

NEW HIRE PAPERWORK	Date received & initials completed	DATE FAXED & INITIALS	CMG NEW HIRE PAPERWORK	Date received & initials completed	DATE FAXED & INITIALS
EMPLOYEE NAME: (Last, First) <i>Dawood, Chris</i>			EMPLOYEE NAME: (Last, First)		
ESG New Hire Application	<i>2/1 AB</i>	<i>AB</i>	CMG New Hire Application		
ESG Emergency Contact Info	<i>2/1</i>	<i>2/1</i>	CMG Emergency Contact Info		
Employment Eligibility - I-9- 2 forms of ID - copies			Employment Eligibility - I-9 2 forms of ID - copies		
(1) Passport	<i>2/1</i>		(1)		
(2) ID or SS card	<i>2/1</i>		(2)		
W-4	<i>2/1</i>		W-4		
ESG BACKGROUND RELEASE FORM	<i>2/1</i>		CMG BACKGROUND RELEASE FORM		
<i>CMG Time</i>	<i>2/1</i>		E-VERIFY		
			CMG HANDBOOK-date reviewed and distributed with new employee		
Additional information:	<i>starts 2/4/08</i>		EMPLOYEE CONFIDENTIALITY AGREEMENT		

CMG CORPORATE FAX NUMBER: 303-736-7767



EMPLOYEE INFORMATION SHEET

STRICTLY CONFIDENTIAL

LAST NAME: CHRISTOPHER
Apellido Nombre

FIRST NAME: DAWOOD MIDDLE INITIAL: YONA
Primero Nombre Segunda Inicial

ADDRESS: 1009 3RD AVE #207
Direccion

CITY: WORTHINGTON STATE: MN ZIP: 56187
Ciudad Estado Zona Postal

HOME PHONE #: 605-595-4968 CELL PHONE #: 507-370-0624
Teléfono ^{cell} Celular teléfono

DATE OF BIRTH: 1, 1, 1968
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 667097924
Numero de Seguro Social

GENDER: FEMALE MALE MARITAL STATUS: MARRIED SINGLE
Género Mujer Masculino Estado Civil Casado Soltero

ETHNIC ID: (WHITE, BLACK, HISPANIC, ASIAN, INDIAN) BLACK
origen étnia

EMERGENCY CONTACT INFORMATION INFORMACIÓN DE CONTACTO DE EMERGENCIA NAME: <u>FATHER ANDROW</u> Nombre PHONE #: <u>507-376-6726</u> Teléfono

FOR CMG USE ONLY:

HIRE DATE: 1/29/08 START DATE: 2/4/08

TERM DATE: _____ SALARY (Hourly): 10.00

SHIFT: 1-DAY 2-NIGHT 3-OVERNIGHT
1-DAY BUSSER 2-NIGHT BUSSER

DEPARTMENT: _____

SUPERVISOR: _____

BADGE #: _____

PRIMARY LANGUAGE: _____

WORKERS COMP CODE: _____

EMPLOYMENT STATUS Agency Referral <input type="checkbox"/> CMG Recruit <input checked="" type="checkbox"/> CMG Rollover Date: _____ Client Rollover Date: _____

Employer Solutions Staffing Group LLC

New Hire Application

7300 Metro Blvd, Suite 635
Edina, MN 55439
Tel. 952.835.1288

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name CHRISTOPHER First Name DAWOOD Middle Initial YONA
 Street Address 1009 3RD AVE #207
 City/State/Zip WORTHINGTON, MN 56187
 Home Phone 605-595-4968 Message Phone 507-370-0624
 Company/Employer CMG

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Are you legally authorized to work in the United States of America? YES NO

Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group LLC (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. 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 ESSG policies.

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

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

CHRISTOPHER DAWOOD
Name (Print or type)

[Signature]
Applicant's Signature

1-29-08
Date

A copy or facsimile will be considered the same as an original signature.

For ESSG Office Use Only				
BQ _____	NHW _____	I-9 _____	Direct Deposit _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Proof of Insurance _____	Drug Tests _____

Form W-4 (2007)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax

for individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners/Multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent.	A <u>1</u>
B Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. 	B _____
C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G Child Tax Credit (including additional child tax credit). See Pub 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child. • If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children. 	G _____
H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	H _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2007
1 Type or print your first name and middle initial. Last name DAWOOD Y CHRISTOPHER		2 Your social security number 667:09:7924
Home address (number and street or rural route) 1009 3RD AVE #207		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code WORTHINGTON, MN 56187		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>2</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2007, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.)		Date ▶ 1-29-08
8 Employer's name and address. Employer: Complete lines 8 and 10 only if sending to the IRS.		9 Office code (optional) 10 Employer identification number (EIN)



**Employer
Solutions
Staffing
Group LLC**

7300 Metro Blvd, Suite 635
Edina, MN 55439
Tel. 952.835.1288
Fax 952.835.1255

Website: www.employersolutionsgroup.com

EMPLOYMENT ELIGIBILITY VERIFICATION

After you are hired and before you start work, you are required by law to provide certain documents that verify you are eligible to work and establish your identity. The following is a list of acceptable documents.

One from this column	OR	One from each of these two columns	
<p>Documents that establish both Identity and Employment Eligibility</p> <ul style="list-style-type: none"> ○ U.S. Passport (unexpired or expired) ○ Certificate of U.S. Citizenship (INS Form N-560 or 5-570) ○ Unexpired foreign with attached I-551 stamp or attached INS form I-94 indicating unexpired employment authorization ○ Alien Registration Receipt Card (INS form I-688) ○ Unexpired Employment Authorization Card (INS form I-688A) ○ Unexpired Reentry Permit (INS form I-327) ○ Unexpired Refugee Travel Document (INS form I-571) ○ Unexpired Employment Authorization Document Issued by the INS, which contains a photograph (INS form I-688B) 		<p>Documents that establish Identity</p> <ul style="list-style-type: none"> ○ Drivers License or ID card issued by a state or outlying possession of the U.S. provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address ○ ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address ○ School ID with photograph ○ Voter's registration card ○ U.S. Military dependent's card ○ Military dependent's card ○ U.S. Coast Guard Merchant Mariner card ○ Native American tribal document ○ Driver's license issued by a Canadian government authority <p>For persons under age 18 who are unable to present a document listed above:</p> <ul style="list-style-type: none"> ○ School record or report card ○ Clinic, doctor, or hospital record ○ Day-care or nursery school card 	<p>Documents that establish Employment Eligibility</p> <ul style="list-style-type: none"> ○ U.S. Social Security Card issued by the Social Security administration (other than a card stating it is not valid for employment) ○ Certification of Birth Abroad issued by the Department of State (form FS-545 or DS-1350) ○ Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the U.S., bearing an official seal ○ Native American Tribal document ○ U.S. Citizen ID card (INS form I-197) ○ ID card for use of Resident Citizen in the U.S. (INS form I-179) ○ Unexpired employment authorization document issued by the INS (other than those listed in the first column)

"You have the employees, we have the solutions."

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last CHRISTOPHER	First DAWOOD	Middle Initial YONA	Maiden Name YONA
Address (Street Name and Number) 1009 3RD AVE #207		Apt. #	Date of Birth (month/day/year) 1/1/1968
City WORTHINGTON, MN	State	Zip Code 56187	Social Security # 667-09-7924

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.

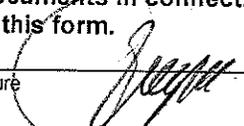
I attest, under penalty of perjury, that I am (check one of the following):

A citizen or national of the United States

A Lawful Permanent Resident (Alien #) A **787196**

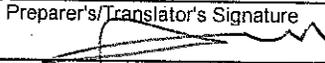
An alien authorized to work until _____

(Alien # or Admission #)

Employee's Signature: 

Date (month/day/year)

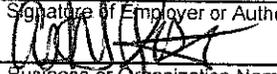
Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature 	Print Name AIMAN HABEEBA
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year) 1-29-08

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		ID card		SS Card
Issuing authority: _____		SD		US GOVT
Document #: _____		01234743		667-09-7924
Expiration Date (if any): _____		1/1/2013		
Document #: _____				
Expiration Date (if any): _____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) **2/1/08** and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative 	Print Name Ashley Postma	Title Admin Assistant
Business or Organization Name ESSG 7300 Metro Blvd	Address (Street Name and Number, City, State, Zip Code) 1035 Edina MN 55439	Date (month/day/year) 2/1/08

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable) _____ B. Date of rehire (month/day/year) (if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 _____ Date (month/day/year) _____

South Dakota M. Michael Rounds, Governor

IDENTIFICATION CARD

ISSUE DATE 01/30/2008 EXPIRE DATE 01/01/2013

HEIGHT 6/02 WEIGHT 175 EYE BLK SEX M

BIRTHDATE 01/01/1968

Chen

DAWOOD, CHRISTOPHER YANO
300 S LOWELL AVE #18
SIOUX FALLS, SD 57103-1959

LICENSE NUMBER
01234743

SOCIAL SECURITY

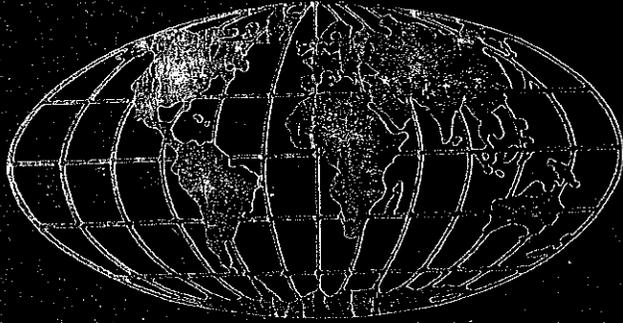
SOCIAL SECURITY
667-09-7924

THIS NUMBER HAS BEEN ESTABLISHED FOR
CHRISTOPHER YONA DAWOOD

ADMINISTRATIO

Chen
SIGNATURE

WORLD SERVICE
AUTHORITY



護照

PASSPORT

PASSEPORT

ПАСПОРТ

護照

جواز سفر

10

Visas / Vistas / Vistos buenos / Визы / Визы хорошие
التأشيرات / Vizoj

INTERNATIONAL EXIT VISA • VISA INTERNATIONALE DE SORTIE
• VISA INTERNACIONAL DE SALIDA • МЕЖДУНАРОДНАЯ
ВЫЕЗДНАЯ ВИЗА • 國際出境簽證
• INTERNACIA EIJRA VIZO

No. No: 簽證號碼 / Nombre: 810992

Date of Issue • Date d'émission • Fecha de emisión • Дата выдачи •
: تاريخ انشاء التأشيرة • 發給日期 • Elnidato 04.05.94

Place of Issue • Lieu d'émission • Lugar de emisión • Место выдачи •
: مكان انشاء التأشيرة • 發給地點 • Elnidalo Washington, DC

Certifying WSA Official and Seal • Signature d'un officiel de WSA et Sceau • Oficial
Certificador de la WSA y Sello • Полицейский должностного лица и печать УСО •
: خاتم التأشيرة الرسمية • 世界服務組織發給官員簽名及印章 • Atestanta WSA
Funkciulo kaj Sigelo




Fee: Frais: Cuota: Пошлина: 簽證費: \$5

(This visa authorized by Article 13(2), Universal Declaration of Human Rights.
• Ce visa est autorisé par l'article 13(2) de la Déclaration Universelle des Droits de
l'Homme. • Esta visa está autorizada por el Artículo 13(2), Declaración Universal de
Derechos Humanos. • На основании статьи 13(2) Декларации
Всеобщей декларации прав человека. • 根據「世界人權宣言」
第十三條之規定而發給。
• Ci tiu vizo aprobia laŭ Artikolo 13(2), Universala Deklaro de Homaj Rajtoj.)

11

Visas / Vistas / Vistos buenos / Визы / Визы хорошие
التأشيرات / Vizoj

INTERNATIONAL RESIDENCE PERMIT • PERMIS INTERNACIONAL DE
RESIDENCE • PERMISO INTERNACIONAL DE RESIDENCIA •
مسموح إقامة دولي • МЕЖДУНАРОДНОЕ УДОСТОВЕРЕНИЕ
МЕСТОЖИТЕЛЬСТВА • 國際居留簽證 • INTERNACIA
PERMISO POR ENLOÇADO

Permit No.: No. du permis: رقم الترخيص: № Удостоверения:
編號: Permisiella numero: 170254

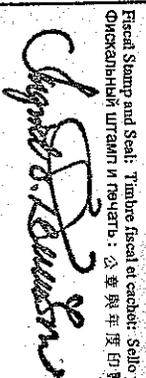
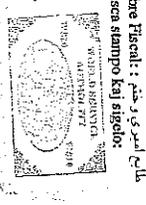
Present residence: Résidence actuelle: Residencia actual: Адрес
Местожительства: 目前住址: Numa loġġo: 86017

JOUNIEH, LEBANON

World Citizen Reg. No.: No. d'empêchement (Citoyenneté) du Monde: Num. do registro
Ciudadano Mundial: : رقم تسجيل الاقامة العالمية: № регистрации Международного
гражданинства: 世界公民登記號: Registrada numero de identidad: 86017

Date of Registration: Date de registration: Fecha de registraci6n: : تاريخ التسجيل: 25.03.92
Дата регистрации: Дата выдачи: 04.05.94

Date of Issue: Date d'émission: Fecha de emisi6n: : تاريخ الانشاء: 04.05.94
Удостоверения: 本屋發給日期: Dato de elidono: 04.05.94

Fiscal Stamp and Seal: Timbre fiscal et sceau: Sello y Timbre Fiscal: : خاتم التأشيرة الرسمي: 印章與年度印號及 Fiscal stampo kaj sigelo:
Фискальный штамп и печать: 公署與年度印號及 Fiscal stampo kaj sigelo:



WSA Official: : Officier de la WSA: Oficial de la WSA: (WSA) : عالم فني
Преодставителна WSA: 世界服務組織: Funcionario de la WSA:
Mandated by Art. 13(1), Universal Declaration of Human Rights • Sous mandat de l'article 13(1),
Déclaration Universelle des Droits de l'Homme • Bajo mandato del Artículo 13(1), Declaración
Universal de Derechos Humanos • По указанию статьи 13(1) Декларации
Всеобщей декларации прав человека • 根據「世界人權宣言」
第十三條之規定而發給 • Designa per Artikolo 13(1), Universala Deklaro pri Homaj Rajtoj.

IMPORTANT
 This document is valid for travel in all countries whose consulates restricted. It is not transferable. It is to be used only for the person to whom it is issued. The person to whom it is issued must sign his/her name immediately upon receipt. This document is not valid unless it is signed. Expiration date page 5.

IMPORTANT
 Ce document de voyage est valable, sauf indication contraire, pour tous les pays. Il n'est pas transférable et ne peut être utilisé que par la personne à laquelle il a été délivré. Il n'est valable que reçu de la signature du titulaire, qui est tenu de le signer des réception. Date d'expiration en page 5.

IMPORTANT
 El presente documento es válido para viajar por todos los países salvo indicaciones contrarias. Es intransferible. Podrá utilizarse únicamente la persona para la cual haya sido extendido. El titular debe firmar en el momento de recibirlo. Este documento no es válido sin la firma del titular. Validez: página 5.

Внимание
 Паспорт действителен для поездки во все страны, если нет особых противупказаний. Он может быть использован только лицом, которому он выдан.
 Паспорт должен быть подписан владельцем при выдаче.
 Срок действительности указан на стр. 5.

تصالح هذه الوثيقة السفر كافة الدول ما لم يذكر غير ذلك. لا يجوز نقل الوثيقة إلى شخص آخر ولا يتغير اسم المستفيد الشخصي الصادر له. الوثيقة صالحة للإقامة إلا في وجه عليها. حاملها: أي في وقت حصولها حالاً أو لاحقاً. تاريخ إصدارها صالح حتى الوثيقة من التأشيرة.

注意事項
 除非受到限制，持本證件前往各國旅行一律有效。本證不得轉讓，只准持證人使用。收到本證後，持證人須立即在本證簽上自己的名字。本證非經簽署不生效力。本證有效期間參閱第五頁。

GRAVA
 Tui-oi dokumento estas valida por ĉiuj landoj, se ne estas kontratare limigite. Ĝi ne estas transferibla, kaj las uzi nur la persono al kiu ĝi estas donita. Ĝi estas valida nur, se ĝi surhavas la subskribon de la posedanto, kiu devas subskribi ĝin tuj post ricevo. Lindato de valideco: vd. paĝo 5.

This passport contains 40 pages
 (Le passeport contient 40 pages)
 Este pasaporte contiene 40 páginas
 Паспорт содержит 40 страниц.
 本證件共有四十頁
 Chetui pasporto enhavas 40 paĝojn.

No

Name
 Nom
 Apellido
 Фамилия
 نام

Nome

DAUD

Forenames

Prenoms
 Nombre
 Имя (имена)
 الأسماء الأولى
 نام

Christo

Antaŭnomoj

Born at

Né à
 Lugar de nacimiento
 Место рождения
 محل الميلاد
 出生地點
 Naskiĝloko

Anzara
 Sudan

The

Le
 El
 Дара
 تاريخ
 出生日期
 Je la

06.06.68

Sex
 Sexe
 Sexo
 جنس
 性別
 Sekso

Male

Occupation
 Profession
 Profesion
 Иродессия
 المهنة
 職業
 Profesio

Student

000200

3

Description of bearer - Signalement du titulaire
Descripción del titular - Приметы владельца
اوصاف حامل الجواز - 持證人資料
Aspekto de la posedanto

Height / Taille / Estatura / Рост / الطول / 身高 / Staturu } 1.89m
Eyes / Yeux / Ojos / Глаза / العينان / 眼珠顏色 / Okuloj } Brown

Special marks / Signes particuliers / Signos particulares / Особые приметы / علامات التميز / 特徵 / Specialoj signoj }

The bearer is accompanied by _____ minor children
Le titulaire est accompagné de _____ enfants mineurs
El portador esta acompañado por su _____ hijos menores
Несовершеннолетние дети _____ Сопровождающие лица
أولاد قصير _____ يرافق حامل الجواز عدد _____
下列同行未成年子女共 _____
La posedanton akompanas _____ neplenaĝaj geknaboj



Photograph of bearer
Photographie du titulaire
Fotografía del titular
Фотография владельца
الصورة الشخصية لحامل الجواز
持證人相片
Foto de la posedanto

CHRISTO YONA DWANAD
Signature of bearer - Signature du titulaire
Firma del titular - Подпись владельца
توقيع حامل الجواز - 持證人簽名
Subskribo de la posedanto

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 02/01/2008
Page: 1 of 1

Case Verification Number: 2008032113938PQ

Initial Verification:

Last Name:	Dawood	First Name:	christopher
Middle Initial:		Maiden Name:	
Social Security Number:	667-09-7924	Date of Birth:	01/01/1968
Hire Date:	02/01/2008	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	078719600	I-94 Number:	
Document Type:	I-94	Doc. Expiration Date:	01/01/2010
Initiated By:	SEVA4775	Initiated On:	02/01/2008

SSA Referral:

Referral By: _____ Referral Date: _____

Verification Response:

Eligibility: _____ Response Date: _____

SSA Resubmittal:

Last Name:		First Name:	
Middle Initial:		Maiden Name:	
Social Security Number:		Date of Birth:	
Initiated By:		Initiated On:	

Resubmittal Verification Results:

Eligibility: _____

Verification Response:

Eligibility: DHS Verification in Process Response Date: _____

DHS Referral:

Referral By: _____ Referral Date: _____

DHS Referral Results:

Eligibility: _____ Response Date: _____

Case Resolution:

Resolve Option: _____
Resolved By: _____ Resolved On: _____

SENSITIVE BUT UNCLASSIFIED



It is necessary for us to have current information readily available to the supervisor where you are working and also in your employee file. **Thank you for your cooperation. We appreciate you!**

DAWOOD CHRISTOPHER

Your Name

1009 3RD AVE Apt# 207

Your Address

WORTHINGTON, MN 56187

Your City, State, Zip Code

(507) 370-0624

Your Telephone Number

EMERGENCY CONTACT INFORMATION

YOUSIF OSMAN

Name

friend

Relationship

1009 3RD AVE #207

Address

WORTHINGTON MN 56187

City, State, Zip Code

(507) 370 0624

Telephone Number

()

Alternate Telephone Number

Background Investigation Information Release Form

Please read this form carefully and be aware that by allowing Employer Solutions Staffing Group LLC to investigate your background with state and federal agencies, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal and driving record background check and review.

I understand that a successful criminal and driving record background investigation is a condition of my employment by Employer Solutions Staffing Group LLC to work at facilities of

_____ and, further, that Employer Solutions Staffing Group may, at its discretion, conduct periodic criminal and driving record background investigations on me during the course of my employment with Employer Solutions Staffing Group.

I agree to waive and relinquish all claims I may have against Employer Solutions Staffing Group LLC and its officers, agents, servants and employees as a result of my participation in any criminal and driving record background investigation.

I do hereby fully release and discharge Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims from damages that I may have or that may accrue to me on account of the results of any aspect of any criminal and driving record background investigation.

I further agree to indemnify and hold harmless and defend Employer Solutions Staffing Group LLC, its respective officers, agents, servants, and employees from any and all claims resulting from damages sustained by me or arising out of, connected with, or in any way associated with, any of the activities of any criminal and driving record background investigation and review.

I have read and fully understand this Waiver and Release of All Claims.

Employee Full Legal Name (Printed)	Last CHRISTOPHER	First DAWOOD	Middle YONA	Social Security # 667-09-7929	Birthdate 11-19-68
Minnesota Driver's License Number	Date Signed				

Signature 



STATEMENT OF CONFIDENTIALITY

This agreement made this _____ day of 4-29-, 2008, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and hereafter referred to as "employee".

WITNESSETH:

For the duration of my employment and after resignation or termination of this employment with employer, for any reason whatsoever, the employee shall not use or disclose to any other person or company, and confidential or proprietary information or know-how related to the business of the employer.

In view of the difficulty of determining the amount of damages that may result to the employer from a violation of any of the provisions hereof, the employee agrees to pay to the employer the sum of \$10,000 as liquidated damages for every such violation; provided, however, that the payment of such amount as liquidated damages shall not be construed as a release or waiver by the employer of the right to prevent any such violation in equity or otherwise.

Employee Signature

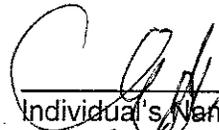
Employer Solutions Staffing Group LLC, Representative

**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.

4. 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
2/1/08

Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

* Open



APPLICATION FOR EMPLOYMENT

DATE 10-11-07

Name Dawood Christopher

Address 1009 3rd Ave #207 Worthington, MN 56187

Telephone 507 521-0845 or 507-350-5783 Social Security No. 667-09-7924

Are you under age 18 YES NO, if YES, can you provide proof of your eligibility to work? YES NO

Are you currently authorized to work in the United States? YES NO. Proof of eligibility will be required if hired.

Current Position Any Current Wage Any Shift Night Shift Are you available to work overtime? YES NO

Table with 3 columns: TYPE OF SCHOOL, NAME OF SCHOOL, MAJOR & DEGREE. Row 1: High School, Sudan, General Diploma

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? No Yes (a Conviction record will not necessarily disqualify you from employment).

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation.

DO YOU HAVE A DRIVER'S LICENSE? Yes No

Please list two Emergency Contacts other than relatives. Name Andrew Address Worthington Telephone 507 376-4778

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No Specialty Date Entered Discharge Date

Reference

*DUT

Mike Gage WOS

Work Experience Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Swift Phone 507-372-2121

Address Worthington Supervisor Roger *6 mos*

Reason for leaving (be specific) Went to jail

Position/Duties:
Loading dock, drove fork-lift, put boxes on pallets

Name of employer Great Bro. Construction Phone () ? *5-6 mos*

Address Sioux Falls Supervisor Mike

Reason for leaving (be specific) transportation issues

Position/Duties:
construction labor - poured cement, built buildings

Name of employer John Morrell Phone () ? *3 mos*

Address Sioux Falls Supervisor William

Reason for leaving (be specific) lay-off

Position/Duties:
clean-up

Ellisons *3 1/2 months*

Temp Jobs

*2 days he missed

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Corporate Management Group, Inc., (hereinafter called "the Company"),

* NO problem with repetitive

2 of 3

Reliable

February 2007

listen to others.

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 Corporate Management Group, Inc., 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 the Owner/Managing Member of the Company. Both the undersigned and Corporate Management Group, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company 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 called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company 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, the Company, 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 the Company 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 the Company is terminable at will for any reason by either party.

Signature of applicant



Date:

10/11/07

Corporate Management Group, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Corporate Management Group, Inc. depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.