



Separation Report

Employee Name: Dominique Fabiyi

Client Company: Reichel Foods

Separation Date: 10/22/2015

Reason for Separation or Refusal

(Please check one of the following)

Voluntary (Resignation, Job Abandonment, etc.)

- Attach Letter of Resignation (if available)
- Date employee quit on 10 / 22 / 15
- Was there full time work for the employee when he/she quit? Yes No
- Please give a detailed explanation of the circumstances, including any statements made by the employee at the time of separation. *(Complete Explanation of Separation below.)*

Involuntary (Layoff, Company Termination, Death, etc.)

- Attach Warnings (if available)
- Discharged for misconduct connected with work on ___ / ___ / ___
- Describe what the worker did or failed to do which caused the discharge. Explain the specific act of misconduct; avoid general terms like "absenteeism", "violation of rules"; tell what rule was violated and why, how often absent, etc. *(Complete Explanation of Separation below.)*
- The worker was terminated for unsatisfactory job performance. *(Complete Explanation of Separation below.)*

Explanation of Separation: (use additional sheets if necessary)

I certify my statements are true and correct.

Supervisor's Signature: Kelsey Sikkink

Date: 10/22/2015

DISCLOSURE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that 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 number validation, motor vehicle records ("driving records"), verification of your education or employment history, 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. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled 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 obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING's website is at www.orangetreescreening.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p>New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.</p>
<p>New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p>Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.</p>
<p>Washington State applicants or employees 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.</p>

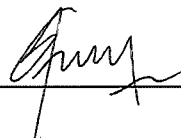
ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the 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 these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG 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, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING's website is at: www.orangetreescreening.com, another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

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

(Must include email address: _____)

Signature:  Date: 10/16/2015

BACKGROUND INFORMATION

Last Name: Fabiyi First: Dominique Middle: R
 Other Names/Alias: _____
 Social Security #*: 760-22-1472 Date of Birth (mm/dd/yyyy)*: 03/11/1988
 Driver's License #: K451195780310 State of Driver's License: MN
 Present Address: 1533 10th street SE Apt 3 Telephone # (Primary): 669-268-6588
 City/State/Zip: Rochester, MN 55904

**This information will be used for background screening purposes only and will not be used as hiring criteria.*

MINNESOTA
DRIVER'S LICENSE



K451195780310

DOMINIQUE RODRIGUE FABIYI
600 9TH AVE NW
AUSTIN, MN 55912

Date of Birth 03-11-1988

Sex M Eyes BRN Class D

Height 5-10 Weight 165

Issued 12-2014

Dominique Rodrigue Fabiyi

EXPIRES 03-11-2018

DRIVER AND VEHICLE SERVICES DIVISION
445 MINNESOTA ST., SUITE 180
ST. PAUL, MINNESOTA 55101-5180
(651) 296-2025 TTY (651) 282-6555



=====
MAILING DATE: 10/09/15
000

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC SAFETY
SAINT PAUL 55101

DS CODE: K-451-195-780-310
DOB : 03-11-88

DOMINIQUE RODRIGUE FABIYI
1533 10TH ST SE #3
ROCHESTER MN 55904

THIS IS YOUR NOTICE OF REINSTATEMENT.

UNDER THE AUTHORITY OF AND AS DIRECTED BY THE LAWS OF THE STATE OF MINNESOTA, YOUR MINNESOTA DRIVER'S LICENSE OR PRIVILEGE TO OPERATE A MOTOR VEHICLE IS HEREBY REINSTATED.

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 10/16/2015
Page: 1 of 1

Case Verification Number: 2015289121524JV

Case Information:**Employee Information:**

Last Name:	Fabiyi	First Name:	Dominique
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 1472	Date of Birth:	03/11/1988
Citizenship Status:	A citizen of the United States	Email Address:	

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:	03/11/2018
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	10/16/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	GLEN1037	Submitted On:	10/16/2015

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:	First Name:
Middle Initial:	Other Names Used:
Social Security Number:	Date of Birth:
Resubmitted By:	Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:
Submitted By: Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By: _____ Referred On: _____

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result: _____ Response Date: _____

Case Closure:

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.
Closed By: GLEN1037 Closed On: 10/16/2015

SENSITIVE BUT UNCLASSIFIED



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

Table with columns: List A Identity and Employment Authorization, OR, List B Identity, AND, List C Employment Authorization. Includes fields for Document Title, Issuing Authority, Document Number, and Expiration Date for multiple documents.

3-D Barcode Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions.)

Signature of Employer or Authorized Representative, Date, Title of Employer or Authorized Representative, Last Name, First Name, Employer's Business or Organization Name, Employer's Business or Organization Address, City or Town, State, Zip Code.

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below. Document Title, Document Number, Expiration Date (if any) (mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative, Date (mm/dd/yyyy), Print Name of Employer or Authorized Representative:



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** 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-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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) <i>FABIYI</i>		First Name (Given Name) <i>Dominique</i>		Middle Initial <i>R</i>	Other Names Used (if any)	
Address (Street Number and Name) <i>1533 10th street SE</i>			Apt. Number <i>3</i>	City or Town <i>Rochester</i>		State <i>MN</i>
Date of Birth (mm/dd/yyyy) <i>03/11/1988</i>		U.S. Social Security Number <i>760-22-1472</i>		E-mail Address		Telephone Number <i>469-268-6588</i>

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 of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

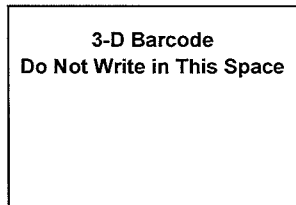
D.F.

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <i>[Signature]</i>	Date (mm/dd/yyyy): <i>10/16/2015</i>
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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.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



DRIVER AND VEHICLE SERVICES DIVISION
445 MINNESOTA ST., SUITE 180
ST. PAUL, MINNESOTA 55101-5180
(651) 296-2025 TTY (651) 282-6555



=====
MAILING DATE: 10/09/15
000

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC SAFETY
SAINT PAUL 55101

DS CODE: K-451-195-780-310
DOB : 03-11-88

DOMINIQUE RODRIGUE FABIYI
1533 10TH ST SE #3
ROCHESTER MN 55904

THIS IS YOUR NOTICE OF REINSTATEMENT.

UNDER THE AUTHORITY OF AND AS DIRECTED BY THE LAWS OF THE STATE OF MINNESOTA, YOUR MINNESOTA DRIVER'S LICENSE OR PRIVILEGE TO OPERATE A MOTOR VEHICLE IS HEREBY REINSTATED.

MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE

IDENTIFICATION CARD/INSTRUCTION PERMIT

APPLICATION RECEIPT

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: **K451195780310** BIRTH DATE (Month/Day/Year): **03/11/1988**

FULL LEGAL NAME: **Domonique Robique** COMPLETE FIRST NAME: **Domonique** COMPLETE MIDDLE NAME: **Robique** COMPLETE LAST NAME: **Robique**

PREVIOUS LEGAL NAME: _____ COMPLETE FIRST NAME: _____ COMPLETE MIDDLE NAME: _____ COMPLETE LAST NAME: _____

FULL RESIDENCE ADDRESS: **807 5th Ave NE** NOTE: MAKE SURE THIS IS A CURRENT AND VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD

CITY: **ANDOVER** STATE: **MN** ZIP CODE: **55912** APT#: **6**

OPTIONAL MAILING ADDRESS: MAKE SURE THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD

CITY: _____ STATE: _____ ZIP CODE: _____ APT#: _____

APPLICANT'S PHYSICAL DESCRIPTION

EYE COLOR: **BRN** HEIGHT: **5** FT. **10** IN. WEIGHT IN POUNDS: **165**

MALE FEMALE

Visit dvs.dps.mn.gov to:

- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions: **651-297-3298**
 License Status, available 24/7: **651-284-2000**
 General DVS Information: **651-296-6911**
 TDD/TTY: **651-282-6555**



2015781140026

<p>TYPE</p> <p><input type="checkbox"/> REG <input type="checkbox"/> EDL</p> <p><input type="checkbox"/> A <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> B <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> C <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> D <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> PROV <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> ID <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> MBOP <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> CDL IP</p> <p><input type="checkbox"/> REG IP</p>	<p>TESTS PASSED</p> <p><input type="checkbox"/> D</p> <p><input type="checkbox"/> MC</p> <p><input type="checkbox"/> MBOP</p> <p><input type="checkbox"/> GK</p> <p><input type="checkbox"/> AIR</p> <p><input type="checkbox"/> COMB</p> <p><input type="checkbox"/> DBL/TRIPLE</p> <p><input type="checkbox"/> PASSENGER</p> <p><input type="checkbox"/> SCHOOL BUS</p> <p><input type="checkbox"/> TANKER</p> <p><input type="checkbox"/> HAZMAT</p> <p><input type="checkbox"/> DWI</p> <p><input type="checkbox"/> RT Passed</p> <p><input type="checkbox"/> RT Waived</p>	<p>RESTRICT/ENDORSE</p> <p><input type="checkbox"/> MC ORIGINAL</p> <p><input type="checkbox"/> MC RENEWAL</p> <p><input type="checkbox"/> ADD/REMOVE</p> <p>FEES PAID APPLICATION</p> <p>MC \$ 26.00</p> <p>OTHER FEES</p> <p>SB PHYS \$ _____</p> <p>REIN FEE \$ 20.00</p> <p>OTHER \$ _____</p> <p>ORGAN DONATION \$ _____</p>	<p>VISION</p> <p><input type="checkbox"/> PASS NR</p> <p><input type="checkbox"/> PASS WITH CL</p> <p><input type="checkbox"/> INCOMPLETE</p> <p><input type="checkbox"/> ATTACHED:</p> <p>PROPER ID</p> <p>DL</p> <p>EDL DOCS</p>
<p>Notes: DEV 1-651-296-2005</p> <p>Limited Driver Lic</p>		<p>INVALIDATED</p> <p>STATE: mn</p> <p>EXP: 3/18</p>	

I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the selective service system, if required by federal law. I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in M.S. § 169.444 regarding the safety of children around school buses.

SIGNATURE: *[Signature]* APPLICATION DATE: **05/20/2015**

THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATED, AND IS NOT A STANDALONE IDENTIFICATION DOCUMENT.

- This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification
- This receipt is valid for the type of card indicated, when stamped with the proper validation stamp, for a maximum of 60 days from the application date shown above
- This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record

- Not valid as Enhanced Driver's License (EDL) for border crossings.
- Lost, stolen and duplicate EDL cards are deactivated and may not be used for border crossings.

(DVS USE ONLY)

DATE: **05/20/2015**

TIME: **09:58**

OFFICE: **ANDOVER**

AGENT: **157**

STATUS: **1**

REASON: **1**

REASON CODE: **1**

REASON DESCRIPTION: **1**

REASON CODE DESCRIPTION: **1**

REASON CODE DESCRIPTION DESCRIPTION: **1**

REASON CODE DESCRIPTION DESCRIPTION DESCRIPTION: **1**

MINNESOTA
DRIVER'S LICENSE



DOMINIQUE RODRIGUE FABIYI
600 9TH AVE NW
AUSTIN, MN 55912

Date of Birth 03-11-1988
Sex M Eyes BRN Class D
Height 5-10 Weight 165

ISSUED 12-2014
EXPIRES 03-11-2018


K451195780310

**DRUG AND ALCOHOL
TESTING CONSENT FORM**

1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.

2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events as described in the policy may result in adverse personnel action, including my termination from employment with ESSG. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.

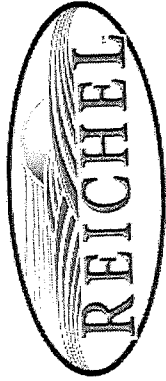
3. I hereby voluntarily consent to ESSG, or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath, or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by ESSG may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to ESSG of the results of my drug and/or alcohol test and other information related to the test.



Individual's Name
10/16/2015

Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6



Employee Photo Release Form

I, Dominique R. FABLY, agree to let Reichel Foods use my picture for internal security purposes. I also agree to submit a written request to Reichel Foods if/when I wish my photo be removed from the company database.

Employee Printed Name: *D Fably*

Date: 10/16/2015



Applicant Interview Score Card

Name Dominique Date of Interview 10/16/15

Position/Shift Assignment R Stand by Position _____

Rating Weak (1) to Strong (5)

- | | |
|--|-----------|
| 1. Understanding of English conversation | 1 2 3 4 5 |
| 2. Speaks English Fluently | 1 2 3 4 5 |
| 3. Work experience related to job-food industry | 1 2 3 4 5 |
| 4. Work history-working presently, yrs in workforce | 1 2 3 4 5 |
| 5. Criminal Background information | 1 2 3 4 5 |
| 6. Possesses required New Hire documentation (I9) | 1 2 3 4 5 |
| 7. Personality-friendly, pleasant, sense of humor | 1 2 3 4 5 |
| 8. Appearance-well groomed, cleanliness | 1 2 3 4 5 |
| 9. Meets requirements to work w/pork, peanuts & soy | 1 2 3 4 5 |
| 10. Shift availability-prefers shift that is available for
Open positions, willing to be flexible to shifts available | 1 2 3 4 5 |

Total possible points **50** pts. Total points scored

50

Former Employer Rating Bonus Points 1-20

0

Interviewer: *Jean*

Total Points 50

Date: 10/16/15



Preliminary Questions

For CMG use only

Name: Dominique R FABRY

Date: 10/16/2015

1. If hired are you willing to take a drug test? Y
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? N
3. Are you able to work with pork? Y
4. Which plant do you prefer? North
5. What shift do you prefer? 1st

To be completed during interview only

Date of interview _____

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

Explain

Incident _____

Employee Signature [Signature]

Interviewer Signature [Signature]

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation. _____

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? Car

Driver's license number K451195780310 State of issue Minnesota

Operator Commercial (CDL) Chauffeur

Expiration date 03-11-2018

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 Amadou BADJALA

Name KHALIL

Position Line Worker

Position _____

Company QPP

Company Mc Neilus

Address _____

Address 1533 10th street SE

Austin, MN, 55912

Rochester, MN, 55904

Telephone 507 589 5771

Telephone 507 319 - 8022

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 <u>QPP Employee</u> Position <u>Line Worker</u> Company <u>QPP</u> Address <u>Austin, MN, 55112</u> Telephone () _____	Supervisor name <u>Nate</u>	
	Employment dates	Pay or salary
	From <u>10/2013</u> To <u>08/2015</u>	Start <u>\$12</u> Final <u>\$15⁶⁵</u>
	Your last job title _____	
Reason for leaving (be specific) <u>Moving</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

Name <u>Employee</u> Position <u>Line Worker</u> Company <u>Tyson</u> Address <u>Joslin, IL</u> Telephone () _____	Supervisor name <u>Mark</u>	
	Employment dates	Pay or salary
	From <u>10/2012</u> To <u>07/2013</u>	Start <u>\$11</u> Final <u>\$13⁵⁰</u>
	Your last job title _____	
Reason for leaving (be specific) <u>Emergency to Africa</u>		
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>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.									

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>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.									

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.

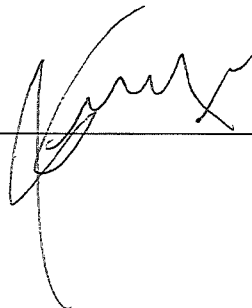
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by 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 _____



Date: _____

10/16/2015