



Preliminary Questions

For CMG use only

Name: Brian Hinds

Date: 11/22/17

1. If hired are you willing to take a drug test? Y
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? N
3. Are you able to work with pork? Y
4. Which plant do you prefer? South
5. What shift to you prefer? 1st

To be completed during or after interview

Date of interview 11/22/17

Have you ever been convicted of a crime? Yes _____ No _____

Explain

Incident _____

Employee Signature _____

Interviewer Signature [Signature]

CORPORATE MANAGEMENT GROUP



Employment Application

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri
 Office Number: 507-923-4955
 Office Address: 3707 Commercial Dr. SW Rochester, MN 55902

Applicant Information

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

Please fully complete pages 1-3

Full Name: (Last Name, First Name) Hinds Brian Date: 11/22/17

Address: (Street Address) 2315 park lane SE lot 125 (Apt./Unit #) _____
 (City) Rochester (State) mn (ZIP Code) 55904

Phone: 608-377-3704 Email: _____

Social Security No. 395-86-5133 Date Available: 11/26/17

Position Applied for: m.o Desired Salary: 15.00

Shift Available to work: 1st 2nd 3rd Employment desired: Full-Time Part-Time

Are you authorized to work in the U.S? Yes No

How did you hear about us? friend Referral Name: Heather

If under 18, please list age: _____

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? No Yes

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	<u>Tromper</u>	<u>Kensha WI.</u>	<u>3</u>	
College				
Bus. Or Trade School				
Professional School				

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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:

11/22/17

ENTERED

11/22 10am

Brian Hinds

2315 Park Lane Southeast, Lot 125, Rochester, Minnesota 55904

Phone: 608-377-3704

Qualifications Profile

Highly qualified Production and Manufacturing worker with 15 years of experience. A good team player willing to learn in a hands on environment. Honest, dependable individual who is flexible concerning changes in the work place.

Employment Experience

Production/Manufacturing Operator Agropur Ingredients
2015 - 2016 Lacrosse, WI

Packaged and handled materials. Assisted with all positions on the assembly line.

Filler Operator Century Foods
2008 - 2013 Sparta, WI

Handled lead line including packaging and processing of all required materials.

Packaging Technician Cardinal IG
2006 - 2007 Tomah, WI

Completed window packaging and quality assurance procedures.

Assembly Line Worker Toro
1999 - 2005 Tomah, WI

Completed engine assembly with use of tools, hydraulic lines, fittings and hoses. Assisted with quality assurance responsibilities.

Professional Training/Skills

Obtained specialized training in food production, engine assembly, hydraulic/paint lines, press and metal operations.

Completed OSHA safety training.

Education

Graduate Tremper High School
June 1996 Kenosha, WI



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017326110549YF

Report Prepared: 11/22/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Hinds

First Name: Brian

Date of Birth: 07/19/1977

Social Security Number: *** ** 5133

Hire Date: 11/22/2017

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: Wisconsin

Driver's License or ID Card Number: H5320707725909

Document Expiration Date: 07/19/2018

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 11/22/2017

Case Submitted By: GLEN7602

Closed On: 11/22/2017

Closed By: GLEN7602

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 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) Hinds		First Name (Given Name) Brian		Middle Initial J	Other Last Names Used (if any)	
Address (Street Number and Name) 2315 Park lane SE			Apt. Number 125	City or Town Rochester		State MN
Date of Birth (mm/dd/yyyy) 07/19/1977		U.S. Social Security Number 3 9 5 - 8 6 - 5 1 3 3		Employee's E-mail Address		Employee's Telephone Number (608) 377-3704

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> OR 2. Form I-94 Admission Number: <u>N/A</u> OR 3. Foreign Passport Number: <u>N/A</u> Country of Issuance: <u>N/A</u></p>	
	

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



Section 2. Employer or Authorized Representative Review and Verification

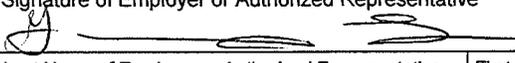
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) Hinds	First Name (Given Name) Brian	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 Wisconsin		Issuing Authority Social Security Administration
Document Number N/A		Document Number H5320707725909		Document Number 395865133
Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) 07/19/2018		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		<div style="border: 1px solid black; padding: 5px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Section 2 Do Not Write In This Space  </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				
Document Title N/A				
Issuing Authority 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) 11/22/2017	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 ESSG		
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.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
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)

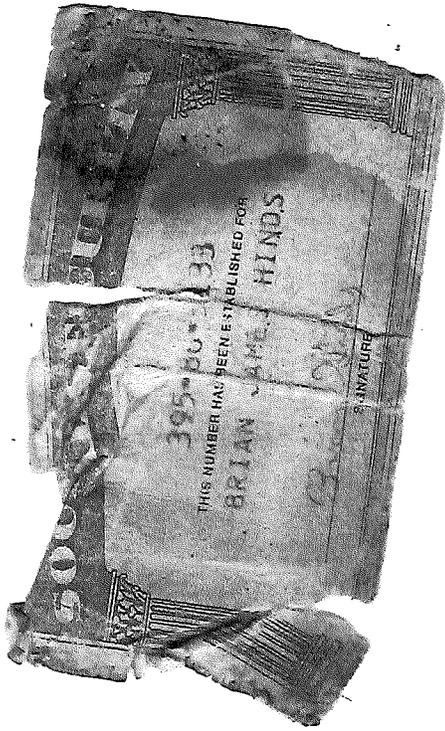
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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



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



WISCONSIN

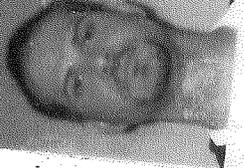
DRIVER LICENSE Regular
H532-0707-7259-09

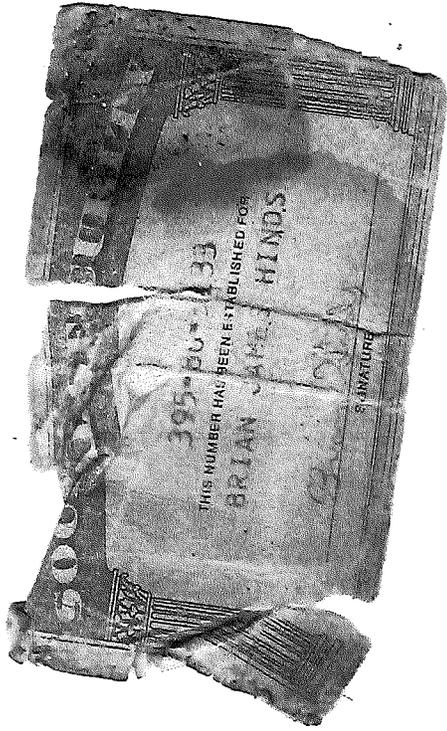
Class DM Exclusions
Sex M Hair BRO Eyes BLU Height 6'03" Weight 185

DOB **07-19-1977** Expires **07-16-2010**
Expires **07-19-2018**

BRIAN JAMES HINDS
229 N SUPERIOR AVE #64
TOMAH, WI 54660

Driver's License Sticker
HINDS



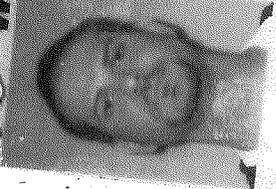


WISCONSIN

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TOMAH, WI 54660

Donor
Stocked
Habit



Brian James Hinds