



CMG APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED

PLEASE COMPLETE PAGES 1-5		DATE <u>12/13/2016</u>
Name <u>Pewowaruk Devin Oliver</u> <small>Last First Middle Maiden</small>		
Present address <u>931 23rd st</u> <small>Number Street</small>		
<u>Rochester</u> <small>City</small>	<u>NY</u> <small>State</small>	<u>55904</u> <small>Zip</small>
Social Security No. <u>475 - 31 - 5331</u>		
Telephone <u>(507) 218-8683</u>		E-Mail <u>devinpewowaruk@gmail.com</u>
If under 18, please list age _____		Referred by _____
Position applied for (1) <u>Warming house attendant</u> and salary desired (2) <u>\$11/hr</u> (Be specific)		Shift available to work 1 st _____ 2 nd _____ 3 rd _____
How many hours can you work weekly? <u>25</u>		Can you work nights? <u>yes</u>
Employment desired ___ FULL-TIME ONLY <input checked="" type="checkbox"/> PART-TIME ONLY ___ FULL- OR PART-TIME		
When available for work? <u>12/26/2016</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? ___ No <input checked="" type="checkbox"/> Yes If so, please explain <u>Night class Tuesday + Thursday</u>		
Do you anticipate any absences from work on a regular basis? <input checked="" type="checkbox"/> No ___ Yes If so, please explain _____		

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Mayo</u>		<u>4</u>	
College	<u>Rochester Comm. and Technical</u>		<u>2</u>	<u>associates</u>
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes ___ No

What is your means of transportation to work? Driving

Driver's license number R51813348514 State of issue MN

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date 08-13-2017

Have you had any accidents during the past three years? ___ Yes No

If so, how many? _____

Have you had any moving violations during the past three years? ___ Yes No

If so, how many? _____

Please list two references other than relatives or previous employers.

Name Avery Granum Name Joel Wagar

Position Computer engineer Position Manager

Company IBM Company DNR

Address _____ Address _____

Telephone (____) _____ Telephone (507) 289-2873

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? __ Yes No

Branch _____ Specialty _____

Date Entered _____ Discharge Date _____

WORK EXPERIENCE

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

Name _____	Supervisor name <u>Chris Fitchen</u>	
Position <u>Restaurant Host</u>	Employment dates	Pay or salary <u>9.80</u>
Company <u>Wehrenberg Theatres</u>	From <u>9/14</u>	Start <u>7.25</u>
Address _____	To <u>12/16</u>	Final <u>9.80</u>
Telephone <u>(507) 579-5066</u>	Your last job title <u>Restaurant</u>	
Reason for leaving (be specific) more <u>More job experience</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Usher, box office, concessions/restaurant host, used customer service to help customers.</u>		

Name _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From	Start
Address _____	To	Final
Telephone () _____	Your last job title _____	
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE

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

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Employment dates</td> <td style="width:50%;">Pay or salary</td> </tr> <tr> <td>From</td> <td>Start</td> </tr> <tr> <td>To</td> <td>Final</td> </tr> <tr> <td colspan="2">Your last job title _____</td> </tr> </table>	Employment dates	Pay or salary	From	Start	To	Final	Your last job title _____	
Employment dates	Pay or salary								
From	Start								
To	Final								
Your last job title _____									
Reason for leaving (be specific) _____									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.									

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From	Start								
To	Final								
Your last job title _____									
Reason for leaving (be specific) _____									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.									

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

PLEASE READ CAREFULLY
APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

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 of Corporate Management Group, Inc. (CMG), 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 an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG 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 will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. 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 CMG policies.

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

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

Signature of applicant *John P. P... ..* Date: 12/13/2016

MINNESOTA
UNDER 21 DRIVER'S LICENSE



DEVIN OLIVER PEWOWARUK
931 23RD ST SE
ROCHESTER, MN 55904

Date of Birth 08-13-1996 AGE 18 08-13-2014
Sex Eyes Class
M BLU D
Height Weight DONOR
6-4 175
ISSUED 07-2014 EXPIRES 08-13-2017

R518133484514 *Devin Pewowaruk*

SOCIAL SECURITY

475-31-5331

THIS NUMBER HAS BEEN ESTABLISHED FOR
DEVIN OLIVER PEWOWARUK

Devin Oliver Pewowaruk
SIGNATURE

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

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 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can 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. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

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. 505 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. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or 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. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
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 \$1,500 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 \$2,000 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 \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	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 are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 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.

Separate 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	<h3>Employee's Withholding Allowance Certificate</h3> <p>▶ 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 <div style="font-size: 2em; font-weight: bold; text-align: center;">2016</div>
1 Your first name and middle initial Devin O.		2 Your social security number 475-31-5331
Last name Pawowafuk		
Home address (number and street or rural route) 931 23rd st		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 Rochester, MN, 55904		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 1
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2016, 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 (This form is not valid unless you sign it.) ▶ <i>Devin Pawowafuk</i>		Date ▶ 12/13/2016
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)

BACKGROUND INFORMATION FORM FOR BACKGROUND CHECK

BackTrack, Inc. is an employment screening company that conducts background checks on prospective employees/employees for our clients as part of their standard hiring procedure. In order to perform this check, we need you to provide the following information. Please be sure to fill out this form completely and legibly.

APPLICANT INFORMATION (please print clearly & accurately)					
Position Applying For: <u>Warming house attendant</u>			Expected Salary: <u>\$11/hr</u>		
Last Name: <u>Pewowauk</u>		First Name: <u>Dawn</u>		Middle Name: <u>Oliver</u>	
Maiden Name:		Any Other Name(s) Used:		Phone: <u>(557) 218-8683</u>	
Home Address: <u>931 23rd St</u>			E-Mail Address: <u>dawn.pewowauk@gmail.com</u>		
City: <u>Rochester</u>	State: <u>MN</u>	Zip: <u>55904</u>	County: <u>USA</u>	From Mth/Yr:	To Mth/Yr:
Social Security Number * <u>475-31-5331</u>		Date of Birth * <u>08/13/1990</u>		Military Branch of Service:	
*For background screening purposes only					
Driver's License Number: <u>251813348514</u>			State License was Issued: <u>MN</u>		
High School: <u>Mayo</u>		City/State Location: <u>Rochester MN</u>		Year Graduated: <u>2015</u>	Full Name Diploma Issued Under:
If GED received, in what State: <u>MN</u>		City/State Location: <u>Rochester</u>		Date Received: <u>06/2015</u>	Name Used for GED:
College: <u>Rochester Comm. and Technical</u>		City/State Location: <u>Rochester MN</u>		Year Graduated: <u>2018</u>	
Degree Rec'd:					
<input checked="" type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Other _____ Student ID Number: _____ Full Name Used: _____					
List Previous Addresses (to cover last 7 years)					
Address:		City/State:		Zip:	
County:		From Mth/Yr:		To Mth/Yr:	
Address:		City/State:		Zip:	
County:		From Mth/Yr:		To Mth/Yr:	

NOTE: The absence of any of the above information could result in a delay in processing your background. If necessary, a representative from BackTrack, Inc. will contact you for additional information in order to expedite the background process. Thank you for your assistance.

—FOR CLIENT USE ONLY — DO NOT WRITE BELOW THIS LINE—

CLIENT INFORMATION		SERVICES REQUESTED <input type="checkbox"/> RUSH ORDER (\$27 extra charge)	
Name:		PACKAGE:	
Title:		<input type="checkbox"/> Level I (employment, education, criminal search, credit or SSN search, driving)	
E-Mail Address:		<input type="checkbox"/> Level II (employment, criminal search, credit or SSN search, driving)	
Company Name:		<input type="checkbox"/> Level III (employment, education, criminal search)	
Address:		<input type="checkbox"/> Level IV (employment, criminal search, credit or SSN search)	
City/State/Zip:		<input type="checkbox"/> Level V (criminal and SSN search)	
If Applicable, Division or Code #:		<input type="checkbox"/> Level VI (employment, education, criminal search, credit or SSN search)	
Phone Number:		(Above packages check here for 5 year emp. history <input type="checkbox"/> Check here for only 3 year <input type="checkbox"/>)	
Fax Number:		<input type="checkbox"/> Criminal History (county) <input type="checkbox"/> Federal District Search	
		<input type="checkbox"/> Civil Litigation <input type="checkbox"/> Statewide Search (where available)	
		<input type="checkbox"/> CrimeTrack (Criminal Database and National Sex Offender Search)	
		<input type="checkbox"/> GlobalTrack (Patriot Act Search)	
		<input type="checkbox"/> Credit Report	
		<input type="checkbox"/> Employment History <input type="checkbox"/> Education <input type="checkbox"/> Driving Record <input type="checkbox"/> SSN Search	
		<input type="checkbox"/> Workers' Comp. <input type="checkbox"/> Military <input type="checkbox"/> Credential <input type="checkbox"/> Bus/Personal Ref.	

F14-0203

YOU MUST COMPLETE AND RETURN THE BACKGROUND INFORMATION FORM, THE DISCLOSURE FORM AND THE AUTHORIZATION FORM FOR A BACKGROUND CHECK

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, workers compensation claims or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. Workers compensation will only be requested in compliance with the ADA and/or any other applicable laws.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by BackTrack, Inc., 8850 Tyler Boulevard, Mentor, OH 44060, (800) 991-9694, www.backtracker.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature

X Devin Pewowaruk

Date

02/13/2016

Printed Name

Devin Pewowaruk

Company Applying To

City of Rochester

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by BackTrack, Inc., 8850 Tyler Boulevard, Mentor, OH 44060, (800) 991-9694, www.backtracker.com and/or the company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature Devin Pawowaruk Date 12/13/2016
Printed Name Devin Pawowaruk Company Applying To City of Rochester

IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Name: Devon Pewowarak

Address: 931 23rd St Rochester MN

Home Phone: 507-254-8683

Person(s) to contact in case of an emergency on the job (in order of preference):

1. Name: Rhonda Pewowarak

Phone (primary): 507-280-5975

Phone (secondary): _____

2. Name: David Pewowarak

Phone (primary): 507-358-9843

Phone (secondary): _____

Additional information you want CMG and our clients to know in the event of an emergency:

The associate handbook was reviewed with me, and I have received my personal copy. I also acknowledge that I have been given the opportunity to ask questions and express concerns during my orientation. Additionally, I understand and support the following:

1. This handbook is intended as a guide and not an employment agreement that creates a contractual relationship, and that the employment relationship may be terminated at the will of either party at any time.
2. The changing needs of the business will require alteration in method, practices and policies, and the company will unilaterally revise, as necessary, to meet these changing needs.
3. I agree to notify CMG Human Resources immediately of any change in my personal data such as phone number, address, emergency notification, etc.
4. I am responsible for the information provided herein and will, upon my separation, return this handbook to CMG Human Resources.

Date: 12/13/2016

Associate's Signature: Devin Pewowaruk

Associate's Printed Name: Devin Pewowaruk

Social Security #: 475-31-5331

Orientation provided by: Kiley Adell

Employee Non-Compete and Confidentiality Agreement

NONCOMPETE

The Employee and Corporate Management Group (CMG) recognize that due to the nature of Employee's engagement hereunder and the relationship of the Employee to CMG, the Employee will have substantial personal contacts with clients of CMG which are likely to result in the development of strong business and personal ties to and goodwill with the Employee rather than CMG and, as a result, it is likely that such clients would follow the Employee in the event the Employee ceases to be employed by CMG. Accordingly, the Employee agrees as follows:

During the term of employment with CMG the Employee shall not, directly or indirectly, either individually or as a partner, agent, employee, stockholder, officer, director, consultant or otherwise, except for the account of and on behalf of CMG, engage in the practice of temporary employment services. Additionally, during the term of employment with CMG and for a period of twelve months after the cessation of employment, for any reason whatsoever, the Employee shall not solicit or otherwise attempt to establish for himself or for any other person, firm or entity any business relationships with any person or entity which was, at any time during the term of this agreement, a client of CMG.

For a period of twelve months after the cessation of employment, for any reason whatsoever, the Employee shall not directly or indirectly, either individually or as a partner, agent, employee, consultant or otherwise, solicit any person or entity to provide or render temporary employment services within the city limits of any city where CMG has clients at the time of cessation of employment.

For a period of twelve months after the cessation of the Employee's employment with CMG for any reason whatsoever, the Employee shall not directly or indirectly, either individually or as a partner, agent, employee, stockholder, officer, director, consultant or otherwise, solicit for employment or employ any person who was an employee of CMG at any time during the term of this agreement.

The parties hereto agree that to the extent that any provision or portion of this Agreement shall be held, found or deemed to be unreasonable, unlawful or unenforceable by a court of competent jurisdiction, then any such provision or portion thereof shall be deemed to be modified to the extent necessary in order that any such provision or portion thereof shall be legally enforceable to the fullest extent permitted by applicable law; and the parties hereto do further agree that any court of competent jurisdiction shall, and the parties hereto do hereby expressly request any court of competent jurisdiction to, enforce any such provision or portion thereof or to modify any such provision or portion thereof in order that any such provision or portion thereof shall be enforced by such court to the fullest extent permitted by applicable law. Any remedy available under this Agreement shall be in addition to, and cumulative with, any remedy available to CMG at law, in equity or otherwise.

CONFIDENTIAL INFORMATION

The Employee acknowledges that in the Employee's work, the Employee will be making use of, acquiring and adding to confidential information of a special and unique nature and value relating to such matters as, but not limited to, CMG's business operations, internal structure, financial affairs, systems, procedures, manuals, confidential reports and lists of clients, as well as the amount, nature and type of services used and preferred by CMG's clients and the fees paid by such clients, all of which shall be deemed to be confidential information. In consideration of work by CMG, the Employee agrees that during the Employment Period and upon and after ceasing to be employed by CMG for any reason whatsoever, the Employee shall not, for any reason or purpose whatsoever, directly or indirectly, divulge or disclose to any person or entity any of such confidential information which was obtained by the Employee as a result of the Employee's employment with CMG, or any information or knowledge respecting the affairs of CMG or any of its officers, directors, employees, stockholders, agencies or referrers of clients learned or conceived by the Employee while in the employ of CMG, but shall hold all of the same inviolate.

AGREED TO:

Employee's name

Signature: Devin Pewowaruk

Printed Name: Devin Pewowaruk

Date: 12/13/2016

AGREED TO:

Corporate Management Group, Inc.

Signature: Kelsey Adell

Printed Name & Title: Kelsey A Stink Client Services manager

Date: 12/13/16
12000 Washington Street, Suite 350
Thornton, CO 80241



ANTI-HARASSMENT POLICY

It is Corporate Management Group's (CMG) policy that all employees should be able to enjoy a work environment free from all forms of discrimination, including harassment. As such, CMG is committed to vigorously enforcing their Anti-harassment Policy. This policy applies to all employees of the organization (without regard to position) and individuals not directly connected to CMG (e.g., an outside vendor, consultant, customer or guest). Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation or veteran status. Harassment is considered a form of discrimination and is specifically included among the prohibitions under Title VII of the Civil Rights Act of 1964. In addition, retaliation or reprisal taken against anyone who has expressed concern about harassment or discrimination against the individual raising the concern is illegal.

The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as "unwelcome sexual advances, requests for sexual favors, sexual comments, or other verbal or physical acts of a sexual or sex-based nature including, but not limited to drawings, pictures, jokes, and/or teasing where (1) submission to such conduct is made either explicitly or implicitly a term or a condition of an individual's employment; (2) an employment decision is based on an individual's acceptance or rejection of such conduct; or (3) such conduct interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment."

The Anti-harassment Policy prohibits harassment and/or retaliation by any individual employed by, doing business with or for, or visiting CMG. Employees who believe they have been the subject of harassment and/or retaliation or an employee who may have been witness to harassment and/or retaliation must report the incident immediately. Information and/or allegations must be reported to a manager of CMG (by telephoning 866.920.1425 or 303.920.1425). Only those who have an immediate need to know, including the alleged target of harassment or retaliation, the alleged harassers or retaliators, and any witnesses may find out the identity of the complainant. All individuals contacted in the course of an investigation will be advised that all persons involved in a charge are entitled to respect and that any retaliation or reprisal against an individual who is an alleged target of harassment or retaliation, who has made a complaint, or who has provided information in connection with a complaint, is a separate violation of CMG's policy. All information will be disclosed only on a need-to-know basis to allow CMG to

investigate and resolve the incident. CMG recognizes the serious nature of harassment and therefore will endeavor to protect the employee who may have been subjected to harassment, any witnesses and the party against whom allegations have been filed to every possible extent.

Harassment is unlawful and has a negative impact on employees. Violation of the Anti-harassment Policy will not be tolerated by CMG and may result in discipline up to and including termination. Offensive acts or conduct have no legitimate business purpose; accordingly, any employee, regardless of his/her position within CMG, who it is determined has engaged in such conduct will be made to bear the full responsibility for such unlawful conduct.

With respect to sexual harassment, the following is prohibited:

1. Unwelcome sexual advances, request for sexual favors, and all other verbal or physical conduct of a sexual or otherwise offensive nature, especially where:
 - Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
 - Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
 - Such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment.
2. Offensive comments, jokes, innuendoes and other sexually-oriented statements.

If Harassment Occurs:

1. When possible, confront the harasser and tell him/her to stop. Sometimes a simple confrontation will end the situation.
2. If confrontation is unsuccessful, immediately contact your CMG supervisor to report the harassment.
3. An investigation will be conducted and appropriate action taken, including disciplinary measures. We will investigate, in confidence; all reported incidents of harassment and retaliation.

Employee Signature: _____

John Pennington

Date: 12/13/2016

BackTrack

Employment Screening Specialists

8850 Tyler Blvd., Mentor, OH 44060 (440)205-8280 (800)991-9694 FAX: (440)205-8355 www.backtracker.com

To:	Ms. Kelsey Sikkink	NAME:	DEVIN O PEWOWARUK
Client:	Corporate Management Group	S.S.NO:	xx-xxx-5331
Location:	Rochester, MN	Control Id:	1515836
Fax:	(507) 216-4904	Client Ref. No.:	
Client Id:	4096-6646	Client Email:	kelsey@corpmgmtgroup.com

Date:	Report Status	Report Status Notes
12/14/2016	In Progress	
12/19/2016	Closed	

CRIMINAL/CIVIL SEARCH

Status: Closed

County courts report records into their Statewide repository. Please be aware that the reporting time frame on these records can and will vary from the county into the state. Also note that a Statewide Search does not include Federal Crimes or Civil Litigation.

Type of Search:	Statewide Criminal Search
Search Name:	DEVIN O PEWOWARUK
Date of Search:	12/15/2016
County:	NA
State:	MN
Country:	United States
Search Results:	No records found matching the identifiers provided by your candidate.
Note:	This search was processed through the Minnesota BCA -Bureau of Criminal Apprehension.

You agree that your request for this report is permitted by law and that you intend to use the report only for a purpose permitted by the Fair Credit Reporting Act and local law and no other purpose. Before taking adverse action based on the information in this report, the FCRA requires you to provide the applicant with a copy of this report, along with a written description of the applicant's rights under the FCRA. Your company has been provided with a copy of the applicant's rights statement for this purpose. This report is based upon observation and information provided to us. Database searches, such as CrimeTrack, and Social Searches are not FCRA compliant, therefore database searches should not be used for adverse action. For the fee charged, we do not assume any liability arising out of the use of this report by you or others. You or any user of this report agree to hold us harmless from any liability arising from the use of this report.



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.

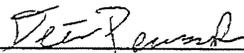
Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name) Pewowaruk		First Name (Given Name) Devin		Middle Initial O	Other Last Names Used (if any)	
Address (Street Number and Name) 931 23rd St. SE			Apt. Number	City or Town Rochester		State MN
Date of Birth (mm/dd/yyyy) 08/13/1996		U.S. Social Security Number 4 7 5 - 3 1 - 5 3 3 1		Employee's E-mail Address		Employee's Telephone Number (507) 218-8683
ZIP Code 55904						

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>	
QR Code - Section 1 Do Not Write In This Space 	

Signature of Employee 	Today's Date (mm/dd/yyyy) 12/13/2016
--------------------------------------------------------------------------------------------------------------	-----------------------------------------

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	

STOP! Employer Completes Next Page **STOP!**



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) Pewowaruk	First Name (Given Name) Devin	M.I. O	Citizenship/Immigration Status 1
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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 Social Security Administration
Document Number N/A		Document Number R518133484514		Document Number 475315331
Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) 08/13/2017		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; text-align: center;"> 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): 12/13/2016 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Kelsey Adelt</i>	Today's Date(mm/dd/yyyy) 12/13/16	Title of Employer or Authorized Representative Client Services Manager	
Last Name of Employer or Authorized Representative Sikkink	First Name of Employer or Authorized Representative Kelsey	Employer's Business or Organization Name CMG	
Employer's Business or Organization Address (Street Number and Name) 12000 N. Washington St Suite 350	City or Town Thornton	State CO	ZIP Code 80241

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)
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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
UNDER 21 DRIVER'S LICENSE



DEVIN OLIVER PEWOWARUK
931 23RD ST SE
ROCHESTER, MN 55904
Date of Birth 08-13-1996 AGE 18 08-13-2014
Sex M Eyes BLU Class D
Height 6-4 Weight 175 DONOR
ISSUED 07-2014 EXPIRES 08-13-2017

R518133484514 *Devin Pewowaruk*

SOCIAL SECURITY

475-31-5331

THIS NUMBER HAS BEEN ESTABLISHED FOR

DEVIN OLIVER PEWOWARUK

Devin Oliver Pewowaruk

SIGNATURE



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2016357121234SC

Report Prepared: 12/22/2016

Company Information

Company ID: 31504

Company Name: Corporate Management Group, INC.

Employee Information

Last Name: Pewowaruk

First Name: Devin

Date of Birth: 08/13/1996

Social Security Number: *** ** 5331

Hire Date: 12/13/2016

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: 08/13/2017

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 12/22/2016

Case Submitted By: AFIN1933

Closed On: 12/22/2016

Closed By: AFIN1933

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

SENSITIVE BUT UNCLASSIFIED

