



your workforce management & staffing experts

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: 7-2-18

Employee Signature

Brian Bradley

Employee Name (Printed)

Date: 5/2/18

Witness Signature

Zhilgheam Zepeda

Witness Name (Printed)

TEST RESULTS RECORD

Test Reference Number MD-56101 Name of Collector _____

COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-466-3883 Fax _____
 Address 404 Broadway Ave. City St. Paul Park State/Province MN Zip/Postal Code 55091

DONOR INFORMATION

Last Name Bradley Employee I.D. _____
 First Name Brian
 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 5/2/18

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 5/2/18

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.

Side of Device



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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input checked="" 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 _____

SuperMom's New Employee Training Quiz

Name (Print):

Brian Bradley

Date:

9-2-18

Language Spoken:

English

10 questions (choose one answer per question)

1. Who is responsible for food safety & quality at SuperMom's?

- Supervisors
 Everyone

2. Food and beverages may be stored in your locker:

- True
 False

3. I must report to my Supervisor if I have:

- Diarrhea or Vomiting
 Jaundice
 Salmonella
 Lesions with pus (boils or wounds)
 All of the above.

4. Only clear nail polish can be worn in the production area.

- True
 False

5. How long should you wash your hands for?

- 20 Seconds
 10 Seconds
 5 Seconds
 I don't need to wash my hands

**6. Hairnets are required at all times when they are in the production area.
Beard nets are required for men with beards.**

- True
 False

7. Plain wedding bands are allowed to be worn in production areas.

- True
 False

~~**8. All employees are required to wear slip-resistant shoes in production areas.**~~

- True
 False

9. Smocks may be worn outdoors.

- True
 False

10. Everyone is required to have an identification badge.

- True
 False

By signing below you agree that you have been trained and understand the topics outlined in the training.

Employee (Signature): _____ Date: _____

Training Representative: Bob Zed _____ Date: 5/02/18



Background Screening Report

EZ Screen Solutions
 5994 S. Holly St. Ste. 151
 Greenwood Village, CO 80111
 Phone: 800-429-5303

FILE NUMBER	125252	REPORT DATE	05-02-2018
REPORT TO	CMG Staffing (1353) 12000 N Washington St. Ste. 350 Thornton, CO 80241 Phone: (303) 920-1425 Fax: (303) 736-7767	ORDER DATE	05-02-2018
		REFERENCE	SUPERMOMS
		TYPE	CMG Staffing PKG - National Criminal

Application Information

APPLICANT	BRADLEY, BRIAN D.	SSN	XXX- XX-1573	DOB	12-05- XXXX
E-MAIL	ZHIL@CORPMGMTGROUP.COM				
ADDRESS(ES)	404 BROADWAY AVE	CITY / STATE / ZIP	SAINT PAUL PARK, MN 55071		

Investigative

National Criminal Database Search

***** Alert!! *****

RESULTS **Records Found**

NAME SEARCHED BRADLEY, BRIAN D. SEARCH DATE 05-02-2018 11:23 AM MDT

DOB SEARCHED 12-05-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.

Minnesota Dept of Public Safety

Offender:

Full Name: BRADLEY, BRIAN DEANDRE
 DOB: 1989-12-05
 Provider: Minnesota Dept of Public Safety
 State: MN

Offense:

Jurisdiction: RAMSEY DIST COURT
 Description: DRUGS - 5TH DEGREE - POSSESS SCHEDULE 1,2,3,4 - NOT SMALL AMOUNT MARIJUANA
 DispositionDescription: CONVICTED
 Offense Type: Misdemeanor
 Probation: 5 Years
 Confinement: 30 Days
 Statute Number: 152.025.2(1)
 Fine: \$100.00
 Disposition Date: 2011-04-07
 Origin: Crime

Probation Agency: RAMSEY CO COMM CORR-RETIRED 4/11/16
Case Number: 08196617
Agency: ST PAUL PD
Court Code: MN062015J
Conviction Number: 001
File Number: CR0814063
Custody Agency: RAMSEY CO WORKHOUSE
Type: CONVICTION

Minnesota Judicial Branch**Offender:**

Full Name: BRADLEY, BRIAN DE'ANDRE
DOB: 1989-12-05
Address: SAINT PAUL, MN 55117-5462
Provider: Minnesota Judicial Branch
State: MN

Offense:

Description: VISIT DISORDERLY HOUSE
DispositionDescription: CONVICTED
Offense Type: MISDEMEANOR
Arresting Agency: ST. PAUL POLICE DEPARTMENT
Sentence Date: 2012-03-12
Disposition Date: 2012-03-12
File Date: 2012-02-13
Origin: Crime
Case Number: 62CR121148
Case Sub Type: NON-TRAFFIC
Case Type: CRIM/TRAF MANDATORY
Case Status: UNDER COURT JURISDICTION
Sentence Confinement Type: MN LOCAL CONFINEMENT
Base Case Type: ADULT
Statute Code: 271.03
Sentence Type: SENTENCED
Confinement Agency: RAMSEY COUNTY CORRECTIONAL FACILITY
Count: 1
County: RAMSEY COUNTY
Origin: Charge
Confinement Stayed: 1 YEARS
Stated Conditional: 30 DAYS.
Confinement: 30 DAYS.
Stated Confinement Stayed:

Minnesota Judicial Branch**Offender:**

Full Name: BRADLEY, BRIAN DE'ANDRE

DOB: 1989-12-05
 Address: SAINT PAUL, MN 55117-5462
 Provider: Minnesota Judicial Branch
 State: MN

Offense:

Description: THEFT-TAKE/USE/TRANSFER MOVABLE PROP-NO CONSENT
 DispositionDescription: CONVICTED
 Offense Type: PETTY MISDEMEANOR
 Arresting Agency: MAPLEWOOD POLICE DEPARTMENT
 Sentence Date: 2011-10-24
 Disposition Date: 2011-10-24
 File Date: 2011-10-04
 Origin: Crime
 Case Number: 62SUCR113876
 Case Sub Type: NON-TRAFFIC
 Case Type: CRIM/TRAF MANDATORY
 Case Status: UNDER COURT JURISDICTION
 Base Case Type: ADULT
 Statute Code: 609.52.2(1)
 Sentence Type: SENTENCED
 Count: 1
 County: RAMSEY COUNTY

Minnesota Judicial Branch

Offender:

Full Name: BRADLEY, BRIAN DEANDRE
 DOB: 1989-12-05
 Address: SAINT PAUL, MN 55117-5462
 Provider: Minnesota Judicial Branch
 State: MN

Offense:

Description: POSSESSION OR SALE OF SMALL AMOUNT OF MARIJUANA
 DispositionDescription: CONVICTED
 Offense Type: PETTY MISDEMEANOR
 Arresting Agency: ST. PAUL POLICE DEPARTMENT
 Sentence Date: 2013-11-19
 Disposition Date: 2013-11-19
 File Date: 2013-09-18
 Origin: Crime
 Case Number: 62VB13620900184343
 Case Sub Type: NON-TRAFFIC
 Case Type: CRIM/TRAF NON-MAND
 Case Status: UNDER COURT JURISDICTION
 Base Case Type: TRAFFIC
 Statute Code: 152.027.4.A

Sentence Type: SENTENCED
 Count: 001
 County: RAMSEY COUNTY

Minnesota Judicial Branch**Offender:**

Full Name: BRADLEY, BRIAN DE'ANDRE
 DOB: 1989-12-05
 Address: SAINT PAUL, MN 55117-5462
 Provider: Minnesota Judicial Branch
 State: MN

Offense:

Description: THEFT-TAKE/USE/TRANSFER MOVABLE PROP-NO CONSENT
 DispositionDescription: CONVICTED
 Offense Type: MISDEMEANOR
 Arresting Agency: WOODBURY POLICE DEPARTMENT
 Sentence Date: 2016-02-29
 Disposition Date: 2016-02-29
 File Date: 2015-05-29
 Origin: Crime
 Case Number: 82CR152111
 Case Sub Type: NON-TRAFFIC
 Case Type: CRIM/TRAF MANDATORY
 Case Status: CLOSED
 Sentence Confinement Type: MN LOCAL CONFINEMENT
 Base Case Type: ADULT
 Statute Code: 609.52.2(A)(1)
 Sentence Type: SENTENCED
 Confinement Agency: WASHINGTON COUNTY JAIL
 Count: 1
 County: WASHINGTON COUNTY
 Origin: Charge
 Confinement Stayed: 1 YEARS
 Stated Conditional: 90 DAYS.
 Confinement: 90 DAYS.
 Stated Confinement Stayed:

WARNING: 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. 'Records Found' means that our researchers found a record(s) in that jurisdiction that matched the personal identifiers (i.e., Name, SSN, Date of Birth, Address) listed for the subject in the above abstract. EZ Screen Solutions does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records. Information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of this report. Further

investigation into additional jurisdictions, or utilization of additional identifying information, may be warranted.
Please call for assistance.

Notice: Please verify all criminal records provided from the National Criminal Database Search with a County or State Criminal Search to obtain further status and case information which confirms the records belong to your applicant.

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 *****
