



Preliminary Questions

For CMG use only

Name: Kenyatta Applewhite

Date: 4-11-2017

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

To be completed during or after interview

Have you ever been convicted, plead guilty or contest to a Felony? Yes _____ No ✓

If yes, please list when, where and the nature of the offense(s):

Have you ever been convicted, plead guilty or contest to a Misdemeanor? Yes _____ No ✓

If yes, please list when, where and the nature of the offense(s):

You will not be denied employment solely because you answer "Yes" above or because you have been convicted of a crime, felony or misdemeanor. The company considers many individualized factors in evaluating a job candidate, including but not limited to, with respect to criminal history, the nature and date of any offense, the surrounding circumstances, and the nature of the position for which you apply.

By signature below, I certify that the information provided above is true and complete that I have discussed the above with my interviewer as disclosed. I understand and agree that any misrepresentation by me will be sufficient cause to eliminate me from consideration for employment and/or terminate employment at any time if I have been employed.

Applicant signature: *Kenyatta Applewhite* Date: 4-11-2017

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:

Kenyotta
First

Middle (
none)

Applewhite
Last

Other names used: _____

Current county of residence: _____

Current and former addresses:

Feb 2009
from Mo/Yr

current
to Mo/Yr

329 30th Ave N. #2
Street City, State & Zip
Mpls, MN 55411

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.

11-12-1981

Date of birth

322-72-2852

Social security number

T760291926113

Driver's license number & state

Kenyotta Applewhite

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: .

Kenyotta Applewhite
Signature

4/11/2009
Date



Expires: 8/12/2019

**HUMAN SERVICES
IDENTIFICATION**

01336565

KENYOTTA APPLEWHITE

K. Applewhite







IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION

APPLICATION RECEIPT

ADMISSION DRIVER'S LICENSE, INSTRUCTION PERMIT OR INSTRUCTION CARD NUMBER: **77602297920173** BIRTH DATE (Month/Day/Year): **11/12/1981**

Applicant Name: **Kenworthy**

Applicant's License: **Apply with it**

PREVIOUS LEGAL NAME (ONLY APPLIES IF YOU CHANGED IT SINCE LAST IN 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 ADDRESS IS CURRENT AND VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD.
Number: **329** Street: **30th Ave N** City: **Mpls** State: **MN** Zip Code: **55411** Apt#: **2**

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 AN RESIDENCE ADDRESS SHOWN ABOVE, INITIAL HERE: **KK** TO HAVE YOUR CARD SENT TO THE ADDRESS BELOW:
Number: _____ Street: _____ City: _____ State: _____ Zip Code: _____ Apt#: _____
Mailing Address: _____ Street: _____ City: _____ State: _____ Zip Code: _____ Apt#: _____

APPLICANT'S PHYSICAL DESCRIPTION: Eye Color: **BRN** Height: **5'07** In. Weight in Pounds: **152** 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
- License Status, available 24/7: 651-284-1234
- DVS Locations: 651-297-2005
- Motor Vehicle Questions: 651-297-2126
- TDD/TTY: 651-282-6555

PAID DEC 12 2016 DEPUTY #152 (DVS USE ONLY)

<input checked="" type="checkbox"/> REG <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> PROV <input type="checkbox"/> MBOB <input type="checkbox"/> CLP <input type="checkbox"/> REG IP 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	RX # _____ TESTS PASSED <input type="checkbox"/> STATE EXAM USE ONLY <input type="checkbox"/> D <input type="checkbox"/> MC <input type="checkbox"/> MBOB <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"/> STANKER <input type="checkbox"/> HAZMAT <input type="checkbox"/> DWI	FEES PAID APPLICATION \$ 19.25 OTHER FEES \$ _____ SB PHYS \$ _____ MC \$ _____ RENEWAL FEE \$ _____ OTHER \$ _____ ORGAN DONATION \$ _____	<input type="checkbox"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADD/REMOVE <input type="checkbox"/> PASS NR <input type="checkbox"/> PASS WITH CL <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ATTACHED
NOTES: <i>Kenworthy</i>	INVALIDATED DL / ID / IP	PROPER ID <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	VISION <input type="checkbox"/> I.R.V.

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 bus.

Applicant Signature: *[Signature]* Application Date: **12/22/16**

THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATE 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.**