

Employee Photo Release Form

I, Abiola Owolabi, 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: 

Date: 06/28/17

MINNESOTA

INSTRUCTION PERMIT



X574288005816

ABIOLA OWOLABI
851 21ST AVE SE APT 201B
ROCHESTER, MN 55904

Date of Birth 01-22-1988
Sex F Eyes BRN Class IP
Height 5-5 Weight 182
DONOR

ISSUED 10-2016

EXPIRES 05-19-2018



Name: _____

5/5

Achoo Reading Test

(Circle the correct answer)

1. Why do people sneeze?
 - a. The tiny hairs in your nose tickle
 - b. Your body is trying to get rid of bad things
 - c. You can make yourself sneeze when you want to

2. What are the 3 parts of your body work together with your upper body to sneeze?
 - a. Hand, Elbow, Shoulder
 - b. Ankle, Knee, Hip
 - c. Brain, Lungs, Mouth

3. What other things can make you sneeze?
 - a. Pepper, Sun, Dust, and Pollen
 - b. Water, Pop, Flowers, Trees
 - c. Salt, Seasonings, Meat, Fruit

4. What is a German word that people often say to someone that sneezes?
 - a. Good Job
 - b. Gesundheit
 - c. Hang in there

5. What should you do after you sneeze into your hands especially during cold and flu season? This should also be done in the production area!
 - a. Wipe them with a tissue
 - b. Nothing
 - c. Wash your hands

Name: _____

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.



Preliminary Questions

For CMG use only

Name: Abiola Owolabi

Date: 6/28/17

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? North
5. What shift do you prefer? 2nd

To be completed during or after interview

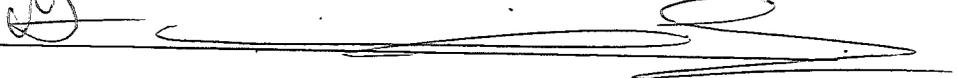
Date of interview 6/28/17

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

Explain

Incident _____

X Employee Signature 

Interviewer Signature 



6/28
11:30

Wade FB

ENTERED
6/26/17

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 06/26/17

Name Abiola Owolabi KADIRA
Last First Middle Maiden

Present address 2736 Oshkosh Lane NW
Number Street
Rochester Mn 55901
City State Zip

Social Security No. 168-~~888~~-89159
83

Telephone (507) 202 6091 E-Mail khentique@yahoo.com

If under 18, please list age _____ Referred by online

Position applied for (1) <u>any opportunity</u> and salary desired (2) <u>\$12.50</u> (Be specific) <u>North 2nd</u>	Shift available to work 1 st <u>Available</u> 2 nd <u>Available</u> 3 rd <u>Available</u> <u>Weekends</u> <u>GL</u>
-------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------

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? 06/26/17

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No Yes If so, please explain No

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>Keja High Sch</u>	<u>Lagos Nigeria</u>	<u>6</u>	<u>GSC</u>
College	<u>R-C-T-C</u>		<u>still in school</u>	
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? # Friend and Spouse will bring me

Driver's license number _____ State of issue _____

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 Sunday Odeyinka Name Atolele Akande

Position _____ Position l-t

Company _____ Company International Quality Home Care

Address 3096 25th Street Address 3261 19th St. NW
NW Unit 120. Rochester

Telephone (507) 392-8001 Telephone (507) 202-4541

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 <u>Dominium and Shalom LLC</u>	Supervisor name <u>Anne Adepoju</u>	
Position <u>Secretary</u>	Employment dates	Pay or salary
Company _____	From <u>10/03/16</u>	Start <u>11:00</u>
Address <u>4828 Bishop Lane NW</u>	To <u>05/12/17</u>	Final <u>11:50</u>
<u>Rochester 55901</u>	Your last job title _____	
Telephone <u>(507) 202 0366</u>		

Reason for leaving (be specific) I needed more hours.

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.
general office maintenance, filings, receiving clients and documentations.

Name <u>Lagos State Rehab Center</u>	Supervisor name <u>Egberonye Iide</u>	
Position <u>Care giver</u>	Employment dates	Pay or salary
Company _____	From <u>08/2013</u>	Start <u>9:00</u>
Address <u>1 Korodu Lagos Nigeria</u>	To <u>08/2016</u>	Final <u>10:00</u>
Telephone <u>(234) 8033615837</u>	Your last job title _____	

Reason for leaving (be specific) Relocation

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.
Assist patient with medication, general care, maintain clean environment Assist patient with medication.

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 <u>Celestial Church of Christ</u>	Supervisor name <u>Titilayo Amoslowa</u>	
Position <u>Account officer</u>	Employment dates	Pay or salary
Company _____	From <u>05/2009</u>	Start _____
Address <u>Mapleku Oshodi</u>	To <u>07/2013</u>	Final _____
<u>Lagos Nigeria</u>	Your last job title _____	
Telephone <u>(234) 80 320 18 006</u>		

Reason for leaving (be specific) Needed more challenging opportunity

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

Deposit money in bank, maintain financial record general book and account keeping.

Name <u>Ayodele Learning Center</u>	Supervisor name <u>Olapade Oluymini</u>	
Position <u>Account officer</u>	Employment dates	Pay or salary
Company _____	From <u>6/2007</u>	Start <u>3/2008</u>
Address <u>Taba Lagos Nigeria</u>	To <u>3/2009</u>	Final _____
Telephone <u>(234) 80 55 34 14 91</u>	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.

Assist in statement of account preparation, general book keeping, general office maintenance.

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: 06/20/17

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: X Abiola K. Owolabi
First Middle (none) Last

Other names used: _____
Current county of residence: _____

Current and former addresses:

Jan 2015 current X 861 21st Ave. S-E APR 2013 ROCHESTER
from Mo/Yr to Mo/Yr Street City, State & Zip

_____ 2736 OSUKOJA LN NW ROCHESTER
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.

X 01/22/88 X 168-83-9159
Date of birth Social security number
X S7428005816 ABIOLA OWOLABI
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: .

X [Signature]
Signature

X 06/28/17
Date

Para información en español, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450

**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.

Abiola Onitabi

Individual's Name

06/28/17

Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6



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) Owolabi		First Name (Given Name) Abiola		Middle Initial K	Other Last Names Used (if any)	
Address (Street Number and Name) 2736 Oshkosh Lane NW			Apt. Number	City or Town Rochester	State MN	ZIP Code 55901
Date of Birth (mm/dd/yyyy) 01/22/1988	U.S. Social Security Number 1 6 8 - 8 3 - 9 1 5 9		Employee's E-mail Address		Employee's Telephone Number (507) 202-6091	

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) 06/28/17
--------------------------------------------------------------------------------------------------------------	---------------------------------------

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!

MINNESOTA

INSTRUCTION PERMIT



ABIOLA OWOLABI
851 21ST AVE SE APT 201B
ROCHESTER, MN 55904

Date of Birth 01-22-1988
Sex F Eyes BRN Class IP
Height 5-5 Weight 182

Class DONOR

ISSUED 10-2016 EXPIRES 05-19-2018

A handwritten signature in black ink, appearing to be 'A. Owolabi', written over a circular official stamp.

X574288005816



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

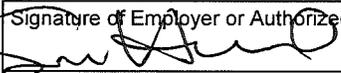
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable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

Employee Info from Section 1	Last Name (Family Name) Owolabi	First Name (Given Name) Abiola	M.I. K	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 X574288005816		Document Number 168839159
Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) 05/19/2018		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		Additional Information <div style="border: 1px solid black; width: 100%; height: 100%;"></div>		QR Code - Section 2 Do Not Write In This Space 
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) 06/28/2017	Title of Employer or Authorized Representative Administrative Support	
Last Name of Employer or Authorized Representative Haugerud	First Name of Employer or Authorized Representative Sierra	Employer's Business or Organization Name ESSG		
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.)

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
----------------------------------------------------	---------------------------	-----------------------------------------------



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017179124320BT

Report Prepared: 06/28/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Owolabi

First Name: Abiola

Date of Birth: 01/22/1988

Social Security Number: *** ** 9159

Hire Date: 06/28/2017

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: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 05/09/2018

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 06/28/2017

Case Submitted By: SHAU7624

Closed On: 06/28/2017

Closed By: SHAU7624

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

SENSITIVE BUT UNCLASSIFIED

