



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017121135709EN

Report Prepared: 05/01/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Banks

First Name: Nataushia

Date of Birth: 01/07/1978

Social Security Number: *** ** 8065

Hire Date: 05/01/2017

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: 01/07/2020

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 05/01/2017

Case Submitted By: GLEN7602

Closed On: 05/01/2017

Closed By: GLEN7602

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

SENSITIVE BUT UNCLASSIFIED

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: ✕ Nataushia Latrice Banks
First Middle (Last
none)

Other names used: _____

Current county of residence: _____

Current and former addresses:

12/23/2015 current ✕ 2452 Parkview Ln. SE Rochester, MN 55904
from Mo/Yr to Mo/Yr Street City, State & Zip

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.

✕ 01-07-1978 ✕ 343-66-8065
Date of birth Social security number
✕ C983098695720 ✕ Nataushia Banks
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: .

✕ Nataushia Banks ✕ 05/01/2017
Signature Date



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) Banks		First Name (Given Name) Nataushia		Middle Initial L	Other Last Names Used (if any)	
Address (Street Number and Name) 2452 Parkview Ln SE			Apt. Number	City or Town Rochester	State MN	ZIP Code 55904
Date of Birth (mm/dd/yyyy) 01/07/1978	U.S. Social Security Number 3 4 3 - 6 6 - 8 0 6 5		Employee's E-mail Address		Employee's Telephone Number (507) 517-9718	

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):	N/A
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):	N/A
Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<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>	
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
	

Signature of Employee <i>Nataushia Banks</i>	Today's Date (mm/dd/yyyy) <i>05-01-2017</i>
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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

Employer Completes Next Page



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

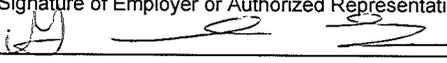
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable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

Employee Info from Section 1	Last Name (Family Name) Banks	First Name (Given Name) Nataushia	M.I. L	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 C983098695720		Document Number 343668065
Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) 01/07/2020		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		Additional Information		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): 05/01/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative 		Today's Date(mm/dd/yyyy) 5/1/2017	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 Employer Solutions Staffing Group LLC		
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)
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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
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MINNESOTA
DRIVER'S LICENSE

NATAUSHIA LATRICE BANKS
2452 PARKVIEW LN SE
ROCHESTER, MN 55904

Date of Birth: 01-07-1978
Sex: F
Eyes: BRN
Class: D

Height: 5-5
Weight: 200

ISSUED 04-2016
Expires 01-07-2020

Nataushia Latrice Banks

C983098695720



MINNESOTA
DRIVER'S LICENSE

THIS NUMBER HAS BEEN ISSUED FOR
5908-99-676

NATAUSHIA LATRICE
BANKS

Nataushia Latrice Banks

SIGNATURE

102780/50

**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.

Ataushia Banks

Individual's Name

05/01/2017

Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

MINNESOTA DRIVER'S LICENSE

NATAUSHIA LATRICE BANKS
 2452 PARKVIEW LN SE
 ROCHESTER, MN 55904

Sex: F
 Date of Birth: 01-07-1978
 Eyes: BRN
 Weight: 200
 Height: 5-5
 Class: D

ISSUED 04-2016
 Expires 01-07-2020

Nataushia Latrice Banks

C983098695720



MINNESOTA DRIVER'S LICENSE

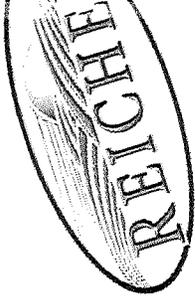
NATAUSHIA LATRICE BANKS

THIS NUMBER HAS BEEN ISSUED FOR
 5908 99 646

Nataushia Latrice Banks

SIGNATURE

102780/50



Employee Photo Release

Reichel Foods

agree to let Reichel Foods if/when

I, Natasha Brooks, agree to let Reichel Foods if/when

agree to submit a written request to Reichel Foods if/when

database.

Signature: Natasha Brooks

Employee Signature: _____
Date: 05/01/2017



Preliminary Questions

For CMG use only

Name: Nataushia Banks

Date: 5/1/17

~~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 - latex

~~3~~ Are you able to work with pork? Y

~~4~~ Which plant do you prefer? S

~~5~~ What shift do you prefer? I

To be completed during or after interview

Date of interview 5/1/17

~~6~~ Have you ever been convicted of a crime? Yes ___ No ✓

Explain Incident N/A

X Employee Signature Nataushia Banks

Interviewer Signature [Signature]



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5		DATE _____
Name <u>Banks Nataushia Latrice</u> <small>Last First Middle Maiden</small>		
Present address <u>2452 Parkview Ln. SE</u>		
<small>Number Street</small> <u>Rochester</u> <small>City</small>	<small>State</small> <u>MN</u>	<small>Zip</small> <u>55904</u>
Social Security No. <u>343 - 666 - 8065</u>		
Telephone <u>507-517-9718</u>		E-Mail <u>nchanted78@yahoo.com</u>
If under 18, please list age <u>N/A</u>		Referred by <u>Indeed</u>
Position applied for (1) <u>Assembly</u> and salary desired (2) <u>\$12.50 Neg.</u> (Be specific)		Shift available to work 1 st <input checked="" type="checkbox"/> 2 nd _____ 3 rd _____ <i>Weekends G.L. ✓</i>
How many hours can you work weekly? <u>40 +</u>		Can you work nights? <u>Friday - Sunday</u>
Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input checked="" type="checkbox"/> FULL- OR PART-TIME		
When available for work? <u>Upon Request</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If so, please explain <u>Overlapping in husband hour 4pm- 4am, children</u>		
Do you anticipate any absences from work on a regular basis? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Morraine Valley College</u>	<u>9000 College Pkwy</u>	<u>6mo.</u>	<u>CED</u>
College		<u>Palos Hills, IL</u> <u>60465</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 N/A Specialty N/A

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>Mayo Healthcare</u>		Supervisor name <u>Dan / Deb</u>	
Position <u>Food Service / Cashier</u>		Employment dates	Pay or salary
Company <u>Mayo Clinic - Human Resources</u>		From <u>08/2015</u>	Start <u>\$14.37</u>
Address <u>200 1st St. SW - Ozmun East 1</u>		To <u>06/2016</u>	Final <u>\$14.87</u>
Rochester, MN 55905		Your last job title <u>Cashier</u>	
Telephone <u>(800) 562-7984</u>		Reason for leaving (be specific) <u>Reversed medical discharge</u>	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Greeting customers, Assisting with product sales, operate cash register and managed drawer. Manage time and prioritize.</u>			

Name <u>Kelly Services</u>		Supervisor name <u>Angelice</u>	
Position <u>Food Service / Cashier</u>		Employment dates	Pay or salary
Company <u>—</u>		From <u>05/2014</u>	Start <u>\$11.00</u>
Address <u>521 Bardel Rd. NW #200</u>		To <u>08/2015</u>	Final <u>11.00</u>
Rochester, MN 55901		Your last job title <u>Cashier</u>	
Telephone <u>(507) 282-1584</u>		Reason for leaving (be specific) <u>Hired for Mayo</u>	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Assist customers with product sales, operate cash register and manage drawer. Manage time and prioritize.</u>			

**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. *NS*

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. *NS*

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. *NS*

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check. *NS*

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. *NS*

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. *NS*

Signature of applicant *Natasha Banks* Date: *05/01/2017*

NATAUSHIA L BANKS

2452 Parkview Lane SE

Rochester, MN 55904

(507) 517-9718

nchanted78@yahoo.com

5/1
~~1230P~~
1230P

OBJECTIVE

Obtain a position with your company to utilize energetic customer service, communication, and sales.

JOB HISTORY/DUTIES

Cashier

Mayo Clinic

Rochester, MN

Start Date: 08/2015 End Date: 06/2016

Provide timely, efficient customer service

Ability to operate cash register and manage drawer

Able to assist customer with sales and answer product related concerns

Ability to effectively manage time and prioritize task

Basic math skills

Cashier

Kelly Services

Rochester, MN

Start Date: 05/2014 End Date: 08/2015

Provide timely, efficient customer service

Ability to operate cash register and manage drawer

Assist customer with sales and answer product related concerns

Ability to effectively manage time and prioritize task

Basic math skill

Home Health Aide

Partners in Senior Care

Grayslake, IL

Start Date: 06/2012 End Date: 04/2013

Assist clients with activities of daily skills to function independently

Self directed with ability to work little or no direct supervision

Light housekeeping and meal preparation

Read and follow written instructions and care documents

Timely submissions of records, notes, and daily summaries

Name: Nataushia Banks

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.