



## 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>8-28-17</u>
Name <u>Van Brocklin, Alex, James</u>		
<small>Last First Middle Maiden</small>		
Present address <u>1716 5th Street SW, Apt. #208</u>		
<small>Number Street</small>		
<u>Rochester</u> <u>MN</u> <u>55902</u>		
<small>City State Zip</small>		
Social Security No. <u>480-23-5095</u>		
Telephone <u>(507) 993-7286</u>		E-Mail <u>g.jvb@hotmail.com</u>
If under 18, please list age _____		Referred by _____
Position applied for (1) <u>Manufacturer Labor</u>		Shift available to work
and salary desired (2) <u>\$12/hr</u>		1 <sup>st</sup> _____
(Be specific)		2 <sup>nd</sup> <input checked="" type="checkbox"/> _____
		3 <sup>rd</sup> <input checked="" type="checkbox"/> _____
How many hours can you work weekly? <u>40+ hrs</u>		Can you work nights? <u>yes</u>
Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME		
When available for work? <u>Sep. 4, 2017</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 currently work at another job.</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	Kee High	615 Center St. Lansing, IA 52151	4	High School diploma
College	Western Tech college	7th St. NW, La Crosse, WI	2	Tech Diploma
Bus. or Trade School	NICC	645 St. SW, Cresco, IA	1/2	Welding
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>Erberts and Gerberts</u>	Supervisor name <u>Ty Meyer</u>	
Position <u>Delivery Driver</u>	Employment dates	Pay or salary
Company <u>Erbert &amp; Gerberts</u>	From <u>8-14-17</u>	Start <u>\$10.00/hr</u>
Address <u>2848 41st St. NW, Rochester MN 55901</u>	To <u>Present</u>	Final <u>N/A</u>
Telephone <u>(507) 280-0060</u>	Your last job title <u>Delivery Driver</u>	
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. <u>Cleaning, sandwich prep and delivery, cashier</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

Alex Van Brocklin

Date:

8-28-17

8/28  
12P

# Alex Van Brocklin

Rochester, MN 55904

alexvanbrocklin9\_8v8@indeedemail.com - 507-993-7286

Responsible, reliable and punctual worker highly committed to exceeding expectations for each task. Trained in stick welding, MIG welding and plasma; maintaining proper safety standards; including knowledge of mild steel, aluminum and maintenance and repair. Available to work days, PMs, nights, weekends, and holidays with strong work ethic plus great at following instructions also available to work extended hours.

Willing to relocate: Anywhere

Authorized to work in the US for any employer

## WORK EXPERIENCE

### **Usher/Ticket Taker**

Paragon Theaters - Rochester, MN - 2017-03 - 2017-06

Cleaning, Maintenance, and Customer Service.

### **Electronic Technician**

Benchmark Electronics, Inc - Winona, MN - 2016-10 - 2017-02

Electronic Assembly, Electronic Repairs, Maintenance and Testing Electronic Medical Devices, Shipping, Labeling, and Packaging, Soldering, Product Assembling.

### **General Assembly**

Polaris Industries - Roseau, MN - 2015-06 - 2016-08

General production line work, inspections of machines, and assembling of parts

### **General Staff**

Marcus Cinema - La Crosse, WI - 2014-12 - 2015-06

Ushering and Concessions

### **General Staff**

Shenanigans - La Crosse, WI - 2014-10 - 2014-11

Cleaning, maintenance and customer service

### **2nd Shift Welder**

Arctic Cat Inc - Thief River Falls, MN - 2014-08 - 2014-09

Inspection of parts, welding, assembling of parts, training and use of power jack lifts, training and use forklifts, also general production line work

### **Stocker**

Quillin's - La Crescent, MN - 2013-08 - 2014-07

Customer service, cleaning, stocking, unloading and organizing inventory

## EDUCATION

### **Certificate in Welding**

Northeast Iowa Community College - Cresco, IA

2014 - 2014

**Technical Diploma in Electronics Systems Installation & Maintenance**

Western Technical College - La Crosse, WI

2012 - 2014

**High school or equivalent in High School Diploma**

Kee High School - Lansing, IA

2008 - 2012

**SKILLS**

Forklift Operator, Welding



## Preliminary Questions

For CMG use only

Name: Alex

Date: 8/28

1. If hired are you willing to take a drug test? YES
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? NO
3. Are you able to work with pork? YES
4. Which plant do you prefer? SW
5. What shift to you prefer? 2nd

**\*To be completed during or after interview\***

Date of interview 8/28

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

Explain

Incident \_\_\_\_\_

Employee Signature Alex Van Broeklin

Interviewer Signature Kelly Acitelli



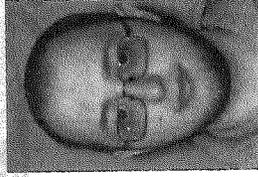
## Employee Photo Release Form

I, \_\_\_\_\_, 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: Alex Van Brocklin

✗ Date: 8-28-17

MINNESOTA  
DRIVER'S LICENSE



ALEX JAMES VAN BROCKLIN  
125 MCKENZIE AVE S  
MIDDLE RIVER, MN 56737

Date of Birth 02-06-1994  
Sex M      Eyes BLU      Class D  
Height 5-11      Weight 230



ISSUED 10-2015      EXPIRES 02-06-2019

*Alex Van Brocklin*

D514080142710

SOCIAL SECURITY

480-23-5095

THIS NUMBER HAS BEEN ESTABLISHED FOR

ALEX JAMES VANBROCKLIN

*Alex Van Brocklin*  
SIGNATURE



SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2017240125944KQ**

Report Prepared: 08/28/2017

**Company Information**

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Company ID: 47429

Company Name: Employer Solutions Staffing Group

**Employee Information**

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Last Name: Vanbrocklim

First Name: Alex

Date of Birth: 02/06/1994

Social Security Number: \*\*\* \*\* 5095

Hire Date: 08/28/2017

Citizenship Status: A citizen of the United States

**Document Information**

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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: 02/06/2019

**Case Status Information**

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Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 08/28/2017

Case Submitted By: KSIK1977

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 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) Vanbrocklin		First Name (Given Name) Alex		Middle Initial J	Other Last Names Used (if any)	
Address (Street Number and Name) 1716 5th St SW			Apt. Number 208	City or Town		State MN
Date of Birth (mm/dd/yyyy) 02/06/1994		U.S. Social Security Number 4 8 0 - 2 3 - 5 0 9 5		Employee's E-mail Address		Employee's Telephone Number (507) 993-7286
ZIP Code 55902						

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>
<p><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.</i></p> <p>1. Alien Registration Number/USCIS Number: <u>N/A</u>  <b>OR</b>          2. Form I-94 Admission Number: <u>N/A</u>  <b>OR</b>          3. Foreign Passport Number: <u>N/A</u>          Country of Issuance: <u>N/A</u></p>
QR Code - Section 1 Do Not Write In This Space 

Signature of Employee <u>Alex Van Brocklin</u>	Today's Date (mm/dd/yyyy) <u>08/28/2017</u>
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**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) Vanbrocklin	First Name (Given Name) Alex	M.I. J	Citizenship/Immigration Status 1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C 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 D514080142710		Document Number 480235095
Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) 02/06/2019		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px; width: 60%;">           Additional Information         </div> <div style="border: 1px solid black; padding: 5px; width: 35%; text-align: center;">           QR Code - Section 2            Do Not Write In This Space    </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 <i>Kels Sikkink</i>		Today's Date (mm/dd/yyyy) 08/28/2017	Title of Employer or Authorized Representative Client Services Manager	
Last Name of Employer or Authorized Representative Sikkink	First Name of Employer or Authorized Representative Kelsey		Employer's Business or Organization Name Employer Solutions Staffing Gr	
Employer's Business or Organization Address (Street Number and Name) 7480 Flying Cloud Dr		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)
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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
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MINNESOTA  
DRIVER'S LICENSE



ALEX JAMES VAN BROCKLIN  
126 MCKENZIE AVE S  
MIDDLE RIVER, MN 56737

Date of Birth 02-06-1994  
Sex M  
Eyes BLU  
Class D  
Height 5-11  
Weight 230

ISSUED 10-2015

EXPIRES 02-06-2019

*Alex Van Brocklin*

D514080142710

SOCIAL SECURITY

480-23-5095

THIS NUMBER HAS BEEN ESTABLISHED FOR

ALEX JAMES VAN BROCKLIN

*Alex Van Brocklin*  
SIGNATURE

EMPLOYER SOLUTIONS STAFFING GROUP  
BACKGROUND CHECK AUTHORIZATION

† Employee Name: Alex James Van Brocklin  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

† Current Address Since: 05/2017 1716 5th Street SW Rochester, MN 55902  
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

† Social Security Number: 480-23-5095 DOB: 02/06/1994

† Phone Number: 507-993-7286

† Driver's License Number/State: D514080142710 / MN

**The information contained in this application is correct to the best of my knowledge.**

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

† Signature: Alex Van Brocklin † Date: ~~08/28/17~~ 08/28/17

**Notice to CA, MN, and OK Residents:**

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.

**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.

Alex Van Brocklin  
Individual's Name  
8-28-17  
Date

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