

MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION RECEIPT

2014655231048



THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: 022111496

BIRTH DATE (MONTH/DAY/YEAR): 02/21/1996

PREVIOUS LEGAL NAME: COMPLETE FIRST NAME: JAMES AMAYA COMPLETE MIDDLE NAME: COMPLETE LAST NAME: WILSON

COMPLETE FIRST NAME: JAMES COMPLETE MIDDLE NAME: AMAYA COMPLETE LAST NAME: WILSON

APPLICANT'S PHYSICAL DESCRIPTION: EYE COLOR: BROWN HEIGHT: 5 FT 8 IN. WEIGHT IN POUNDS: 230 SEX: MALE

RESIDENCE ADDRESS: 1304 SKI AVE SW, ROSEMOUNT, MN 55120

MAILING ADDRESS: 1304 SKI AVE SW, ROSEMOUNT, MN 55120

APPLICANT'S PHYSICAL DESCRIPTION: EYE COLOR: BROWN HEIGHT: 5 FT 8 IN. WEIGHT IN POUNDS: 230 SEX: MALE

RESIDENCE ADDRESS: 1304 SKI AVE SW, ROSEMOUNT, MN 55120

MAILING ADDRESS: 1304 SKI AVE SW, ROSEMOUNT, MN 55120

APPLICANT'S SIGNATURE: [Signature]

APPLICATION DATE: 08/17/14

(DVS USE ONLY)
Olmsted County-Vital Records

Visit www.dvs.dps.mn.gov to:

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

Driver's License Questions: 651-297-3298
24/7 651-284-2000
651-296-6911
651-282-6555

Services

RESTRICT/ENDORSE: MC ORIGINAL, MC RENEWAL, ADD/REMOVE

TESTS PASSED: D, MC, MBOP, GK, AIR, COMB, DBL/TRIPLE, PASSENGER, SCHOOL BUS, TANKER, HAZMAT, DWI, RT Passed, RT Waived

FEES PAID APPLICATION: 10.75, OTHER FEES: MC, REIN/FEES, ORGAN DONATION

VISION: PASS NR, PASS WITH CL, INCOMPLETE, ATTACHED

PROPER ID: SSN, EAL, EDL DOCS

INVALIDATED: DL/ID/IP, STATE, EXP

Notes: FEAR MILD

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.

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.

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

 Individual's Name

 Date
 09-24-14

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.

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.

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

DRUG AND ALCOHOL TESTING CONSENT FORM

| 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 | | | | |

PLEASE COMPLETE PAGES 1-5

Name Amaya Bonilla (Last First Middle Maiden)

Present address 1309 3rd Ave SW #3 (Number Street City State zip) Mn 55902

Social Security No. 856 - 65 - 4256

Telephone (509) 210 - 6179

E-Mail _____

Referred by _____

Position applied for (1) _____ and salary desired (2) \$9.50 (Be specific)

Shift available to work 1st 2nd 3rd

How many hours can you work weekly? _____ Can you work nights? _____

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

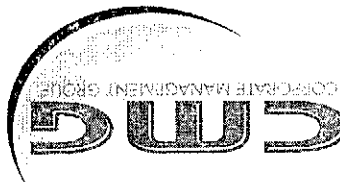
When available for work? 09-29-14

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

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

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

CMG APPLICATION FOR EMPLOYMENT



9/29 Mon 1:00pm
 out: 9/23/2014

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____

Operator Commercial (CDL) Chauffeur

Expiration date _____

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 Wanita Andrews

Position _____

Company Little Care Service

Address _____

Telephone (507) 252-7558

APPLICATION FOR EMPLOYMENT

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

Reason for leaving (be specific) _____

| | | |
|---------------------------|---------------------|------------------------|
| Your last job title _____ | | Telephone (____) _____ |
| To _____ | From _____ | Address _____ |
| Start _____ | Final _____ | Company _____ |
| Employment dates _____ | Pay or salary _____ | Position _____ |
| Supervisor name _____ | | Name _____ |

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

Reason for leaving (be specific) _____

| | | |
|---------------------------|---------------------|------------------------------|
| Your last job title _____ | | Telephone (507) 252-7855 |
| To _____ | From _____ | Address _____ |
| Start _____ | Final _____ | Company Fertile Care Service |
| Employment dates _____ | Pay or salary _____ | Position Soil Soltis |
| Supervisor name _____ | | Name _____ |

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.

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 _____

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 _____ | | Telephone (____) _____ _____ Address _____ _____ Company _____ _____ Position _____ _____ |
| 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 _____ | | Telephone (____) _____ _____ Address _____ _____ Company _____ _____ Position _____ _____ |
| 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

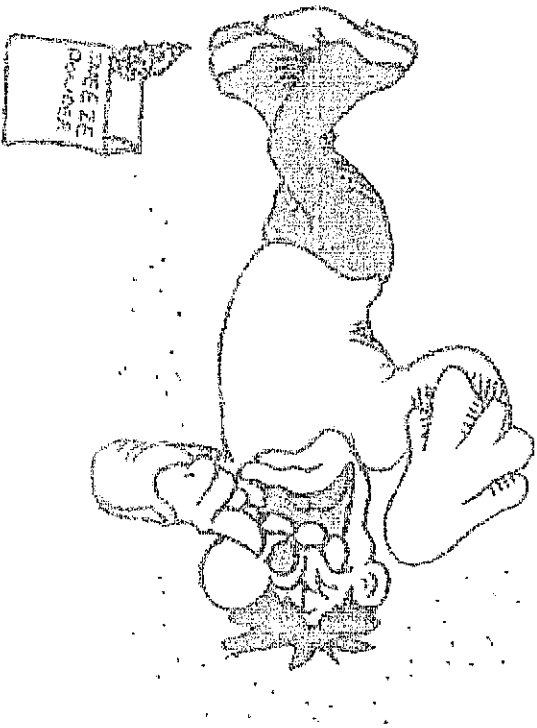


Date: 09-23-14

Name: Rose Quist Amaya Bonilla

Achoo!

by Cynthia Sherwood



Do you ever sneeze when you walk into bright

sunlight? Some people say that happens to them

often. Scientists believe the UV rays of the sun irritate

the nose lining of these people so they sneeze.

If someone nearby sneezes, remember to tell them

"Gesundheit!" That is a funny-looking word which is

pronounced "gez-zont-hite." It is the German word

that wishes someone good health after sneezing.

Achoo! We all sneeze sometimes. Sneezing is a reflex

that your body does automatically. That means you

cannot make yourself sneeze or stop one once it has

started. When you sneeze, your body is trying to get

rid of bad things in your nose, such as bacteria. You

have extra germs when you have a cold, so you

sneeze a lot more. You might also sneeze when you

smell pepper!

Inside your nose, there are hundreds of tiny hairs.

These hairs filter the air you breathe. Sometimes dust

and pollen find their way through these hairs and

bother your nasal passages. The nerves in the lining of

your nose tell your brain that something is invading

your body.

Your brain, lungs, nose, mouth, and the muscles of

your upper body work together to blow away the

invaders with a sneeze. When you sneeze, germs from

your nose get blown into the air, using a tissue or

"sneezing into your sleeve" captures most of these

germs. It is very important to wash your hands after

you sneeze into them, especially during cold and flu

season.

Name: Jose Luis Amaya Bonilla

Achoo Reading Test

(Circle the correct answer)

1. Why do people sneeze?
a. The tiny hairs in your nose tickle.
b. Your body is trying to get rid of bad things
c. You can make yourself sneeze when you want to
2. What are the 3 parts of your body work together with your upper body to sneeze?
a. Hand, Elbow, Shoulder
b. Ankle, Knee, Hip
c. Brain, Lungs, Mouth
3. What other things can make you sneeze?
a. Pepper, Sun, Dust, and Pollen
b. Water, Pop, Flowers, Trees
c. Salt, Seasonings, Meat, Fruit
4. What is a German word that people often say to someone that sneezes?
a. Good Job
b. Gesundheit
c. Hang in there
5. What should you do after you sneeze into your hands especially during cold and flu season? This should also be done in the production area!
a. Wipe them with a tissue
b. Nothing
c. Wash your hands

