

Carrie Ulwelling

Oronoco, MN 55960
carrieulwelling7_6tc@indeedemail.com - (507) 990-5391

8/2
10A

Objective: Make a useful contribution to the organization while continuing to gain experience and expand my skills and opportunities.

WORK EXPERIENCE

Security Officer

Premier Security - 2017-05 - Present

Patrol and guard parking ramps, apartment buildings, hospitals, and more to ensure there is no danger to the public, no violence, no breaking and entering, and no destruction of property. Work crowd control and traffic control at various events.

Training: Use of Force in Hand to Hand Self Defense, O.C. Spray, Use of Handcuffs, Arrest Procedures.

3mo.
night shift
curb work -

Security Guard, Watch Guard Security

- 2017-02 - 2017-05

Guard and patrol solar panel farm. Ensure only authorized personnel enter solar panel site. Log entry of all people entering and exiting. Ensure all people entering have PPE gear before entering. Log all equipment entering and exiting

Independent Contractor

Rochester Post Bulletin - 2016-03 - 2017-01

Motor route newspaper delivery

Residential Housekeeper

- 2015-11 - 2016-03

Assistant Housekeeping Manager

- 2015-08 - 2015-10

Supervising staff and checking their work, assisting in daily scheduling, assisting in cleaning rooms, stocking cleaning supplies, keeping track of customer ratings online and assisting executive housekeeper with other manager duties

Medical Debt Collector

- 2015-05 - 2015-07

Answering and making calls to debtors regarding their medical debts, and working with them to obtain appropriate payment arrangements. Answering questions about debts owed, and submitting settlement requests to clients on behalf of debtors.

Housekeeping Supervisor

- 2014-11 - 2015-04

Supervising staff and checking their work, assisting in daily scheduling, assisting in cleaning rooms, stocking cleaning supplies, keeping track of customer ratings online and coming up with new ideas to improve those ratings, entering information into computer system, and assisting executive housekeeper with other manager duties

Jimmy John's: Rochester, MN

Assistant Manager/Supervisor

Little Caesars Pizza - Rochester, MN - 2008-03 - 2009-09

Supervise staff, Open/close store, Inventory, Daily receipts, Bank deposit, Cashier, Prepare dough, Create pizzas and other products, Clean

Cashier/Cook

Little Caesars Pizza - Rochester, MN - 2007-01 - 2008-03

Cashier, Prepare dough, Create pizzas and other products, Clean

Cashier/Gas Station Attendant

Cub Foods - Rochester, MN - 2006-05 - 2006-10

Assist customers with use of gas pumps, Cashier

Cashier/Clean Team

Cub Foods - Rochester, MN - 2005-05 - 2006-10

Cashier, Retrieve carts from parking lot and return to store, Clean Store

EDUCATION

Graduate Certificate in Defensive Handgun

Front Sight Firearms Training Institute - Pahrump, NV
2017-04

Associates Degree in Psychology

Rochester Community & Technical College - Rochester, MN
2016-12

Associates Degree in Business Administration

Rochester Community & Technical College - Rochester, MN
2015-08

Century High School - Rochester, MN
2006-06

ADDITIONAL INFORMATION

Technologies:

Proficient Skills: MS Office Suite; MS Word, PowerPoint
Cash register operation, Interpersonal skills, Problem solving skills
Working Knowledge: MS Office Suite: Excel

MINNESOTA
DRIVER'S LICENSE

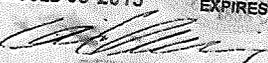


CARRIE ALLEN ULWELLING
3611 85TH ST NW LOT 102
ORONOCO, MN 55960

Date of Birth 08-27-1988
Sex F Eyes BLU Class D
Height 5-3 Weight 210

ISSUED 08-2013 EXPIRES 08-27-2017

R208140287110



SOCIAL SECURITY



476-15-8658

THIS NUMBER HAS BEEN ESTABLISHED FOR

CARRIE A ULWELLING



SIGNATURE



Preliminary Questions

For CMG use only

Name: Carrie Ulmulling

Date: 8/2/17

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
4. Which plant do you prefer? NORTH
5. What shift do you prefer? 1st

To be completed during or after interview

Date of interview 8/2/17

X Have you ever been convicted of a crime? Yes X No

Explain

Incident Misdemeanor - "obscene phone call" someone put my daughter in danger while she was in their care and I found out & left a harsh voicemail.

X Employee Signature [Signature]

Interviewer Signature [Signature]

**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.

Carrie Ullwelling
Individual's Name
8-2-17
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017214114112AL

Report Prepared: 08/02/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Ulwelling

First Name: Carrie

Date of Birth: 08/27/1988

Social Security Number: *** ** 8658

Hire Date: 08/02/2017

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: 08/27/2017

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 08/02/2017

Case Submitted By: SHAU7624

Closed On: 08/02/2017

Closed By: SHAU7624

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

SENSITIVE BUT UNCLASSIFIED



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) Ulwelling | | First Name (Given Name) Carrie | | Middle Initial A | Other Last Names Used (if any) | |
| Address (Street Number and Name) 3611 85th ST. NW | | | Apt. Number 102 | City or Town Oronoco | | State MN |
| Date of Birth (mm/dd/yyyy) 08/27/1988 | | U.S. Social Security Number 4 7 6 - 1 5 - 8 6 5 8 | | Employee's E-mail Address | | Employee's Telephone Number (507) 990-5391 |

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): <u>N/A</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. <i>(See instructions)</i> | |
| <p><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></p> <p>1. Alien Registration Number/USCIS Number: <u>N/A</u> OR 2. Form I-94 Admission Number: <u>N/A</u> OR 3. Foreign Passport Number: <u>N/A</u> Country of Issuance: <u>N/A</u></p> | |
| <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div> | |

| | |
|---------------------------|---|
| Signature of Employee | Today's Date (mm/dd/yyyy) <u>8-2-2017</u> |
|---------------------------|---|

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 |





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

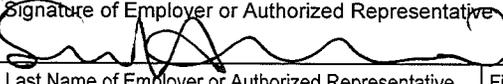
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable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

| | | | | |
|-------------------------------------|--------------------------------------|-----------------------------------|-----------|-------------------------------------|
| Employee Info from Section 1 | Last Name (Family Name) Ulwelling | First Name (Given Name) Carrie | M.I. A | Citizenship/Immigration Status 1 |
|-------------------------------------|--------------------------------------|-----------------------------------|-----------|-------------------------------------|

| 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 Department of Health, Education and Welf |
| Document Number N/A | | Document Number R208140287110 | | Document Number 476158658 |
| Expiration Date (if any)(mm/dd/yyyy) N/A | | Expiration Date (if any)(mm/dd/yyyy) 08/27/2017 | | Expiration Date (if any)(mm/dd/yyyy) N/A |
| Document Title N/A | | <div style="border: 1px solid black; padding: 5px;"> Additional Information </div> | | <div style="border: 1px solid black; padding: 5px;"> QR Code - Section 2 Do Not Write In This Space  </div> |
| 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): (See instructions for exemptions)

| | | | | |
|--|---|--|--|--|
| Signature of Employer or Authorized Representative  | | Today's Date (mm/dd/yyyy) 08/02/2017 | Title of Employer or Authorized Representative Administrative Support | |
| Last Name of Employer or Authorized Representative Haugerud | First Name of Employer or Authorized Representative Sierra | Employer's Business or Organization Name ESSG | | |
| Employer's Business or Organization Address (Street Number and Name) 7480 Flying Cloud Dr | 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) |
|----------------|-----------------|---------------------------------------|

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 |
|--|---------------------------|---|

MINNESOTA
DRIVER'S LICENSE



CARRIE ALLEN ULWELLING
3611 85TH ST NW LOT 102
ORONOCO, MN 55960

Date of Birth 08-27-1988
Sex F Eyes BLU Class D
Height 5-3 Weight 210
ISSUED 08-2013 EXPIRES 08-27-2017

R208140287110



SOCIAL SECURITY



476-15-8658
THIS NUMBER HAS BEEN ESTABLISHED FOR
CARRIE A ULWELLING
Carrie A. Ulwelling
SIGNATURE

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: Carrie Allen Ullwelling
First Middle (Last
none)

Other names used: _____

Current county of residence: _____

Current and former addresses:

7/2011 current 3611 85th St NW #102 Oronoco MN 55916
from Mo/Yr to Mo/Yr Street City, State & Zip

from Mo/Yr to Mo/Yr Street City, State & Zip

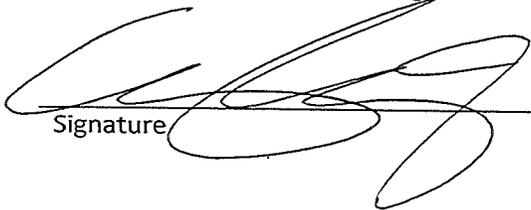
from Mo/Yr to Mo/Yr Street City, State & Zip

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

08/27/1988 476-15-8658
Date of birth Social security number

R208140287110 Carrie Allen Ullwelling
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: .

Signature 

Date 8-2-17