E-Verify

SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017237120044UL

Report Prepared: 08/25/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Dominguez

First Name: Gustavo

Date of Birth: 02/26/1966

Social Security Number: *** ** 5824

Hire Date: 08/25/2017

Citizenship Status: A lawful permanent resident

Document Information

List A Document: Permanent Resident Card or Alien Registration Receipt Card (Form I-551)

Alien Number: 091852038

Card Number: LIN1080094637

Document Expiration Date:

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 08/25/2017

Case Submitted By: SHAU7624

Closed On: 08/25/2017

Closed By: SHAU7624

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

SENSITIVE BUT UNCLASSIFIED

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)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*
Dominguez	Gustavo	N/A	

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code
2315 Park Ln. SE	57	Rochester	MN	55904

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
02/26/1966	618 - 22 - 5824		(507) 990-1300

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):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States *(See instructions)*
- ☒ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): 091852038
- ☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): N/A
  Some aliens may write "N/A" in the expiration date field. *(See instructions)*

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.

1. Alien Registration Number/USCIS Number: N/A

OR

2. Form I-94 Admission Number: N/A

OR

3. Foreign Passport Number: N/A

Country of Issuance: N/A

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*
Gustavo Dominguez	08-25-17

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)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status
	Dominguez	Gustavo	N/A	3

List A OR List B AND List C	Identity and Employment Authorization	Identity	Employment Authorization
Document Title	Perm. Resident Card (Form I-551)	N/A	N/A
Issuing Authority	U.S. Citizenship and Immigration Services	N/A	N/A
Document Number	LIN1080094637	N/A	N/A
Expiration Date *(if any)(mm/dd/yyyy)*	06/14/2020	N/A	N/A

Additional Document Title	Additional Issuing Authority	Additional Document Number	Additional Expiration Date *(if any)(mm/dd/yyyy)*
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

Additional Information

QR Code - Section 2
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	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative
[signature]	08/25/2017	Administrative Support

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name
Haugerud	Sierra	ESSG

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code
7480 Flying Cloud Dr	Eden Prairie	MN	55344

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

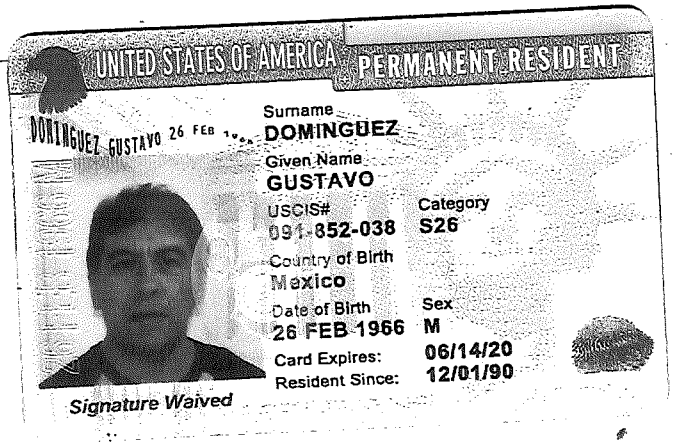
A. New Name *(if applicable)*			B. Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

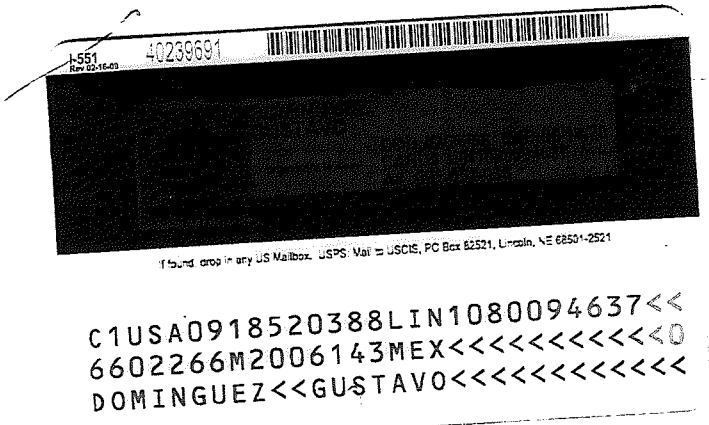
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any) (mm/dd/yyyy)*

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


UNITED STATES OF AMERICA
PERMANENT RESIDENT
DOMINGUEZ GUSTAVO 26 FEB
Surname
DOMINGUEZ
Given Name
GUSTAVO
USCIS#
091-852-038
Category
S26
Country of Birth
Mexico
Date of Birth
26 FEB 1966
Sex
M
Card Expires:
06/14/20
Resident Since:
12/01/90
Signature Waived


I-551
Rev 02-16-09
40239691
If found, drop in any US Mailbox. USPS Mail to USCIS, PO Box 62521, Lincoln, NE 68501-2521
C1USA0918520388LIN1080094637<<
6602266M2006143MEX<<<<<<<<<<<0
DOMINGUEZ<<GUSTAVO<<<<<<<<<<<<

EMPLOYER SOLUTIONS STAFFING GROUP
BACKGROUND CHECK AUTHORIZATION

Employee Name: Gustavo D Domingez
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: 2315 Park LN SE #57 Rochester MN
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: 618-22-58-24 DOB: 02-26-66

Phone Number: (507) 990 13-00

Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: Gustavo Domingez Date: 03-25-17

Notice to CA, MN, and OK Residents:
Please check the box below if you wish to receive a copy of a consumer report that is requested.
☐ ***I wish to receive a copy of any Background Check Report on me that is requested.***

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.

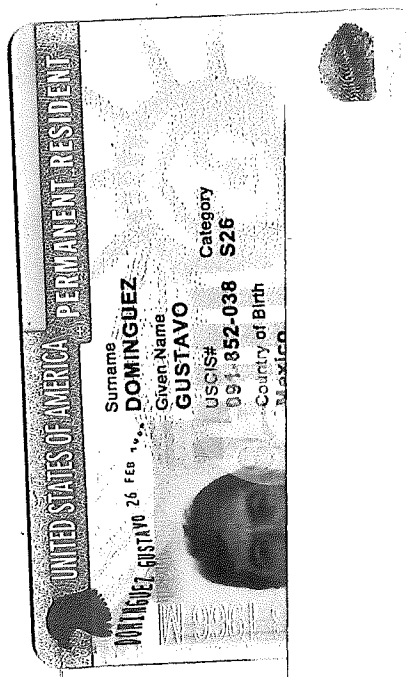
2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events 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.

Gustavo Dominguez
Individual's Name

08-25-17
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6



[redacted]

REICHEL

Employee Photo Release Form

I, Gustavo Dominguez, 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 Signature: Gustavo Dominguez

Date: 08-25-17

CORPORATE MANAGEMENT GROUP

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 8/24/17

Name Dominguez Gustavo
Last First Middle Maiden

Present address 2315 Park Ln SE #57
Number Street

Rochester MN 55904
City State Zip

Social Security No. 618 - 22 - 5824

Telephone (507) 990 - 1300 E-Mail _____

If under 18, please list age _____ Referred by internet

Position applied for (1) Employee
and salary desired (2) _____
(Be specific)

Shift available to work
1st 1st
2nd _____
3rd _____
South.

How many hours can you work weekly? 40+ Can you work nights? no

Employment desired X FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME

When available for work? Right away weekends ok 8/25/17

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
X No ___ Yes If so, please explain _____

Do you anticipate any absences from work on a regular basis?
X No ___ Yes If so, please explain _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	MEXICO			
College				
Bus. or Trade School				
Professional School				

MILITARY

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

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? __ Yes K 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 _____
Position Prep.
Company Lakeside foods inc.
Address 1055 w. Broadway
Plainview MN
Telephone (507) 534 5062

Supervisor name Bill Mergelewits.

Employment dates	Pay or salary
From 2004	Start 9.80
To 2014	Final 13.65.

Your last job title _____

Reason for leaving (be specific) The company closed.

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

- drive fork-lift
- Prep. food.

Name _____
Position In the line.
Company Pace Dairy Foods.
Address 2700 Valley high Dr.
NW Rochester MN
Telephone (507) 288-6315.

Supervisor name _____

Employment dates	Pay or salary
From Aug. 2015	Start 12.50
To Aug. 2016	Final 12.50

Your last job title _____

Reason for leaving (be specific) looking for a better job.

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

- line only.

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 Gustavo Dominguez Date: 08-24-2017

Preliminary Questions

For CMG use only

Name: Gustavo Dominguez

Date: 8/25/17

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
4. Which plant do you prefer? Salem
5. What shift to you prefer? 1

To be completed during or after interview

Date of interview 08-25-2017

Have you ever been convicted of a crime? Yes ___ (No)

Explain

Incident _____

_____

_____

Employee Signature Gustavo Dominguez

Interviewer Signature _____