



SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2017256115445GJ**

Report Prepared: 09/13/2017

**Company Information**

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Company ID: 47429

Company Name: Employer Solutions Staffing Group

**Employee Information**

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Last Name: Olok

First Name: Ariat

Date of Birth: 03/01/1995

Social Security Number: \*\*\* \*\* 0028

Hire Date: 09/13/2017

Citizenship Status: A lawful permanent resident

**Document Information**

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List A Document: Permanent Resident Card or Alien Registration Receipt Card (Form I-551)

Alien Number: 212217420

Card Number: LIN1090303813

Document Expiration Date:

**Case Status Information**

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Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 09/13/2017

Case Submitted By: SHAU7624

Closed On: 09/13/2017

Closed By: SHAU7624

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

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**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) Olok		First Name (Given Name) Ariat		Middle Initial A	Other Last Names Used (if any)	
Address (Street Number and Name) 202 11th Ave. NW			Apt. Number 604	City or Town Austin		State MN
Date of Birth (mm/dd/yyyy) 03/01/1995		U.S. Social Security Number 699 - 10 - 0028		Employee's E-mail Address		Employee's Telephone Number (757) 750-8049

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 type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input checked="" type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>212217420</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. (See instructions)

*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) <u>9-13-2017</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!**





EMPLOYER SOLUTIONS STAFFING GROUP  
BACKGROUND CHECK AUTHORIZATION

Employee Name: Ariat Agwa Ocok  
(First) (Middle) (Last)

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

Current Address Since: 202 11<sup>th</sup> AVC NW Apt 604 AUSTIN MN 55912  
(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: 699-10-0028 DOB: 03-01-1995

Phone Number: 757-750-8849

Driver's License Number/State: \_\_\_\_\_

**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: Alice A Date: 1-13-2017

**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.**

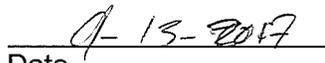
**DRUG AND ALCOHOL  
TESTING CONSENT FORM**

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.

  
\_\_\_\_\_  
Individual's Name

  
\_\_\_\_\_  
Date

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



## Preliminary Questions

For CMG use only

Name: Ariat Olok

Date: 9/13

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~~ - anytime can start  
2nd

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

Date of interview 9/13

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

Explain

Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature Ariat Olok

Interviewer Signature [Signature]



ENTERED  
IP

## CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 9-8-2017

Name Quik Ariat  
Last First Middle Maiden

Present address 202 11<sup>th</sup> Ave NW Apt 604  
Number Street  
Austin TX 55912  
City State Zip

Social Security No. 699-10-0028

Telephone (752) 750-8649 E-Mail Q Ariat Quik@gmail.com

If under 18, please list age \_\_\_\_\_ Referred by Kim Bonggo

Position applied for (1) <u>Any</u> and salary desired (2) _____ (Be specific)	Shift available to work 1 <sup>st</sup> <input checked="" type="checkbox"/> 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ <i>(1st shift and 2nd)</i>
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How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

When available for work? Anytime

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  
 No  Yes If so, please explain wednesday I have school \_\_\_\_\_ time?

Do you anticipate any absences from work on a regular basis?  
 No  Yes If so, please explain \_\_\_\_\_

*weekends ok  
on 9/13/17*

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Digital H.S</u>			
College	<u>winona state university</u>		<u>3 years</u>	<u>Social worker</u>
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>Ariat dak</u>	Supervisor name <u>Ryan</u>	
Position _____	Employment dates	Pay or salary
Company <u>OPP</u>	From <u>8-6-2017</u>	Start <u>15.00</u>
Address _____	To <u>8-18-2017</u>	Final
Telephone <u>(757) 750-8614</u>	Your last job title _____	

Reason for leaving (be specific) School

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

Name _____	Supervisor name _____	
Position <u>OPP</u>	Employment dates	Pay or salary
Company _____	From <u>June 7 2017</u>	Start
Address <u>AUSTIN</u>	To <u>Aug 18</u>	Final
Telephone ( ) _____	Your last job title _____	

Reason for leaving (be specific) Moved to Rochester for school

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

Paperwork, funding orders.

**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

Ariana Clark

Date:

1-8-2017

