



# Preliminary Questions

For CMG use only

Name: Denisea Hove

Date: 5/7/17

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

\*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: Denisea Hove Date: 5/7/17

# 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: Deniera Louise Howe  
First Middle (  none ) Last

Other names used: \_\_\_\_\_  
Current county of residence: \_\_\_\_\_

Current and former addresses:

_____	current	_____	_____	_____
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	

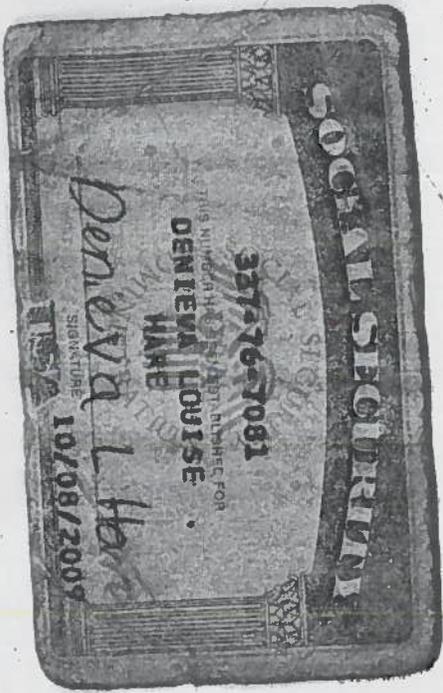
*St Paul MN*

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

4 7 1985 Date of birth      337 76 7081 Social security number  
5949194945822 Driver's license number & state      Deniera Howe 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:

Deniera Howe Signature      9 7 17 Date



**APPLICATION RECEIPT**

6017702097

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

INVESTOR DRIVER'S LICENSE INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: **DEWTEVA**

BIRTH DATE (MONTH/DAY/YEAR): **04/07/1985**

FULL LEGAL NAME: **Daniel Here**

COMPLETE FIRST NAME: **Daniel**

COMPLETE MIDDLE NAME: **Here**

COMPLETE LAST NAME: **Here**

PERIODS LEGAL NAME (ONLY APPLIES IF YOU CHANGED IT SINCE LAST MVA DRIVER'S LICENSE, EDL, ID OR IP APPLICATION):

COMPLETE FIRST NAME: \_\_\_\_\_

COMPLETE MIDDLE NAME: \_\_\_\_\_

COMPLETE LAST NAME: \_\_\_\_\_

U.S. RESIDENCE ADDRESS (PLEASE NOTE MAKE SURE THIS IS YOUR CURRENT AND VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD FROM THE U.S. POSTAL SERVICE WILL NOT FORWARD MAIL TO AN RESIDENCE ADDRESS SHOWN ABOVE. INITIAL HERE):

NUMBER: \_\_\_\_\_ STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NUMBER: **3730 Girard Ave N**

STREET: **3730 Girard Ave N**

CITY: **MINNEAPOLIS**

STATE: **MINN**

ZIP CODE: **55412**

MINN COUNTY: \_\_\_\_\_

APPLICANT'S PHYSICAL DESCRIPTION: **BRN** (Eye Color) **S** (Ht. Ft.) **06** (Ht. In.) **150** (Weight in Pounds) **X** (Sex: MALE/FEMALE)

HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

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

Visit [dvs.dps.mn.gov](http://dvs.dps.mn.gov) to:

Questions? Contact Us:

- Driver's License Questions: 651-297-3298
- License Status, available 24/7: 651-284-1234
- DVS Locations: 651-297-2005
- Motor Vehicle Questions: 651-297-2126
- TDD/TTY: 651-282-6555

(DVS USE ONLY)

**PAID**

APR - 7 2017

Deputy 140

TYPE	RX #	RESTRICT/ENDORSE	VISION
<input type="checkbox"/> REG <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> PROV <input type="checkbox"/> MBO <input type="checkbox"/> CLP <input type="checkbox"/> REG IP <input type="checkbox"/> SENIOR <input type="checkbox"/> LTD MOBILITY <input type="checkbox"/> SNOWMOBILE <input type="checkbox"/> FIREARM <input type="checkbox"/> S or TC <input type="checkbox"/> VETERAN	<input type="checkbox"/> EDL <input type="checkbox"/> DUP <input type="checkbox"/> AIR <input type="checkbox"/> COMB <input type="checkbox"/> DBL/TRIPLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TANKER <input type="checkbox"/> HAZMAT <input type="checkbox"/> DWI <input type="checkbox"/> RT Passed <input type="checkbox"/> RT Waived	<input type="checkbox"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADD/REMOVE  <b>FEES PAID</b> APPLICATION \$ <b>14.75</b> OTHER FEES MC \$ SB PHYS \$ REIN FEE \$ OTHER \$ ORGAN DONATION \$	<input type="checkbox"/> PASS NR <input type="checkbox"/> PASS WITH CL <input type="checkbox"/> INCOMPLETE <input checked="" type="checkbox"/> ATTACHED  <b>PROPER ID</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IPW 4.7.20  <b>INVALIDATED</b> DL / ID / IP STATE: <b>10ST</b> EXP:

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.

X Daniel Here  
Applicant Signature

040717  
Application Date

**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.

