of Driver's License: MN
 Present Address: 200 15th St NE Telephone # (Primary): 507-358-7761
 City/State/Zip: Rochester, MN, 55906

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



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) Chvor		First Name (Given Name) Acacia		Middle Initial D	Other Names Used (if any) Acacia Ward	
Address (Street Number and Name) 200 15th St NE			Apt. Number	City or Town Rochester	State MN	Zip Code 55906
Date of Birth (mm/dd/yyyy) 01/12/1996	U.S. Social Security Number 472-31-1186	E-mail Address acacia.bby@gmail.com			Telephone Number 507-358-7761	

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):

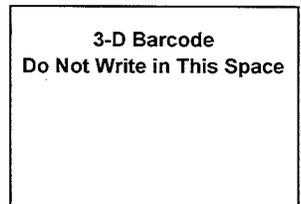
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (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>Acacia Chvor</i>	Date (mm/dd/yyyy): <i>05/06/2016</i>
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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

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: Chum, Aracelia D.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		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	
<u>[Signature]</u>		<u>05/05/2016</u>	<u>Admin Assistant</u>	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name		
<u>Haugerud</u>	<u>Sierra</u>	<u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u>		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
<u>7301 OHMS LANE SUITE 405</u>		<u>EDINA</u>	<u>MN</u>	<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.

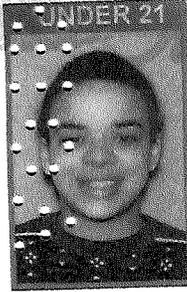
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

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

IDENTIFICATION CARD
NOT A DRIVER'S LICENSE



ACACIA DRE CHUOR
200 15TH ST NE BSMNT
ROCHESTER, MN. 55906

Date of Birth 01-12-1996

Sex	Eyes	Class
F	BRN	ID

Height	Weight
5-2	140

ISSUED 02-2016

EXPIRES 01-12-2017

L482101715514

A handwritten signature in black ink, appearing to read 'Acacia', written over the bottom right portion of the identification card.



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

APPLICATION RECEIPT

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: **19821017105514** BIRTH DATE (MONTH/DAY/YEAR): **01171996**

FULL LEGAL NAME: **Chavez** COMPLETE FIRST NAME: **Chavez** COMPLETE MIDDLE NAME: **Chavez** COMPLETE LAST NAME: **Chavez**

PREVIOUS LEGAL NAME (ONLY APPLIES IF YOU CHANGED IT SINCE LAST MN DRIVER'S LICENSE, EDL, ID OR IP APPLICATION):

COMPLETE FIRST NAME: COMPLETE MIDDLE NAME: COMPLETE LAST NAME:

FULL RESIDENCE ADDRESS (WHERE YOU LIVE) (NOTE: MAKE SURE THIS IS YOUR CURRENT AND VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD. 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: **200** STREET: **Rockville** STATE: **MN** ZIP CODE: **55906** MN COUNTY: **Chisago**

CITY: **Rockville** APT# **101**

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: _____ STATE: _____ ZIP CODE: _____ MN COUNTY: _____

APT# _____

APPLICANT'S PHYSICAL DESCRIPTION

HEIGHT: **5** FT. **2** IN. WEIGHT IN POUNDS: **150**

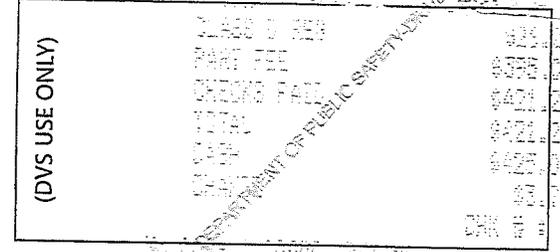
EYE COLOR: **BRN** MALE FEMALE

Visit dvs.dps.mn.gov to:

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

Questions? Contact Us:

- Driver's License questions: (651) 297-3298
- Motor Vehicle questions: (651) 297-2126
- License Status, available 24/7: (651) 284-2000
- TDD/TTY: (651) 282-6555



2016771077098

TYPE <input type="checkbox"/> REG <input type="checkbox"/> EDL <input type="checkbox"/> A <input type="checkbox"/> DUP <input type="checkbox"/> D <input type="checkbox"/> MC <input type="checkbox"/> B <input type="checkbox"/> DUP <input type="checkbox"/> C <input type="checkbox"/> DUP <input type="checkbox"/> D <input type="checkbox"/> GK <input type="checkbox"/> MBOP <input type="checkbox"/> AIR <input type="checkbox"/> COMB <input type="checkbox"/> DBL/TRIPLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TANKER <input type="checkbox"/> HAZMAT <input type="checkbox"/> DWI INDICATORS <input type="checkbox"/> SENIOR <input type="checkbox"/> LTD MOBILITY <input type="checkbox"/> SNOWMOBILE <input type="checkbox"/> FIREARM <input type="checkbox"/> S or TC <input type="checkbox"/> VETERAN	TESTS PASSED (STATE EXAM USE ONLY) <input type="checkbox"/> D <input type="checkbox"/> MC <input type="checkbox"/> MBOP <input type="checkbox"/> GK <input type="checkbox"/> AIR <input type="checkbox"/> COMB <input type="checkbox"/> DBL/TRIPLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TANKER <input type="checkbox"/> HAZMAT <input checked="" type="checkbox"/> DWI <input type="checkbox"/> RT Passed <input type="checkbox"/> RT Waived	RESTRICT/ENDORSE <input type="checkbox"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADD/REMOVE FEES PAID APPLICATION \$ 26.85 OTHER FEES MC \$ 00 SB PHYS \$ 00 REIN FEE \$ 00 OTHER \$ 895 ORGAN DONATION \$	VISION <input checked="" type="checkbox"/> PASS NIR <input type="checkbox"/> PASS with CL <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ATTACHED: PROPER ID MIN ID EDL DOCS INVALIDATED DL/ID/IP STATE: mn EXP: 01/2017
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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.

X *Chavez* Applicant Signature Application Date 05/17/16

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.**

DVS



Preliminary Questions

2014 | | | |



Employee Photo Release Form

I, Acacia Over, 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: Annal

Date: 5/6/16

Date

Have

Expla

Incid

any

Emplc

Interv

[Signature]



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>5/6/16</u>
Name <u>Chvor, Acacia, DRe</u> <small>Last First Middle Maiden</small>		<u>- Ward</u>
Present address <u>200 15th St NE</u> <small>Number Street</small> <u>Rochester</u> <u>MN</u> <u>55906</u> <small>City State Zip</small>		
Social Security No. <u>472 - 31 - 1186</u>		
Telephone <u>(507) 358-7761</u>	E-Mail <u>acaciaabby@gmail.com</u>	
If under 18, please list age _____	Referred by _____	
Position applied for (1) _____ and salary desired (2) <u>\$11.00 hr</u> (Be specific) <u>Abolitionist</u>	Shift available to work 1 st <u>yes</u> 2 nd <u>no</u> 3 rd <u>no</u> <i>Sundays Sat as needed</i>	
How many hours can you work weekly? <u>40</u>	Can you work nights? <u>no</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>5/19/16</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If so, please explain <u>I am currently in treatment starting at 5:30pm</u>		
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	Hawthorne	Rochester, MN		GED
College	Wal	Rochester, MN	2.5	Business BACH.
Bus. or Trade School				
Professional School				

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 Army - National Guard Specialty Chemical Operations

Date Entered 3/11/2013 Discharge Date December 2015

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 <u>Egabriel Baker</u>	
Position <u>Videa Repair Representative</u>	Employment dates	Pay or salary
Company <u>Charter Communications</u>	From <u>May, 2014</u>	Start <u>11.50</u>
Address <u>Rochester, MN</u>	To <u>present</u>	Final <u>13.75</u>
Telephone <u>(507) 535-7659</u>	Your last job title <u>Customer Relations Coordinator</u>	
Reason for leaving (be specific) <u>Wanting to leave Customer Service</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Customer Service, Call Center, TV Repair & Billing</u>		

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.		

**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 Aracía Quiroz Date: 5/6/16