



Preliminary Questions

For CMG use only

Name: Calligh Erickson

Date: 05/17/2017

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 X

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

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

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: Date: 05/17/17

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: Colleigh Ellen Erickson
First Middle (none) Last

Other names used: _____
Current county of residence: Anoka

Current and former addresses:

<u>8/10</u> from Mo/Yr	<u>current</u> to Mo/Yr	<u>P.O. box 21092 Columbia Heights, MN, 55421</u> Street City, State & Zip
<u>11/15</u> from Mo/Yr	<u>8/15/16</u> to Mo/Yr	<u>4060 4th St #201 Columbia Heights MN, 55421</u> Street City, State & Zip
<u>11/15 11/06</u> from Mo/Yr	<u>11/15</u> to Mo/Yr	<u>1741 S 2nd St Aberdeen SD, 57401</u> Street City, State & Zip

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

08/12/1997 Date of birth 472-33-9447 Social security number
0139911 Driver's license number & state Colleigh Ellen Erickson 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:

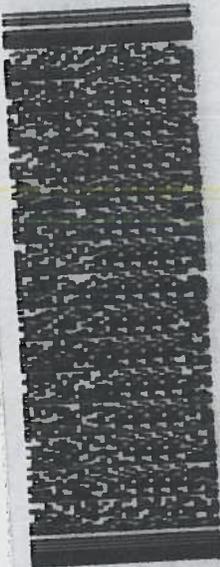
 Signature 05/17/17 Date

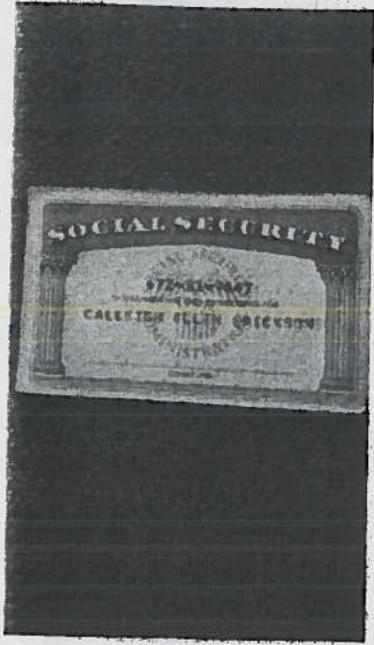
CLASS: 1 - CORALINE TRACKING
PROCESSED: NONE
RESTRICTIONS: NONE

08-12-1987

DATE: 11-03-2000
NUMBER: 21 UNTIL 09/12/2010

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This card is the official verification of your Social Security number.
Please sign in right column. Keep it in a safe place.
Reproduce and all this card or number by anyone is prohibited by law.
Unauthorized use is illegal.

This card belongs to the Social Security Administration and you must
return it if you lose it.

If you find a card that isn't yours, please return it to:
Social Security Administration
P.O. Box 51828, Baltimore, MD 21299-1028

For any other Social Security business information, contact your
local Social Security office. If you write to the above address for any
business reply card requesting a Social card, it will take longer to get
or require paper forms.

Social Security Administration
Phone 800-792-6275

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