



## 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>6/5/17</u>
Name <u>Davis Madison R</u> <small>Last First Middle Maiden</small>		
Present address <u>5004 202nd St N</u> <small>Number Street</small>		
<u>Forest Lake</u> <small>City</small>	<u>MN</u> <small>State</small>	<u>55025</u> <small>Zip</small>
Social Security No. <u>472 - 35 - 2305</u>		
Telephone <u>(651) 263 6929</u>	E-Mail <u>21madisdav@gmail.com</u>	
If under 18, please list age _____	Referred by <u>Indeed</u>	
Position applied for (1) <u>Food manufacturing</u> and salary desired (2) <u>\$15.00</u> <small>(Be specific)</small>		Shift available to work 1 <sup>st</sup> <u>6/28/17</u> ✓ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ <i>weekends 6h</i>
How many hours can you work weekly? <u>40-60</u>	Can you work nights? <u>yes</u>	
Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY <input checked="" type="checkbox"/> FULL- OR PART-TIME		
When available for work? <u>6/28/17</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? ___ No <input checked="" type="checkbox"/> Yes If so, please explain <u>EMT</u>		
Do you anticipate any absences from work on a regular basis? <input checked="" type="checkbox"/> 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>Forest Lake</u>		<u>4</u>	<u>Diploma</u>
College				
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 \_\_\_\_\_ 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>Target</u>	Supervisor name <u>Lucas Hawkinson</u>	
Position <u>Electronics trainer</u>	Employment dates	Pay or salary <u>11.75</u>
Company <u>Target</u>	From <u>8/15</u>	Start
Address _____	To <u>12/16</u>	Final
Telephone (____) _____	Your last job title <u>electronics trainer</u>	
Reason for leaving (be specific) <u>Not enough pay</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Trained new team members into the electronics area at Target.</u>		

Name <u>YMCA</u>	Supervisor name <u>Amanda Hooper</u>	
Position <u>Head Guard</u>	Employment dates	Pay or salary <u>10.50</u>
Company <u>YMCA</u>	From <u>12/31/16</u>	Start <u>present</u>
Address _____	To <u>present</u>	Final
Telephone (____) _____	Your last job title _____	
Reason for leaving (be specific) <u>Still employed</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>I supervised all lifeguards, instruct swim lessons, and deck manage. I have my EMT, BLS, and water/lifeguard certifications</u>		

**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 Madsen Davis Date: 6/5/17



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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) Madison		Middle Initial R	Other Last Names Used (if any)	
Address (Street Number and Name) 5004 202nd N			Apt. Number	City or Town Forest Lake		State MN
Date of Birth (mm/dd/yyyy) 09/15/1998		U.S. Social Security Number 4 7 2 - 3 5 - 2 3 0 5		Employee's E-mail Address		Employee's Telephone Number (651) 263-6929

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 boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>N/A</u>
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>N/A</u> Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: N/A  
**OR**  
 2. Form I-94 Admission Number: N/A  
**OR**  
 3. Foreign Passport Number: N/A  
 Country of Issuance: N/A

QR Code - Section 1  
 Do Not Write In This Space  


Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's 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**



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name) Davis	First Name (Given Name) Madison	M.I. R	Citizenship/Immigration Status 1
-------------------------------------	----------------------------------	------------------------------------	-----------	-------------------------------------

**List A**
**OR**
**List B**
**AND**
**List C**  
**Identity and Employment Authorization**
**Identity**
**Employment Authorization**

Document Title N/A	Document Title Driver's license issued by state/territory	Document Title Social Security Card (Unrestricted)
Issuing Authority N/A	Issuing Authority Minnesota	Issuing Authority Social Security Administration
Document Number N/A	Document Number M733199090013	Document Number 472352305
Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) 09/15/2019	Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Additional Information</p> </div> <div style="width: 35%; text-align: center;"> <p>QR Code - Section 2 Do Not Write In This Space</p>  </div> </div>	
Issuing Authority N/A		
Document Number N/A		
Expiration Date (if any)(mm/dd/yyyy) N/A		
Document Title N/A		
Issuing Authority N/A		
Document Number N/A		
Expiration Date (if any)(mm/dd/yyyy) N/A		

**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		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative Administrative Assistant	
Last Name of Employer or Authorized Representative Lenz	First Name of Employer or Authorized Representative Garrison	Employer's Business or Organization Name Employer Solutions Staffing Group LLC		
Employer's Business or Organization Address (Street Number and Name) 7480 Flying Cloud Drive		City or Town Eden Prairie	State MN	ZIP Code 55344

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

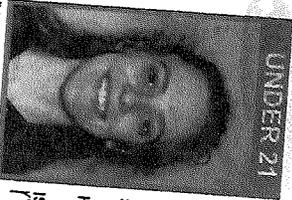
**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

UNDER 21



M733199090013

# MINNESOTA DRIVER'S LICENSE

MADISON RAY DAVIS  
6004 202ND N  
FOREST LAKE, MN 55026

Date of Birth: 09-15-1998  
Sex: F  
Eyes: BLU  
Class: D  
Height: 5-11  
Weight: 145  
DONOR

ISSUED 03-2017

EXPIRES 09-15-2019

WOODDA 017

W. Davis

MINNESOTA  
DRIVER'S LICENSE



UNDER 21

M733199090013

MADISON RAY DAVIS  
5004 202ND N  
FOREST LAKE, MN 55026

Date of Birth: 09-16-1998  
Sex: F  
Eyes: BLU  
Class: D  
Height: 5-11  
Weight: 145  
DONOR

ISSUED 03-2017

EXPIRES 09-16-2019

Madison R Davis

*(Signature)*

# Authorization

**Authorization:** By signing below, you authorize: (a) backgroundchecks.com ("BGC") and/or Orange Tree Employment Screening to request information about you from any public or private information source; (b) anyone to provide information about you to BGC and/or Orange Tree Employment Screening; (c) BGC and/or Orange Tree Employment Screening to provide Employer Solutions Staffing Group, LLC one or more reports based on that information; and (d) Employer Solutions Staffing Group, LLC ("ESSG") to share those reports with others for legitimate business purposes related to your employment. BGC and/or Orange Tree Employment Screening may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an employee of ESSG.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

**Personal Information:** Please print the information requested below to identify yourself for BGC.

Printed name: Madison R Davis  
First Middle (  none) Last

Other names used: \_\_\_\_\_

Current county of residence: \_\_\_\_\_

Current and former addresses:

\_\_\_\_\_ current 5004 202nd St N Forest Lake MN 55025  
from Mo/Yr to Mo/Yr Street City, State & Zip

\_\_\_\_\_ \_\_\_\_\_  
from Mo/Yr to Mo/Yr Street City, State & Zip

\_\_\_\_\_ \_\_\_\_\_  
from Mo/Yr to Mo/Yr Street City, State & Zip

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

9/15/1998 472 35 2305  
Date of birth Social security number

\_\_\_\_\_ \_\_\_\_\_  
Driver's license number & state Name as it appears on license

**Report Copy:** If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .

Madison Davis 6/5/17  
Signature Date

**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.

Madsen Davis  
Individual's Name  
6/5/17  
Date

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



# Preliminary Questions

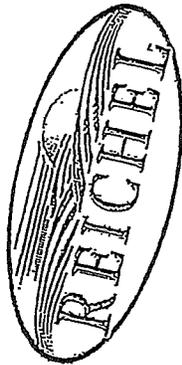
- 1. If hir
- 2. Do
- wh
- 3. Ar
- 4. W
- 5. V

Date

Have

Ex

In

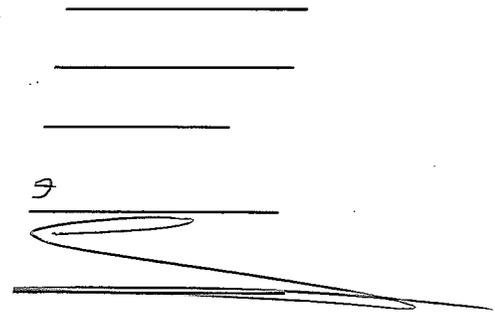


## Employee Photo Release Form

I, Madison Davis 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: Madison Davis

Date: 6/5/17



Name: Madison Davis

# Achoo!

by Cynthia Sherwood

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

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

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



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

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

# Madison davis

Rochester, MN

chickychomp@gmail.com - 6512636929

Authorized to work in the US for any employer

## WORK EXPERIENCE

### **Head Guard/Swim Instructor**

YMCA - Forest Lake, MN - December 2016 to Present

### **Electronics Team Member**

Target - Forest Lake, MN - August 2015 to November 2016

#### Responsibilities

At this job I have to interact with people constantly, be able to problem solve quickly, and overall just provide great guest assistance and maintain a clean, great-looking store.

#### Accomplishments

I have learned to become very friendly with all types of people and learn to deal with stress much easier.

### **Cashier/Customer Service**

cub foods - September 2014 to August 2015

## EDUCATION

forest lake highschool

## CERTIFICATIONS/LICENSES

### **BLS for Healthcare Providers**

September 2016 to September 2017

### **CPR/AED**

### **Emergency Medical Technician**

December 2016 to December 2018

## ADDITIONAL INFORMATION

Lettered in academics