Preliminary Questions
For CMG use only

Name: Jakob Day

Date: 4.12.17

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

To be completed during or after interview

Have you ever been convicted, plead guilty or contest to a Felony? Yes ✓ No

If yes, please list when, where and the nature of the offense(s):

Pos. of Firearm Felony – Aug 31st 2012
Assault 3 degree – in while carcerated – 10.30.16

Have you ever been convicted, plead guilty or contest to a Misdemeanor? Yes No ✓

If yes, please list when, where and the nature of the offense(s):

You will not be denied employment solely because you answer "Yes" above or because you have been convicted of a crime, felony or misdemeanor. The company considers many individualized factors in evaluating a job candidate, including but not limited to, with respect to criminal history, the nature and date of any offense, the surrounding circumstances, and the nature of the position for which you apply.

By signature below, I certify that the information provided above is true and complete that i have discussed the above with my interviewer as disclosed. i understand and agree that any misrepresentation by me will be sufficient cause to eliminate me from consideration for employment and/or terminate employment at any time if i have been employed.

Applicant signature: Jakob Day Date: 4.12.17

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: Jakob (First) Lee (Middle (☐ none)) Day (Last)

Other names used: _____

Current county of residence:

Current and former addresses:

from Mo/Yr	to Mo/Yr	Street	City, State & Zip
	current	7631 Hearthside Ave S. Apt# 206	Cottage Grove MN 55016

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

Nov. 13, 1990 — Date of birth

468-23-9080 — Social security number

_____ — Driver's license number & state

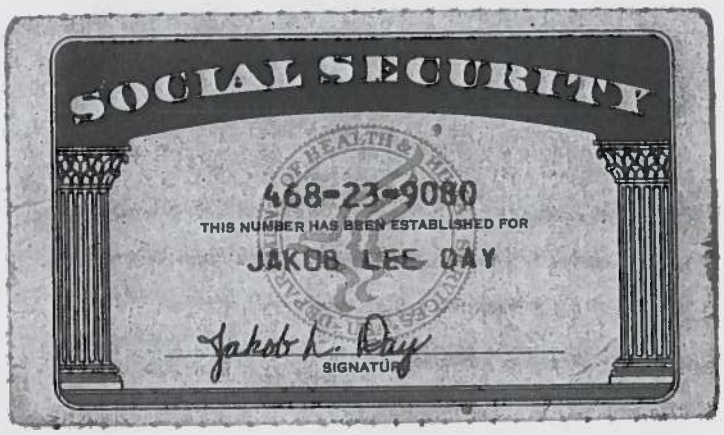
_____ — Name as it appears on license

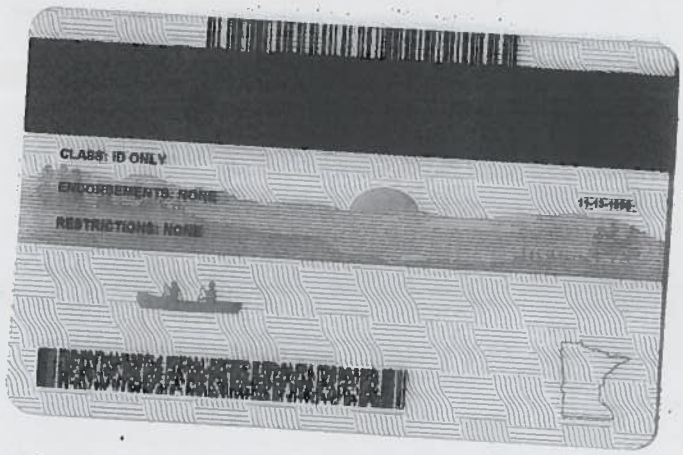
Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: ☐.

Signature: John Day

Date: 4.12.17


MINNESOTA
IDENTIFICATION CARD
NOT A DRIVER'S LICENSE
JAKOB LEE DAY
743 N SHORE DR
FOREST LAKE, MN 55025
Date of Birth 11-13-1990
Sex
M
Eyes
BRN
Class
ID
Height
5-9
Weight
170
ISSUED 02-2017
EXPIRES 11-13-2021
M043137096107


SOCIAL SECURITY
468-23-9080
THIS NUMBER HAS BEEN ESTABLISHED FOR
JAKOB LEE DAY
SIGNATURE



Do not laminate this card.

This card is invalid if not signed by the number holder unless health or age prevents signature.

Improper use of this card and/or number by the number holder or any other person is punishable by fine, imprisonment or both.

This card is the property of the Social Security Administration and must be returned upon request. If found, return to:
SSA-ATTN: FOUND SSN CARD
P.O. Box 17087 Baltimore Md. 21203
Contact your local Social Security office for any other matter regarding this card.

Department of Health and Human Services
Social Security Administration
Form OA-702 (1-88)

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