

**Background Screening Report**

EZ Screen Solutions
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Phone: 800-429-5303

FILE NUMBER	124134	REPORT DATE	04-23-2018
REPORT TO	CMG Staffing (1353) 12000 N Washington St. Ste. 350 Thornton, CO 80241 Phone: (303) 920-1425 Fax: (303) 736-7767	ORDER DATE	04-23-2018
		REFERENCE	SUPERMOMS
		TYPE	CMG Staffing PKG - National Criminal

Application Information

APPLICANT	SAID, AYAANLE A.	SSN	XXX- XX-7211	DOB	10-01- XXXX
E-MAIL	ZHIL@CORPMGMTGROUP.COM				
ADDRESS(ES)	404 BROADWAY AVE	CITY / STATE / ZIP	SAINT PAUL PARK, MN 55071		

Investigative**National Criminal Database Search**

RESULTS	No Reportable Records Found				
NAME SEARCHED	SAID, AYAANLE A.	SEARCH DATE	04-23-2018 1:13 PM MDT		
DOB SEARCHED	10-01-XXXX	SEARCH SCOPE			
JURISDICTION	NATIONWIDE				
JURISDICTION(S) SEARCHED					

The search you have selected is a search of our criminal database(s) and may not represent 100% coverage of all criminal records in all jurisdictions and/or sources. Coverage details available upon request.

CAUTION: Based on the information provided EZ Screen Solutions searched for public records in the sources referenced herein for criminal history information as permitted by federal and state law. 'No Reportable Records Found' means that our researchers could not locate a record that matched at least two personal identifiers (i.e., Name, SSN, Date of Birth, Address) for the subject in that jurisdiction. Further investigation into additional jurisdictions, or utilization of additional identifying information, may be warranted. Please call for assistance.

Disclaimer

This report is furnished to you pursuant to the Agreement for Service between the parties and in compliance with the Fair Credit Reporting Act. This report is furnished based upon your certification that you have a permissible purpose to obtain the report. The information contained herein was obtained in good faith from sources deemed reliable, but the completeness or accuracy is not guaranteed.

*** End Of Report ***



Drug & Alcohol Testing Consent Form for Applicants Who Have Received a Conditional Offer of Employment – MRO

Acknowledgement Receipt

I acknowledge that I have received a job offer from Corporate Management Group (CMG) conditioned upon my submitting to and passing a drug and alcohol test. I have also received, read and understand Corporate Management Group's Policy and Procedure on an at-will basis and that this policy does not alter the at-will nature of the employment relationship.

I hereby agree to submit to drug and alcohol testing under the Company's policy.

I also understand that test results and other information acquired in the drug and alcohol testing process may be disclosed to and discussed with a Medical Review Offices (MRO). I hereby consent to such test results and other information being disclosed to and discussed with an MRO.

Date: 4/23/18

X [Signature]
Employee Signature

Employee Name (Printed)

Date: 4/23/18

[Signature]
Witness Signature

[Signature]
Witness Name (Printed)

TEST RESULTS RECORD

Test Reference Number MD-56101 Name of Collector _____

COMPANY INFORMATION

Company Name Corporate Management Group Phone 1-813-666-3838 Fax _____
 Address 464 Broadway Ave. City St. Paul Park State/Province MN Zip/Postal Code 55071

DONOR INFORMATION

Employee I.D. _____
 Last Name _____ First Name _____
 Type of Identification Provided: Driver's License Employee Photo I.D. Other _____
 Reason for test: Pre-employment Random Reasonable cause Post-accident Other _____

CERTIFICATION

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and alcohol.

Donor signature _____ Date / Time 4/23/18

I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.

Collector signature _____ Date / Time 4/23/18

Laboratory signature _____ Date / Time received _____

TEST RESULTS

Date/Time Collected _____
 Time Interpreted _____

NOTE: Lab personnel obtain specimen samples by puncturing the lab extraction ports on the side of device with a needle and syringe and drawing out the sample.



Cut out this panel to copy or scan results

Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes / Comments _____

