



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017164105852TK

Report Prepared: 06/13/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Thim

First Name: Hach

Date of Birth: 10/20/1960

Social Security Number: *** ** 5152

Hire Date: 06/13/2017

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: 10/20/2018

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 06/13/2017

Case Submitted By: SHAU7624

Closed On: 06/13/2017

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) Thim		First Name (Given Name) Hach		Middle Initial N/A	Other Last Names Used (if any)	
Address (Street Number and Name) 739 55th St. NE			Apt. Number Lot 16	City or Town Rochester		State MN
Date of Birth (mm/dd/yyyy) 10/20/1960		U.S. Social Security Number 4 7 0 - 2 7 - 5 1 5 2		Employee's E-mail Address		Employee's Telephone Number (507) 202-5686

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 (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): N/A
<input type="checkbox"/> 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 <i>Hach Thim</i>	Today's Date (mm/dd/yyyy) <i>6/13/17</i>
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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

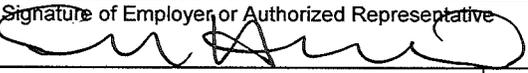
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) <small>Thim</small>	First Name (Given Name) <small>Bach</small>	M.I. <small>N/A</small>	Citizenship/Immigration Status <small>1</small>
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title <small>N/A</small>		Document Title <small>Driver's license issued by state/territory</small>		Document Title <small>Social Security Card (Unrestricted)</small>
Issuing Authority <small>N/A</small>		Issuing Authority <small>Minnesota</small>		Issuing Authority <small>Social Security Administration</small>
Document Number <small>N/A</small>		Document Number <small>Q417195585012</small>		Document Number <small>470275152</small>
Expiration Date (if any)(mm/dd/yyyy) <small>N/A</small>		Expiration Date (if any)(mm/dd/yyyy) <small>10/20/2018</small>		Expiration Date (if any)(mm/dd/yyyy) <small>N/A</small>
Document Title <small>N/A</small>		<div style="border: 1px solid black; padding: 5px; display: inline-block;">Additional Information</div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;"> QR Code - Section 2 Do Not Write In This Space  </div>		
Issuing Authority <small>N/A</small>				
Document Number <small>N/A</small>				
Expiration Date (if any)(mm/dd/yyyy) <small>N/A</small>				
Document Title <small>N/A</small>				
Issuing Authority <small>N/A</small>				
Document Number <small>N/A</small>				
Expiration Date (if any)(mm/dd/yyyy) <small>N/A</small>				

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) <small>06/13/2017</small>	Title of Employer or Authorized Representative <small>Administrative Support</small>	
Last Name of Employer or Authorized Representative <small>Haugerud</small>	First Name of Employer or Authorized Representative <small>Sierra</small>	Employer's Business or Organization Name <small>ESSG</small>		
Employer's Business or Organization Address (Street Number and Name) <small>7480 Flying Cloud Dr</small>		City or Town <small>Eden Prairie</small>	State <small>MN</small>	ZIP Code <small>55344</small>

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
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**MINNESOTA
DRIVER'S LICENSE**



HACH THIM
5601 HWY 63 N LOT #80
ROCHESTER, MN 55906
Date of Birth 10-20-1960
Sex Eyes Class
F BLK D
Height Weight
5-0 110 DONOR **M**
ISSUED 10-2014 EXPIRES 10-20-2018
Hach Thim

Q417195585012

SOCIAL SECURITY

SOCIAL SECURITY
470-27-5152
THIS NUMBER HAS BEEN ESTABLISHED FOR
HACH THIM
ADMINISTRATIVE
Hach Thim
SIGNATURE

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: Hach Thim
First Middle (none) Last

Other names used: _____

Current county of residence: _____

Current and former addresses:

34R current 739 55th & NE Rochester, MN 55906
from Mo/Yr to Mo/Yr Street City, State & Zip

from Mo/Yr to Mo/Yr Street City, State & Zip

from Mo/Yr to Mo/Yr 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.

10/20/60 470 275152
Date of birth Social security number
G417195585012 Hach Thim
Driver's license number & state Name as it appears on license

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

Hach Thim 6/13/16
Signature Date

**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.

HACB Thiann
Individual's Name

6 / 13 / 17
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6



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>6-13-17</u>
Name <u>Thim Hach</u> <small>Last First Middle Maiden</small>		
Present address <u>739 55 St NE Lot 16</u> <small>Number Street</small> <u>Rochester</u> <u>MN</u> <u>55906</u> <small>City State Zip</small>		<u>Dawanda</u> <u>Maly</u> <u>807-202-3512</u>
Social Security No. <u>470 - 27 - 5152</u>		
Telephone <u>(507) 202-5686</u>	E-Mail _____	
If under 18, please list age _____	Referred by _____	
Position applied for (1) _____ and salary desired (2) _____ (Be specific)	Shift available to work 1 st _____ 2 nd <u>X</u> _____ 3 rd _____	
How many hours can you work weekly? <u>40</u>	Can you work nights? <u>yes</u>	
Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME		
When available for work? <u>Anytime</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		
Do you anticipate any absences from work on a regular basis? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
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? car

Driver's license number Q417195585012 State of issue MN

Operator Commercial (CDL) Chauffeur

Expiration date 10-20-2018

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 Khoeun Ham Name Sim Nuan

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (507) 358-8387 Telephone (507) 491-2282

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 _____	
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.		

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

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Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____	
	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 _____	
	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.

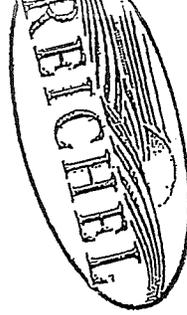
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by 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 X HACH THIM Date: 6-13-2017



Employee Photo Release Form

I, the undersigned, hereby authorize Reichel Foods to let Reichel Foods use my picture for internal security purposes. I also authorize Reichel Foods to let Reichel Foods use my photo for internal security purposes. I also authorize Reichel Foods to let Reichel Foods use my photo for internal security purposes. I also

H Thim

MINNESOTA DRIVER'S LICENSE



HACH THIM
 5601 HWY 63 N LOT #80
 ROCHESTER, MN 55906

Date of Birth **10-20-1960**

Sex	Eyes	Class
F	BLK	D

Height **5-0** Weight **110** **DONOR** **M**

ISSUED **10-2014** EXPIRES **10-20-2018**

HACH THIM

Q417195585012

SOCIAL SECURITY

370-27-5152

THIS NUMBER HAS BEEN ESTABLISHED FOR

HACH THIM