

# MINNESOTA

## DRIVER'S LICENSE



NOUV NGETH  
2120 VALLEY HIGH DR NW APT C203  
ROCHESTER, MN 56901

Date of Birth 09-08-1983

Sex Eyes Class

M BRN

Height Weight

5-11 175

ISSUED 02-2014

EXPIRES 09-08-2018



B202072332804



### 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: <u>Drivers License</u>		Document Title:
Issuing Authority:		Issuing Authority: <u>Minnesota</u>		Issuing Authority:
Document Number:		Document Number: <u>B202072332804</u>		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>9/8/18</u>		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 <u>Emily Theros</u>		Date (mm/dd/yyyy) <u>8/15/2014</u>	Title of Employer or Authorized Representative <u>Office Assistant</u>	
Last Name (Family Name) <u>Theros</u>		First Name (Given Name) <u>Emily</u>		Employer's Business or Organization Name <u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u>
Employer's Business or Organization Address (Street Number and Name) <u>7301 OHMS LANE SUITE 405</u>			City or Town <u>EDINA</u>	State <u>MN</u>
			Zip Code <u>55439</u>	

### 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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DISCLOSURE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING's website is at www.orangetreescreening.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Table with 4 rows of state-specific disclosures: New York and Maine applicants or employees only; New York applicants or employees only; Oregon applicants or employees only; Washington State applicants or employees only.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING's website is at: www.orangetreescreening.com, another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

(Must include email address: noungeth@yahoo)

Signature: [Handwritten Signature] Date: 8-15-14

BACKGROUND INFORMATION

Last Name: Ngeth First: Nouu Middle:
Other Names/Alias:
Social Security #: 474-06-8141 Date of Birth (mm/dd/yyyy)\*: 09/08/1983
Driver's License #: B202072332804 State of Driver's License: MN
Present Address: 1626 45th St NW #1 Telephone # (Primary): 507-923-6177
City/State/Zip: Rochester, MN 55901

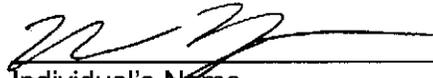
\*This information will be used for background screening purposes only and will not be used as hiring criteria.

**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  
  
8 | 15 | 14  
\_\_\_\_\_  
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 8/15/14

Name Nouw Ngeth  
Last First Middle Maiden

Present address 1626 45<sup>th</sup> St NW #1  
Number Street  
Rochester MN 55901  
City State Zip

Social Security No. 474 - 06 - 8141

Telephone (507) 923-6177 E-Mail nouwgeth@yahoo

If under 18, please list age \_\_\_\_\_ Referred by \_\_\_\_\_

Position applied for (1) <u>Sanitation</u> and salary desired (2) <u>\$15</u> <small>(Be specific)</small> <u>3(S)</u>	Shift available to work 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> <u>X</u>
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How many hours can you work weekly? 40+ Can you work nights? yes

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

When available for work? 2 weeks from hire date

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 \_\_\_\_\_

wks 8/15  
OKLS

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>John Marshall</u>			
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? Drive 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 Casey King Name Nick Johnson → CO-workers

Position installer → CO-workers Position installer

Company Schmidt Goodman Company Schmidt Goodman

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

Telephone (507) 398-4914 Telephone (507) 261-6206

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 <u>Please see resume</u>	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**

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:

8 / 15 / 14

**ENTERED**  
8/14/14

1pm Friday  
8/15

## Nouv Ngeth

### Present Address

1626 45<sup>th</sup> St. NW Apt 1  
Rochester, MN 55901  
(507)923-6177 (Cell)

I FP  
Hayfield  
6 yrs ago  
powder →  
food company sanitation experience.

[NouvNgeth@yahoo.com](mailto:NouvNgeth@yahoo.com)

### Education

<b>Minnesota School of Business</b> Associate of Science Degree	Rochester, MN 2008-2009
• Major: <b>Information Technology</b>	
<b>Rochester Community Technical College</b> Diploma	Rochester, MN 2006
• Major: <b>Auto Technician</b>	
<b>John Marshal High School</b> GED	Rochester, MN 2003

### Work Experience

**Warehouse/Installer**, Schmidt Goodman, Rochester, MN

Aug. 2013-Present

- ✓ Manage warehouse facility
- ✓ Complete inventory logs per orders
- ✓ Resemble furniture for area businesses
- ✓ Load and unload trucks
- ✓ Delivery of orders throughout Minnesota and Wisconsin

looking to replace  
due to daycare.  
Needs overnights

**Feeder/Folder Operator**, Textile Care Services, Rochester, MN

Jan. 2013-July 2013

- Operator, feeding linen through a big ironer.
- Inspector of companies' products for quality control.

**Machine Operator**, Schmidt Printing, Byron, MN

Jan. 2010-Jan.2013

- Review specifications to determine page sequence, type of fold and page or sheet size.
- Enter cutting positions in proper order into computer memory.
- Remove sheets of printed or unprinted paper stack from the load and place them on the cutter bed. Jog and align sheets against the cutter guide in preparation for cutting.
- Examine cut material for any imperfections and adjust computer program as needed.

**References Available Upon Request**

Name: Now Ngeth

# Achoo!

by Cynthia Sherwood

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.



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 "gezz-oont-hite." It is the German word that wishes someone good health after sneezing.

Name: \_\_\_\_\_

## 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

Applicant Interview Score Card

Name: Nour Aguel Date of Interview: 8/15/14

Position/Shift Assignment 3(s) Standby 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

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. Shifts availability-prefers shift that is available for

Open positions, willing to be flexible to shifts Available.

1 2 3 4 5

Total possible points 50pts. Total points scored

47

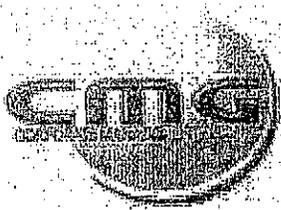
Former Employer Rating Bonus Points 1-20

—

Interviewer: [Signature]

total points 47

Date: 8/15



## Preliminary Questions

For CMG use only

Name: Nouv Ngetu

Date: 8/15/14

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? Yes
4. Which plant do you prefer? South
5. What shift do you prefer? 3<sup>rd</sup> SAN

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

Date of interview 8/15/14

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

Explain

Incident 2002\* Criminal Vehicular bodily injury

Employee Signature [Signature]

Interviewer Signature Kelsey Aditt