

**SENSITIVE BUT UNCLASSIFIED**

**Department of Homeland Security**  
**E-Verify**

**Report Prepared: 06/30/2014**  
**Page: 1 of 1**

**Case Verification Number: 2014181125707HR**

**Case Information:****Employee Information:**

Last Name:	Ali	First Name:	Ayaan
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 8703	Date of Birth:	07/10/1995
Citizenship Status:	A citizen of the United States	Email Address:	

**Document Information:**

List B Document:	ID card issued by a U.S. federal, state or local government agency	List C Document:	Social Security Card
Alien Number:		I-94 Number:	

**Additional Information:**

Hire Date:	06/30/2014	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	ESAG6409	Submitted On:	06/30/2014

**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:		Other Names Used:	
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):**

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Referred By: \_\_\_\_\_ Referred On: \_\_\_\_\_

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

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Case Result: \_\_\_\_\_ Response Date: \_\_\_\_\_

**Case Closure:**

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Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.  
Closed By: ESAG6409 Closed On: 06/30/2014

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**SENSITIVE BUT UNCLASSIFIED**

**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 Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <i>Identification Card</i>		Document Title: <i>Social Security Card</i>
Issuing Authority:		Issuing Authority: <i>Minnesota</i>		Issuing Authority: <i>SSA</i>
Document Number:		Document Number: <i>0933019587415</i>		Document Number: <i>476-29-8703</i>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <i>7/10/16</i>		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode**  
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 <i>Emily Theros</i>		Date (mm/dd/yyyy) <i>6/30/14</i>	Title of Employer or Authorized Representative <i>On Site Rep</i>	
Last Name (Family Name) <i>Theros</i>		First Name (Given Name) <i>Emily</i>		Employer's Business or Organization Name <b>EMPLOYER SOLUTIONS STAFFING GROUP LLC</b>
Employer's Business or Organization Address (Street Number and Name) <b>7301 OHMS LANE SUITE 405</b>			City or Town <b>EDINA</b>	State <b>MN</b>
			Zip Code <b>55439</b>	

**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):

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):

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:

C933019587415



# MINNESOTA

**IDENTIFICATION CARD  
NOT A DRIVER'S LICENSE**

AYAAN AHMED ALI  
2707 KNOLLWOOD DR SE  
ROCHESTER, MINNESOTA 55904

Date of Birth 07-18-1986 AGE 30 07-10-2013

Sex F Eyes BRN

Height 5-2 Weight 121

ISSUED 08-2012 EXPIRES 07-10-2016





**MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE  
IDENTIFICATION CARD/INSTRUCTION PERMIT**

**APPLICATION RECEIPT**

**THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT**

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: **1923011187417** BIRTH DATE (MONTH/DAY/YEAR): **07/10/1995**

FILE LEGAL NAME: **AVANIN** COMPLETE FIRST NAME: **AVANIN** COMPLETE MIDDLE NAME: **NE** COMPLETE LAST NAME: **NE**

PREVIOUS LEGAL NAME: \_\_\_\_\_ COMPLETE FIRST NAME: \_\_\_\_\_ COMPLETE MIDDLE NAME: \_\_\_\_\_ COMPLETE LAST NAME: \_\_\_\_\_

COMPLETE FIRST NAME: \_\_\_\_\_ COMPLETE MIDDLE NAME: \_\_\_\_\_ COMPLETE LAST NAME: \_\_\_\_\_

FULL RESIDENCE ADDRESS: \_\_\_\_\_ NOTE: MAKE SURE THIS IS A CURRENT AND VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD.

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

OPTIONAL MAILING ADDRESS (MAIL PERMIT THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD).

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

APPLICANT'S PHYSICAL DESCRIPTION: HEIGHT: \_\_\_\_\_ FT. \_\_\_\_\_ IN. WEIGHT IN POUNDS: \_\_\_\_\_ MALE  FEMALE

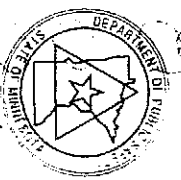
TYPE	RX #	RESTRICT/ENDORSE	VISION
<input type="checkbox"/> REG <input type="checkbox"/> EDL <input type="checkbox"/> A <input type="checkbox"/> DUP <input type="checkbox"/> B <input type="checkbox"/> DUP <input type="checkbox"/> C <input type="checkbox"/> DUP <input type="checkbox"/> D <input type="checkbox"/> DUP <input type="checkbox"/> ID <input type="checkbox"/> DUP <input type="checkbox"/> MBOP <input type="checkbox"/> DUP <input type="checkbox"/> CDL IP <input checked="" type="checkbox"/> REG IP	<input type="checkbox"/> TD <input type="checkbox"/> MC <input type="checkbox"/> MBOP <input type="checkbox"/> GK <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"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADD/REMOVE  <input type="checkbox"/> MC <input type="checkbox"/> SB PHYS <input type="checkbox"/> OTHER FEES <input type="checkbox"/> REIN FEE <input type="checkbox"/> OTHER <input type="checkbox"/> ORGAN DONATION	<input type="checkbox"/> PASS NR <input type="checkbox"/> PASS With CL <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ATTACHED:
INDICATORS <input type="checkbox"/> SENIOR <input type="checkbox"/> LTD MOBILITY <input type="checkbox"/> SNOWMOBILE <input type="checkbox"/> FIREARM <input type="checkbox"/> S OF TC <input type="checkbox"/> VETERAN	FEES PAID APPLICATION: <b>1425</b>	PROPER ID EDL DOCS	INVALIDATED DL ID IP STATE: <b>7/10</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. §769.444 regarding the safety of children around school buses.

Visit [www.dvs.dps.mn.gov](http://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  
**License Status, available 24/7** 651-284-2000  
**General DVS Information:** 651-296-6911  
**TDD/TTY:** 651-282-6555



**Driver's  
Vehicle Services**

(DVS USE ONLY)  
 DEPARTMENT OF PUBLIC SAFETY-DRIVER LICENSE

- 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.

SIGNATURE: \_\_\_\_\_ APPLICATION DATE: **06/09/14**

2014771155092

**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.



\_\_\_\_\_  
Individual's Name

6/30/14

\_\_\_\_\_  
Date

**SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6**



## Preliminary Questions

For CMG use only

Name: Aycaan

Date: 6/30/14

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? NO - with gloves OK (pre packed product)
4.  Which plant do you prefer? NORTH
5.  What shift do you prefer? 1st

**\*To be completed during interview only\***

Date of interview 6/30/14

Have you ever been convicted of a crime? Yes      No x

Explain

Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_

Interviewer Signature Kelley Admitt



## 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>01/30/14</u>
Name <u>Ali Ayaan A</u> <small>Last First Middle Maiden</small>		
Present address <u>2707 Knollwood Dr SE</u> <small>Number Street</small> <u>Rochester</u> <u>MN</u> <u>55904</u> <small>City State Zip</small>		
Social Security No. <u>476 - 29 - 8703</u>		
Telephone <u>(507) 319-1979</u>		E-Mail <u>ali131@outlook.com</u>
If under 18, please list age _____		Referred by _____
Position applied for (1) <u>Production Assembly line</u> and salary desired (2) <u>9.50/hr</u> <small>(Be specific)</small>		Shift available to work 1 <sup>st</sup> <input checked="" type="checkbox"/> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ <i>wknds OK KS 6/30</i>
How many hours can you work weekly? <u>40 hrs</u>		Can you work nights? <input checked="" type="checkbox"/>
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME		
When available for work? <u>As soon as possible</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If so, please explain <u>School: Summer classes</u>		
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	Gulabkhab Academy	Eldora, Kenya	4 years	High school diploma
College	Rochester University of Minnesota Rochester	Rochester, Minnesota	2 years completed	
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? \_\_\_\_\_

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 Hamdi Hasan Name Ayan Hasan  
~~Abmeda Adongo~~

Position Registered Nurse Position \_\_\_\_\_

Company Mayo Clinic Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone (507) 802-0027 Telephone (507) 271-6865

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 \_\_\_\_\_

*See Resume*

**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
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**APPLICATION FOR EMPLOYMENT**

**WORK EXPERIENCE**

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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.		

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: 6/30/14



## RICK & ROSE

Rick and Rose were good friends. They worked together at Reichel Foods.

One day they had a lot of work, and not enough employees, this same day the supervisor asked Rick to pack carrots and ranch in 100 boxes. Rick was worried he could not finish this before the day ended. He was going to ask Rose for help but he noticed she was gone. He knew if she didn't help, the boxes would not get packed on time.

The supervisor saw Rick working very hard and went to ask Rose for help. He looked for her in the cafeteria. When he saw her taking a break, he asked her why she wasn't helping Rick. "I didn't know that he needed help," said Rose, "I will go help him right away."

When Rick saw Rose coming to help he felt happy and supported. "Please don't be afraid to ask me to help. We are good friends and co-workers," she said, "and together we make a great team."

1. Who are Rick and Rose?
  - a. Co-workers
  - b. Good friends
  - c. Both A & B
2. Rick and Rose work at Reichel Foods. True or false? (circle one)
  - a. True
  - b. False
3. Where did the supervisor find Rose?
  - a. Outside
  - b. Working on the line
  - c. In the cafeteria
  - d. In the bathroom
4. How did Rick feel when he saw Rose?
  - a. Mad
  - b. Sad
  - c. Happy
  - d. Confused
5. What lesson did Rick and Rose learn?
  - a. Teamwork
  - b. How to make carrots and ranch
  - c. Communication
  - d. Both A & C

**ENTERED**  
6/9/17

Mon. 6/30 @ 12pm

## AYAAN ALI

2414 VIRGINIA LN SW  
ROCHESTER, MINNESOTA, UNITED STATES  
5073191979  
AALI131@OUTLOOK.COM

### VOLUNTEER EXPERIENCE

AGA KHAN ACADEMY ELDORET, RIFT VALLEY, KENYA

*Teacher's Aid June 2009 - December 2010*

- Tutored and assisted children individually or in small groups to help them master assignments and to reinforce learning concepts presented by teachers.
- Supervised students in classrooms, halls, cafeterias, school yards, and gymnasiums, or on field trips.
- Organized and supervised games and other recreational activities to promote physical, mental, and social development.

MAYO CLINIC ROCHESTER, MINNESOTA, UNITED STATES

*Volunteer (Radiation Oncology) June 2013 - September 2013*

- I was emotionally able to interact with very ill patients and patient families/caregivers. I initiated conversations with patients, their family members and care givers. I presented a friendly, welcoming and positive attitude. I was available to listen if patient desires to talk. I was able treat diverse patients, their family members with respect and empathy.

*Volunteer (Reach Out and Read) October 2013 - Present*

- I enjoyed reading to children while having an outgoing and playful personality. I was be able to understand and follow emergency procedures. I assisted and interacted with patients, visitors and staff with a cooperative attitude. I was able to refer patient questions about medical condition or patient complaints to the appropriate staff member.

### EDUCATION

GULAB LOCHAB ACADEMY ELDORET, RIFT VALLEY, KENYA

ROCHESTER COMMUNITY AND TECHNICAL COLLEGE ROCHESTER, MINNESOTA, UNITED STATES

UNIVERSITY OF MINNESOTA ROCHESTER ROCHESTER, MINNESOTA, UNITED STATES

*Health Sciences Candidate, May 2017*

### ADDITIONAL SKILLS

- Excellent interpersonal skills.
- Performs well in group.
- Great leadership skills.
- Resourceful. Empathetic.
- Self-motivated.



# Applicant Interview Score Card

Name Ayaan Date of Interview 4/30

Position/Shift Assignment (Cn) Stand by Position \_\_\_\_\_

Rating Weak (1) to Strong (5)

- |  |           |
|--|-----------|
| 1. Understanding of English conversation   | 1 2 3 4 5 |
| 2. Speaks English Fluently   | 1 2 3 4 5 |
| 3. Work experience related to job-food industry  | 1 2 3 4 5 |
| 4. Work history-working presently, yrs in workforce  | 1 2 3 4 5 |
| 5. Criminal Background information   | 1 2 3 4 5 |
| 6. Possesses required New Hire documentation (I9)  | 1 2 3 4 5 |
| 7. Personality-friendly, pleasant, sense of humor  | 1 2 3 4 5 |
| 8. Appearance-well groomed, cleanliness  | 1 2 3 4 5 |
| 9. Meets requirements to work w/pork, peanuts & soy  | 1 2 3 4 5 |
| 10. Shift availability-prefers shift that is available for<br>Open positions, willing to be flexible to shifts available | 1 2 3 4 5 |

Total possible points **50** pts. Total points scored

50

Former Employer Rating Bonus Points 1-20

-

Interviewer: [Signature]  
Date: 4/30

Total Points 50