

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 07/10/2013
Page: 1 of 1

Case Verification Number: 2013191120959XV

Case Information:**Employee Information:**

Last Name:	Johnson	First Name:	Lance
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 0748	Date of Birth:	03/11/1946
Citizenship Status:	A citizen of the United States	Email Address:	

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:	03/11/2016
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	07/10/2013	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	ESAG6409	Submitted On:	07/10/2013

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:		First Name:	
Middle Initial:		Maiden Name:	
Social Security Number:		Date of Birth:	
Resubmitted By:		Resubmitted On:	

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:
Submitted By: Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

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

Closed By:

ESAG6409

Closed On:

07/10/2013

SENSITIVE BUT UNCLASSIFIED



MINNESOTA
DRIVER'S LICENSE

LANCE DONN JOHNSON
2914 CASSIDY DR NE
ROCHESTER, MN 55906

Date of Birth	03-17-1946				
Sex	M	Eyes	BLU	Class	D
Height	5-11	Weight	175		

ISSUED 02-2012 EXPIRES 03-11-2016

Lance Johnson

E515005292511

Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u>1</u>
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u>1</u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child 	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u>2</u>

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2013</h1>
1 Your first name and middle initial Last name Lance D. Johnson		2 Your social security number 477-52-0748
Home address (number and street or rural route) 2914 Cassidy Drive NE City or town, state, and ZIP code Rochester, MN 55906		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>2</u> 6 \$ _____
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ <i>Lance D. Johnson</i>		Date ▶ <u>7-10-13</u>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if reporting to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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) <i>Johnson</i>		First Name (Given Name) <i>Lance</i>		Middle Initial <i>D</i>	Other Names Used (if any)	
Address (Street Number and Name) <i>2914 Cassidy Drive NE</i>			Apt. Number	City or Town <i>Rochester</i>	State <i>MN</i>	Zip Code <i>55906</i>
Date of Birth (mm/dd/yyyy) <i>03/11/1946</i>	U.S. Social Security Number <i>477-52-0748</i>		E-mail Address <i>lancejohnson@charter.net</i>		Telephone Number <i>507-282-6740</i>	

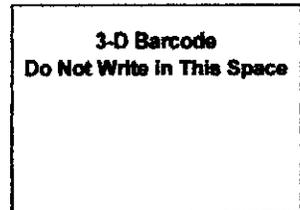
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

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

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

- Alien Registration Number/USCIS Number: _____
- OR**
- Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____
Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <i>X Lance D Johnson</i>	Date (mm/dd/yyyy): <i>03/11/1946</i>
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <i>mn Drivers License</i>		Document Title: <i>SS Card</i>
Issuing Authority:		Issuing Authority: <i>St of mn</i>		Issuing Authority: <i>SS Admin</i>
Document Number:		Document Number: <i>E515005292511</i>		Document Number: <i>477-52-0748</i>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <i>3/11/16</i>		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				<div style="border: 1px solid black; padding: 5px;"> <p>3-D Barcode Do Not Write in This Space</p> </div>
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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Background Investigation Information Release Form

I consent to have a consumer report made as to my credit history, employment history, motor vehicle driving record, social security information, criminal record, and other pertinent information for employment purposes, including initial hiring decisions, promotions, reassignments, and/or retention. I hereby authorize **Corporate Management Group, Inc.** to obtain a background report containing the foregoing information from Express Screening, P.O. Box 812289, Boca Raton, Florida 33481.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request To Express Screening within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify Express Screening, its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from Express Screening, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Express Screening, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

I AUTHORIZE CMG TO CONTACT PRIOR EMPLOYER YES NO

DATE: 7-10-13

APPLICANT'S SIGNATURE: Lance D. Johnson

Printed Name: Lance Donn Johnson

Social Security No. 477-52-0748 Birth date: 3-11-46

Address: 2914 Cassidy Drive NE
Rochester

City/State/Zip: Rochester, MD 55906

†Responses to these questions are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another person in the event we discover adverse information during our background investigation.



Authorization of Direct Deposit

The undersigned (hereafter referred to as the "employee") hereby authorizes and requests PAYCOM to make deposits from time to time in the account(s) identified below and authorizes the bank to accept such deposits. It is agreed that these deposits may be made electronically and under the Rules of the National Automated Clearing House Association. It is agreed that PAYCOM is only responsible for direct deposit of funds that have previously been received from _____ hereafter referred to as the "employer".

Attach a voided check, copy of a check, or spec sheet for each account. Indicate whether it is a checking or saving account. (No deposit slips)

1. Call your bank and confirm the ACH Routing Number(s) and Account numbers for Checking and/or Savings
2. Complete and Sign the form

Main Account (Net Pay) - Checking or Savings Account (circle one)

Acct # 0110870940

ACH Routing # 12/9/6/0/7/6/3/0/1/1

Bank Name Affinity Plus Federal Credit Union

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # / / / / / / / / / /

Bank Name _____

Ac	LANCE D JOHNSON	6162
Ac	PH. 507-282-8740	22-7630/2960
Ac	2914 CASSIDY DR NE	
Ac	ROCHESTER, MN 55906-8391	
Ac	Pay to the	Date
Ba	Order of <u>VOID</u>	\$
Ac		Dollars
Ac	AFFINITY PLUS	PARTICIPATING MEMBER CHECKING
Ac	FEDERAL CREDIT UNION	
Ac	(651) 291-3700 (800) 322-7228	
Ac	www.affinityplus.org	
Ac	For _____	MP
Ba	⑆ 296076301⑆ 0110870940⑆ 06162	

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # / / / / / / / / / /

Bank Name _____

Employee Name LANCE DONN JOHNSON SS# 477 / 52 / 0748

Address 2914 Cassidy Dr. NE City Rochester State MN Zip 55906

Employee Signature Lance D. Johnson



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 7-10-13

Name Lance Donn Johnson
Last First Middle Maiden

Present address 2914 Cassidy Drive NE
Number Street
Rochester MN 55906
City State Zip

Social Security No. 477-52-0748

Telephone 507-282-6740 E-Mail Lancejohnson@charter.net

If under 18, please list age _____ Referred by _____

Position applied for (1) Golf Assistant Shift available to work
 and salary desired (2) _____
 (Be specific) 1st _____
2nd _____
3rd _____

How many hours can you work weekly? 35 Can you work nights? No

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

When available for work? Immediately

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 ___ No Yes If so, please explain Thursday a.m.

Do you anticipate any absences from work on a regular basis?
 ___ No ___ Yes If so, please explain Only Thursday a.m.

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>John Marshall H.S.</u>	<u>Rochester, Minnesota</u>	<u>12</u>	<u>Gen. Diploma</u>
College	<u>Rock Jr. College (Minnesota Ed)</u>	<u>Rochester, MN</u>	<u>2</u>	<u>A.S.</u>
Bus. or Trade School				<u>B.S. Educ.</u>
Professional School	<u>Butler Univ.</u>	<u>Indianapolis</u>	<u>M.S. Educ. 2</u>	<u>M.S. Educ.</u>
	<u>Wisconsin State</u>	<u>Wisconsin, MN</u>	<u>M.S. Ed. Psy 2</u>	<u>M.S. Ed. Psych</u>

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation. _____

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? Personal Vehicle

Driver's license number E515005292511 State of issue MN

Operator Commercial (CDL) Chauffeur

Expiration date 3-11-2016

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 Diave Ingvaldson Name Kathy Musolf

Position Program Associate Position _____

Company U of Rochester Company U of M Rochester

Address _____ Address _____

Rochester, MN

Rochester, MN

Telephone (507) 258-8000

Telephone (507) 258-8000

?

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 U.S. Army Specialty Inventory, Spec. Serv.

Date Entered June '69 Discharge Date Dec '72

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 <u>USPS</u>	Supervisor name <u>Amy Storm</u>	
Position <u>Rural Mail Carrier</u>	Employment dates	Pay or salary
Company <u>USPS - 1224 Eastwood Dr. SE</u>	From <u>Aug. 2000</u>	Start <u>13.00/hr.</u>
Address <u>Bear Creek Post Office</u>	To <u>Oct. 2010</u>	Final <u>24.00/hr.</u>
<u>Rochester, MD</u>	Your last job title <u>Rural Mail Carrier</u>	
Telephone <u>(501) 281-0573</u>	Reason for leaving (be specific) <u>Retired</u>	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Delivered mail to 600+ customers.</u> <u>Memorization and organization skills</u>		

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

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 _____ 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  Date: 7-10-13

EMPLOYMENT APPLICATION SEASONAL AND TEMPORARY

City of Rochester
Human Resources Department
201 4th Street SE, Room 295
Rochester, MN 55904
(507) 328-2555 FAX: (507) 328-2565
humanresources@rochestermn.gov



Please type or print clearly

POSITION(S) APPLYING FOR: (In order of preference)

1. Golf Shop assistant
2. _____
3. _____
4. _____

PERSONAL INFORMATION				
Name: Last	First	Middle	Home Telephone:	
<u>Johnson</u>	<u>Lance</u>	<u>Donn</u>	<u>507-292-6740</u>	
Address: Street	City	State	Zip	Business Telephone:
<u>2914 Cassidy Dr. NE</u>	<u>Rochester</u>	<u>MN</u>	<u>55906</u>	<u>NA</u>

CHECK: SPRING _____ SUMMER FALL _____ WINTER _____

DATE AVAILABLE July 15, 2013 PAY EXPECTED \$9.00/hr.

EDUCATION	Educational Institution	Name and Address of Institution	Course of Study (Major/Minor)	Number of Years Completed	Did you Graduate?	Diploma or Degree Awarded?
High School		<u>John Marshall H.S. Rochester, MN</u>	<u>General H.S. Grad.</u>	<u>12</u>	<u>Yes</u>	<u>H.S. Diploma</u>
College		<u>Rock. State Jr. College - Rochester</u>	<u>A.S.</u>	<u>2</u>	<u>Yes</u>	<u>Assoc. Science</u>
		<u>Wisconsin State College - Wisconsin</u>	<u>B.S. Educ.</u>	<u>2</u>	<u>Yes</u>	<u>B.S. PE + H.H.</u>
Other		<u>M.S. - Butler Univ. - Indianapolis, IN</u>	<u>M.S.</u>	<u>2</u>	<u>Yes</u>	<u>Emphasis in PE</u>
		<u>M.S. - Wisconsin State - Wisconsin</u>	<u>M.S.</u>	<u>2</u>	<u>Yes</u>	<u>Educ. Psychology</u>
		<u>M.Ed. Univ. of M. - Mpls.</u>	<u>M.Ed.</u>	<u>2</u>	<u>Yes</u>	<u>Organ. Develop.</u>

SPECIAL QUALIFICATIONS AND SKILLS - List below qualifications, skills, interests, seminars, workshops, etc. Include any training you have had which is directly related to the job for which you are applying.

Teacher training, golf skills clinic, counselor training all are applicable in a direct or indirect way to the golf industry.

COMPUTER SKILLS - List computer skills and experience.

General operational skills.

EMPLOYMENT HISTORY - List your employment history, but do not provide dates of employment for jobs held more than five (5) years ago. Start with your PRESENT or MOST RECENT job.

Employer: <u>USPS-Rochester Bear Creek</u>	Address: <u>1224 Eastgate Drive SE Rochester, MN 55904</u>	Full-Time <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/>
Supervisor's Name: <u>Amy Stern</u>	Dates Employed: From <u>Aug. 2000</u> To <u>Oct. 2010</u>	
Job Title: <u>Rural Mail Carrier</u>	Reason for Leaving: <u>Retirement</u>	May we contact this employer? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Duties: <u>Delivery of mail on a rural route, GOVT customers Mail includes: 1st class, Parcels and Registered, Insured, certified and Express deliveries.</u>		



ACKNOWLEDGMENT

The associate handbook was reviewed with me, and I have received my personal copy. I also acknowledge that I have been given the opportunity to ask questions and express concerns during my orientation. Additionally, I understand and support the following:

1. This handbook is intended as a guide and **not** an employment agreement that creates a contractual relationship, and that the employment relationship may be terminated at the will of either party at any time.
2. The changing needs of the business will require alteration in method, practices and policies, and the company will unilaterally revise, as necessary, to meet these changing needs.
3. I agree to **notify** CMG Human Resources **immediately** of any change in my personal data such as phone number, address, emergency notification, etc.
4. I am responsible for the information provided herein and will, upon my separation, return this handbook to CMG Human Resources.

Date: 7-10-13

Associate's Signature:

Lance D. Johnson

Associate's Printed Name:

Lance D. Johnson

Social Security #:

477-52-0748

Orientation provided by:

Kelsey Adkins



Notification of Minnesota Law Requirement- Unemployment Acknowledgement

According to Minnesota Statute section 268.095, subdivision 2, paragraph (d), an applicant who, within five calendar days after completion of a suitable job assignment from a staffing service, (1) fails without good cause to affirmatively request an additional suitable job assignment, (2) refuses without good cause an additional suitable job assignment offered, or (3) accepts employment with the client of the staffing service, is considered to have quit employment.

It is your responsibility to contact CMG (for instance, by calling (866) 920-1425 or using any other form of contact) for additional assignments. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact CMG within 5 calendar days once an assignment ends. I also acknowledge that I have received a separate copy of this form.

LDI (initial)

Grace D. Johnson
Employee Signature:

7-10-13
Date:

Grace Dawn Johnson
Employee (please print your name here)



"your workforce management & staffing experts"

ANTI-HARASSMENT POLICY

It is Corporate Management Group's (CMG) policy that all employees should be able to enjoy a work environment free from all forms of discrimination, including harassment. As such, CMG is committed to vigorously enforcing their Anti-harassment Policy. This policy applies to all employees of the organization (without regard to position) and individuals not directly connected to CMG (e.g., an outside vendor, consultant, customer or guest). Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation or veteran status. Harassment is considered a form of discrimination and is specifically included among the prohibitions under Title VII of the Civil Rights Act of 1964. In addition, retaliation or reprisal taken against anyone who has expressed concern about harassment or discrimination against the individual raising the concern is illegal.

The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as "unwelcome sexual advances, requests for sexual favors, sexual comments, or other verbal or physical acts of a sexual or sex-based nature including, but not limited to drawings, pictures, jokes, and/or teasing where (1) submission to such conduct is made either explicitly or implicitly a term or a condition of an individual's employment; (2) an employment decision is based on an individual's acceptance or rejection of such conduct; or (3) such conduct interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment."

The Anti-harassment Policy prohibits harassment and/or retaliation by any individual employed by, doing business with or for, or visiting CMG. Employees who believe they have been the subject of harassment and/or retaliation or an employee who may have been witness to harassment and/or retaliation must report the incident immediately. Information and/or allegations must be reported to a manager of CMG (**by telephoning 866.920.1425 or 303.920.1425**). Only those who have an immediate need to know, including the alleged target of harassment or retaliation, the alleged harassers or retaliators, and any witnesses may find out the identity of the complainant. All individuals contacted in the course of an investigation will be advised that all persons involved in a charge are entitled to respect and that any retaliation or reprisal against an individual who is an alleged target of harassment or retaliation, who has made a complaint, or who has provided information in connection with a complaint, is a separate violation of CMG's policy. All information will be disclosed only on a need-to-know basis to allow CMG to

investigate and resolve the incident. CMG recognizes the serious nature of harassment and therefore will endeavor to protect the employee who may have been subjected to harassment, any witnesses and the party against whom allegations have been filed to every possible extent.

Harassment is unlawful and has a negative impact on employees. Violation of the Anti-harassment Policy will not be tolerated by CMG and may result in discipline up to and including termination. Offensive acts or conduct have no legitimate business purpose; accordingly, any employee, regardless of his/her position within CMG, who it is determined has engaged in such conduct will be made to bear the full responsibility for such unlawful conduct.

With respect to sexual harassment, the following is prohibited:

1. Unwelcome sexual advances, request for sexual favors, and all other verbal or physical conduct of a sexual or otherwise offensive nature, especially where:
 - Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
 - Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
 - Such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment.
2. Offensive comments, jokes, innuendoes and other sexually-oriented statements.

If Harassment Occurs:

1. When possible, confront the harasser and tell him/her to stop. Sometimes a simple confrontation will end the situation.
2. If confrontation is unsuccessful, immediately contact your CMG supervisor to report the harassment.
3. An investigation will be conducted and appropriate action taken, including disciplinary measures. We will investigate, in confidence; all reported incidents of harassment and retaliation.

Employee Signature: _____

Cameo D. Johnson

Date: _____

7-10-13

IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Name: ~~Alley Johnson~~ Lance Johnson
Address: 2914 Cassidy Drive NE, Rochester, MN 55906
Home Phone: 1-507-282-6740

Person(s) to contact in case of an emergency on the job (in order of preference):

1. Name: Nancy Johnson
Phone (work): NA
Phone (home): 1-507-282-6740
2. Name: Reid Johnson
Phone (work):
Phone (home): 1-651-442-7632

Additional information you want CMG and our clients to know in the event of an emergency:

Physician- Dr. Craig Chambers
Olmsted Medical Group
1-507-288-3443

Employee Non-Compete and Confidentiality Agreement

NONCOMPETE

The Employee and Corporate Management Group (CMG) recognize that due to the nature of Employee's engagement hereunder and the relationship of the Employee to CMG, the Employee will have substantial personal contacts with clients of CMG which are likely to result in the development of strong business and personal ties to and goodwill with the Employee rather than CMG and, as a result, it is likely that such clients would follow the Employee in the event the Employee ceases to be employed by CMG. Accordingly, the Employee agrees as follows:

During the term of employment with CMG the Employee shall not, directly or indirectly, either individually or as a partner, agent, employee, stockholder, officer, director, consultant or otherwise, except for the account of and on behalf of CMG, engage in the practice of temporary employment services; nor shall the Employee, in competition with CMG, solicit or otherwise attempt to establish for himself or for any other person, firm or entity any business relationships with any person or entity which was, at any time during the term of this agreement, a client of CMG.

For a period of twelve months after the cessation of employment, for any reason whatsoever, the Employee shall not directly or indirectly, either individually or as a partner, agent, employee, consultant or otherwise, solicit any person or entity to provide or render temporary employment services within the city limits of any city where CMG has clients at the time of cessation of employment.

For a period of twelve months after the cessation of the Employee's employment with CMG for any reason whatsoever, the Employee shall not directly or indirectly, either individually or as a partner, agent, employee, stockholder, officer, director, consultant or otherwise, solicit for employment or employ any person who was an employee of CMG at any time during the term of this agreement.

The parties hereto agree that to the extent that any provision or portion of this Agreement shall be held, found or deemed to be unreasonable, unlawful or unenforceable by a court of competent jurisdiction, then any such provision or portion thereof shall be deemed to be modified to the extent necessary in order that any such provision or portion thereof shall be legally enforceable to the fullest extent permitted by applicable law; and the parties hereto do further agree that any court of competent jurisdiction shall, and the parties hereto do hereby expressly request any court of competent jurisdiction to, enforce any such provision or portion thereof or to modify any such provision or portion thereof in order that any such provision or portion thereof shall be enforced by such court to the fullest extent permitted by applicable law. Any remedy available under this Agreement shall be in addition to, and cumulative with, any remedy available to CMG at law, in equity or otherwise.

CONFIDENTIAL INFORMATION

The Employee acknowledges that in the Employee's work, the Employee will be making use of, acquiring and adding to confidential information of a special and unique nature and value relating to such matters as, but not limited to, CMG's business operations, internal structure, financial affairs, systems, procedures, manuals, confidential reports and lists of clients, as well as the amount, nature and type of services used and preferred by CMG's clients and the fees paid by such clients, all of which shall be deemed to be confidential information. In consideration of work by CMG, the Employee agrees that during the Employment Period and upon and after ceasing to be employed by CMG for any reason whatsoever, the Employee shall not, for any reason or purpose whatsoever, directly or indirectly, divulge or disclose to any person or entity any of such confidential information which was obtained by the Employee as a result of the Employee's employment with CMG, or any information or knowledge respecting the affairs of CMG or any of its officers, directors, employees, stockholders, agencies or referrers of clients learned or conceived by the Employee while in the employ of CMG, but shall hold all of the same inviolate.

AGREED TO:

Employee's name

Signature: _____

Lawrence D. Johnson

Printed Name: _____

Lawrence D. Johnson

Date: _____

7-10-13

AGREED TO:

Corporate Management Group, Inc.

Signature: _____

Kelsey A. Sikkink

Printed Name & Title: _____

Kelsey A. Sikkink, Office Manager

Date: _____

7/10/13

12000 Washington Street, Suite 290
Thornton, CO 80241



Recruiting Acknowledgement

I understand and acknowledge that Corporate Management Group (CMG) is an Equal Employment Opportunity employer. We believe in treating each employee and applicant for employment fairly and with dignity. We take personnel action on the basis of merit, experience, and potential, without regard to race, color, national origin, sex, marital status, age, religion, disability, sexual orientation, or Vietnam Era veteran status.

CMG is a voluntary participant of the E-Verify program through the U.S. Department of Homeland Security. Each and every applicant that accepts a position with this Company is screened through the E-Verify database. Any person rejected by the E-Verify database as unauthorized to work in the US will not be hired. In addition, it is our strict practice to thoroughly visually inspect all forms of identification for authenticity.

I also understand and acknowledge it is this Company's practice and expectation of our recruiters and hiring managers to hire only those people legally authorized to work in the United States. Any employee disregarding the seriousness of or fails to follow the protocol of this Company's hiring practices and guidelines will be disciplined with the possibility of termination. Any employee of CMG that knowingly and/or willingly hires an unauthorized individual will be terminated.

Conceit Johnson
Employee Signature

7-10-13
Date

Lance Donn Johnson
Print