

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 09/02/2014  
Page: 1 of 1

Case Verification Number: 2014245185135AM

**Case Information:**

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**Employee Information:**

|                         |                                |                   |            |
|-------------------------|--------------------------------|-------------------|------------|
| Last Name:              | Frisch                         | First Name:       | Mickel     |
| Middle Initial:         |                                | Other Names Used: |            |
| Social Security Number: | *** ** 8378                    | Date of Birth:    | 09/11/1993 |
| 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: | This document has no expiration date |
| Alien Number:                       |   | I-94 Number:              |                                      |

**Additional Information:**

|                        |            |                         |            |
|------------------------|------------|-------------------------|------------|
| Hire Date:             | 09/02/2014 | Employer Case ID:       |            |
| Three-Day Rule Reason: |            | Three-Day Rule - Other: |            |
| Submitted By:          | KSIK1977   | Submitted On:           | 09/02/2014 |

**Initial Case Result:**

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Case Result: Employment Authorized

**Employee Referred to SSA:**

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Referred By: Referred On:

**Case Result from SSA (after SSA Tentative Nonconfirmation):**

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Case Result: Response Date:

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

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|                         |  |                   |  |
|-------------------------|--|-------------------|--|
| 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):**

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Case Result:

**Request Name Review:**

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Comments:  
Submitted By: Submitted On:

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

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Case Result: Response Date:

**Employee Referred to DHS:**

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Referred By: Referred On:

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

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Case Result: Response Date:

**Photo Matching Results:**

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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: KSIK1977 Closed On: 09/02/2014

**SENSITIVE BUT UNCLASSIFIED**



# 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** (Employee must complete and sign Section 1 of Form I-9 no later than the first day of employment, or no later before beginning a job offer)

|  |  |                                   |  |                        |                           |                                   |
|--|--|-----------------------------------|--|------------------------|---------------------------|-----------------------------------|
| Last Name (Family Name)<br>Frisch Jr.              |  | First Name (Given Name)<br>Michel |  | Middle Initial<br>J.   | Other Names Used (if any) |                                   |
| Address (Street Number and Name)<br>103 3rd Ave NE |  |                                   | Apt. Number                                  | City or Town<br>Altona | State<br>MN               | Zip Code<br>55910                 |
| Date of Birth (mm/dd/yyyy)<br>09/11/1993           | U.S. Social Security Number<br>472-27-8378 |                                   | E-mail Address<br>Michel.Frisch.Jr@gmail.com |                        |                           | Telephone Number<br>(507)796-5123 |

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):

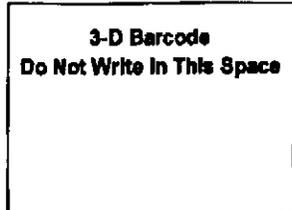
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A"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

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

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

2. 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: | Date (mm/dd/yyyy): 09/11/2014 |
|------------------------|-------------------------------|

**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 |





**Section 2: Employer or Authorized Representative Review and Verification**

(Employer or their authorized representative must complete and sign Section 2 with a business copy of the employee's identity or employment. You must attach a copy of the document from List A OR a state's consular or diplomatic document from List B and one document from List C as listed on the "List 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<br>Identity and Employment Authorization | OR | List B<br>Identity                                      | AND | List C<br>Employment Authorization     |
|---|----|---|-----|--|
| Document Title:                                 |    | Document Title:<br><i>Mn Permit</i>                     |     | Document Title:<br><i>SS Card</i>      |
| Issuing Authority:                              |    | Issuing Authority:<br><i>St of mn</i>                   |     | Issuing Authority:<br><i>SS Admin</i>  |
| Document Number:                                |    | Document Number:<br><i>0944039796317</i>                |     | Document Number:<br><i>472-27-8378</i> |
| Expiration Date (if any)(mm/dd/yyyy):           |    | Expiration Date (if any)(mm/dd/yyyy):<br><i>5-13-16</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<br><i>Kelsey Admitt</i>                              |  | Date (mm/dd/yyyy)<br><i>9/2/14</i>       | Title of Employer or Authorized Representative<br><i>Office Manager</i> |  |                          |
| Last Name (Family Name)<br><i>Siklink</i>   |  | First Name (Given Name)<br><i>Kelsey</i> |   | Employer's Business or Organization Name<br><b>EMPLOYER SOLUTIONS STAFFING GROUP LLC</b> |                          |
| Employer's Business or Organization Address (Street Number and Name)<br><b>7301 OHMS LANE SUITE 405</b> |  |  | City or Town<br><b>EDINA</b>  | State<br><b>MN</b>   | Zip Code<br><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: |
|---|--------------------|--|

MINNESOTA

INSTRUCTION PERMIT

MICKEL JEFFREY FRISCH  
103 3RD AVE NE  
ALTONA, MN 55001

Date of Birth 09-12-1983

Sex M

Eyes BLU

Height 5-11

Weight 230

ISSUED 05-2014



EXPIRES 05-13-2016

D944039796317

# 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](http://www.irs.gov/w4).

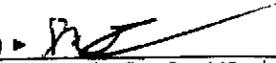
## Personal Allowances Worksheet (Keep for your records.)

|          |  |          |          |
|----------|--|----------|----------|
| <b>A</b> | Enter "1" for yourself if no one else can claim you as a dependent . . . . .   | <b>A</b> | <u>1</u> |
| <b>B</b> | Enter "1" if:<br>• You are single and have only one job; or<br>• You are married, have only one job, and your spouse does not work; or<br>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . .  | <b>B</b> | <u>1</u> |
| <b>C</b> | 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.) . . . . .  | <b>C</b> | <u>0</u> |
| <b>D</b> | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .  | <b>D</b> | <u>0</u> |
| <b>E</b> | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .  | <b>E</b> | <u>0</u> |
| <b>F</b> | 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.) . . . . .   | <b>F</b> | <u>0</u> |
| <b>G</b> | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.<br>• 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.<br>• 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 . . . . . | <b>G</b> | <u>0</u> |
| <b>H</b> | 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.) ▶  | <b>H</b> | <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.

|   |  |  |  |   |
|---|--|--|--|---|
| <b>Form W-4</b><br>Department of the Treasury<br>Internal Revenue Service   |  | <b>Employee's Withholding Allowance Certificate</b><br>▶ 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.   |  | OMB No. 1545-0074<br><b>2013</b>                    |
| <b>1</b> Your first name and middle initial<br>Mickel J.  |  | Last name<br>Frisch  |  | <b>2</b> Your social security number<br>472-27-8378 |
| Home address (number and street or rural route)<br>1033 <sup>rd</sup> Ave NE  |  | <b>3</b> <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate.<br>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |  |   |
| City or town, state, and ZIP code<br>Altura, MN 55910   |  | <b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>   |  |   |
| <b>5</b> Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)   |  | <b>5</b> <u>2</u>  |  |   |
| <b>6</b> Additional amount, if any, you want withheld from each paycheck  |  | <b>6</b> \$  |  |   |
| <b>7</b> I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption.<br>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and<br>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.<br>If you meet both conditions, write "Exempt" here . . . . . ▶ <b>7</b> |  |   |  |   |
| 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.   |  |  |  |   |
| <b>Employee's signature</b><br>(This form is not valid unless you sign it.) ▶    |  | <b>Date</b> ▶ 8-28-2014  |  |   |
| <b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)  |  | <b>9</b> Office code (optional)  |  | <b>10</b> Employer identification number (EIN)      |

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 disclosure text regarding consumer reports and rights.

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.

[X] (Must include email address: Mickel Frisch, Jr @ gmail . Com)

Signature: [Handwritten Signature] Date: 8-28-2014

BACKGROUND INFORMATION

Last Name: Frisch Jr. First: Mickel Middle: Jeffrey
Other Names/Alias:
Social Security #: 472-27-8378 Date of Birth (mm/dd/yyyy)\*: 09/11/1993
Driver's License #: D944039796319 State of Driver's License: Minnesota
Present Address: 103 3rd Ave NE Telephone # (Primary): (507) 786-5129
City/State/Zip: Alloua, MN 55910

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



# New Hire Application

**Personal Data— PLEASE PRINT LEGIBLY IN INK**

Last Name Frisch Jr. First Name Mickel Middle Initial J  
 Street Address 603 3rd Ave NE Apt/Ste \_\_\_\_\_  
 City/State/Zip Altura, MN 55910  
 Phone Number (507) 796-5123 Email Address Mickel.Frisch.Jr@gmail.com  
 Company/Employer \_\_\_\_\_

**All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.**

Are you legally authorized to work in the United States of America?  YES  NO

**Applicant Certification and Authorization**

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. 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 ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

Mickel Frisch Jr. Name (Print or type) [Signature] Applicant's Signature 8-28-2014 Date

A copy or facsimile ("fax") will be considered the same as an original signature. Email will ONLY be used for employment correspondence

| For ESSG Office Use Only        |                                  |                             |   |                          |
|---------------------------------|----------------------------------|-----------------------------|---|--------------------------|
| DOH _____                       | NHW _____                        | I-9 _____                   | 8850 _____                                      | W4 _____                 |
| Emergency Contact Info<br>_____ | Background Release Form<br>_____ | Background Results<br>_____ | Unemployment Letter<br>(If applicable)<br>_____ | ESC Application<br>_____ |
| For ESSG Client Use             |                                  |                             |   |                          |
| DOH _____                       | ROP _____                        | Work Site Loc. _____        | WC Code _____                                   |                          |



I am Available  
Tuesday - Mickel Frisch Jr.

## CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 8-28-2014

Name Frisch Jr, Mickel Jeffrey  
Last First Middle Maiden

Present address 103 3rd Ave NE  
Number Street  
Altura MN 55910  
City State Zip

Social Security No. 472 - 27 - 8378

Telephone (507) 796-5123 E-Mail Mickel.Frisch.Jr@gmail.com

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

|   |   |
|---|---|
| Position applied for (1) <u>Night Sanitation</u><br>and salary desired (2) <u>\$10.00</u><br><small>(Be specific)</small> | Shift available to work<br>1 <sup>st</sup> <u>Yes</u><br>2 <sup>nd</sup> <u>Yes</u><br>3 <sup>rd</sup> <u>Yes</u> |
|---|---|

How many hours can you work weekly? 60 Can you work nights? Yes

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

When available for work? ASAP

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 \_\_\_\_\_

| TYPE OF SCHOOL       | NAME OF SCHOOL             | LOCATION<br>(Complete mailing address)       | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------------------|--|---------------------------|----------------|
| High School          | <u>Walter-<br/>magnies</u> | <u>1079 Highway 72<br/>Redwing, MN 55066</u> | <u>12</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

Driver's license number D944679796317 State of issue MN

Operator \_\_\_ Commercial (CDL) \_\_\_ Chauffeur \_\_\_

Expiration date 5-13-2016

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 Connie Frank Name Dick Rasmussen

Position \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address 300 Benson Dr Address 355 Main St E

Lewiston, MN 55952 Lewiston, MN 55952

Telephone (507) 429-6759 Telephone (507) 523-3640

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 _____  |  | Supervisor name <u>Kim</u>            |                     |
| Position <u>Extra Help</u>  |  | Employment dates                      |                     |
| Company <u>Beer Geyez</u>   |  | Pay or salary                         |                     |
| Address <u>10 N Main St</u>   |  | From <u>July 11<sup>th</sup></u>      | Start <u>\$7.25</u> |
| <u>Altura, MN 55910</u>   |  | To <u>Now</u>                         | Final <u>\$7.25</u> |
| Telephone <u>(507) 796-0124</u>   |  | Your last job title <u>Extra Help</u> |                     |
| Reason for leaving (be specific) <u>They don't have me work enough</u>  |  |                                       |                     |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Cook, clean, lots of Dish</u> |  |                                       |                     |

|  |  |                           |       |
|--|--|---------------------------|-------|
| Name _____   |  | Supervisor name _____     |       |
| Position _____   |  | Employment dates          |       |
| Company _____  |  | Pay or salary             |       |
| Address _____  |  | From                      | Start |
| Telephone (____) _____   |  | 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. |  |                           |       |

**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 _____<br>Position _____<br>Company _____<br>Address _____<br>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 _____<br>Position _____<br>Company _____<br>Address _____<br>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.

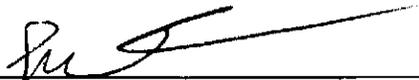
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by 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:

8-28-2014