

SuperMom's New Employee Training Quiz

Name (Print): DeBryon Strower Date: 09/20/18

Language Spoken: _____

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.

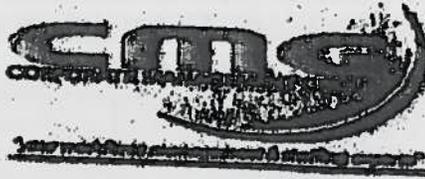
True

False

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

Employee (Signature): Dabeer Singh Date: 09/26/18

Training Representative: Andre Bonds Date: 9/26/18



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

Acknowledgment 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 for Drug and Alcohol Testing ("Policy"). I understand that if I am hired I will be employed 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 Officer ("MRO"). I hereby consent to such test results and other information being disclosed to and discussed with an MRO.

Dated: 09/26/18

D. Bryon Storer
Employee Signature

D. Bryon Storer
Employee Name (Printed)

Witnessed by:

Dated: 9/26/18

Anne Bowden
Witness Signature

Anne Bowden
Witness Name (Printed)

TEST RESULTS RECORD

Test Reference Number MD-96101 Name of Collector _____

COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-644-3883 Fax _____
 Address 400 Broadway Ave City St. Paul Park State/Province MN Zip/Postal Code 550

DONOR INFORMATION

Last Name Strozier Employee I.D. _____
 First Name DeBryon
 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 metabolism and alcohol.

Donor signature DeBryon Strozier Date/Time 09/26/18

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 Leona Howard Date/Time 9/26/18 9:53 a.m.

Laboratory signature _____ Date / Time received _____

TEST RESULTS

Date/Time Collected 9/26/18 9:53 a.m.

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



Drug Name	Control	Screened	Positive	Control
Buprenorphine	BUP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes / Comments _____

ILLINOIS Jesse White • Secretary of State USA

IDENTIFICATION CARD



Dabriyon Strozier

1 LIC NO: 3821-7396-246S

2 DOB: 08/29/1995

3 EXP: 08/28/2022

4 ISS: 08/22/2017

5 **STROZIER**

6 **DABRIYON M J**

7 **2746 CAMP JACKSON ROAD**

8 **CAHOKIA IL 62206**

9 CLASS:



10 SEX: M 11 HGT: 5'-08" 12 WGT: 130 lbs 13 EYES: BRN 14 TYPE: ORG

15 EDD: 20170822030684226

SOCIAL SECURITY

320-92-9319

THIS NUMBER HAS BEEN ESTABLISHED FOR

DABRIYON M J

STROZIER

Dabriyon Strozier

SIGNATURE 10/06/2015

USA

36217395240S
 IL759MD1
 Rev. 08/17/2015
 08/29/1995




Blood Type RH Factor	Medical Information/Living Will Seal Area
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**FOR IDENTIFICATION PURPOSES ONLY
 NOT A LICENSE TO DRIVE**

This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:
 Social Security Administration
 P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security business information, contact your local Social Security office. If you write to the above address for any business other than returning a found card you will not receive a response.

Social Security Administration
 Form SSA-3000 (08-2011)

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