





# 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) <u>Ajayi</u>		First Name (Given Name) <u>Oluwadare</u>		Middle Initial <u>G</u>	Other Names Used (if any)	
Address (Street Number and Name) <u>205, 3rd SW</u>			Apt. Number <u>102</u>	City or Town <u>Austin</u>		State <u>TX</u>
Date of Birth (mm/dd/yyyy) <u>10-01-1963</u>		U.S. Social Security Number <u>245-77-2958</u>		E-mail Address <u>Jayai, 46@yahoo.com</u>		Telephone Number <u>507-589-5619</u>

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):

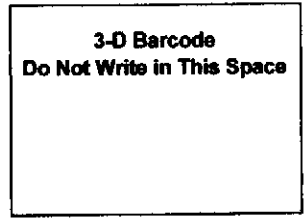
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): 207-036-854
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_ . Some aliens may write "NA" 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: <u>[Signature]</u>	Date (mm/dd/yyyy): <u>11-19-14</u>
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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**





### Employer or Authorized Representative Review and Verification

The employer or authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must 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 "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's Last Name, First Name and Middle Initial from Section 1: Ajayi, Dikwadore E

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Perm Res Card</u>		Document Title:		Document Title:
Issuing Authority: <u>USCIS</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>USC1490167188</u>		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>2/6/2016</u>		Expiration Date (if any)(mm/dd/yyyy):		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>11/19/14</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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**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.

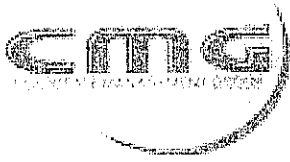
2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events 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.

V. Dhanwadare E. Agay  
Individual's Name

X 11-19-14  
Date

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



# Preliminary Questions

For CMG use only

Name: Emmanuel A. Oluwadare

Date: 11-19-2014

- 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? 1st

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

Date of interview 11/19/14

→ Have you ever been convicted of a crime? Yes (No)

Explain

Incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

→ Employee Signature [Signature]

Interviewer Signature [Signature]

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

# 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: Oluwadare Emmanuel Agayi

## 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 Emmanuel Date of Interview 11/19

Position/Shift Assignment 1(S) 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

1

Interviewer: Kelley

Total Points 50

Date: 11/19

Wed. 11/19 @ 12:30

**ENTERED**  
11/18/14



### CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 11-18-14

Name Oluwadare Emmanuel Ayan  
Last First Middle Maiden

Present address 205, 31st SW Apt 102  
Number Street  
Austin MN 55912  
City State Zip

Social Security No. 745-77-2958

Telephone 507-589-5619 E-Mail olayay146@yahoo.com

If under 18, please list age \_\_\_\_\_ Referred by Wilson Yaks → *wife friend*

Position applied for (1) <u>production</u> and salary desired (2) <u>Open</u> (Be specific) <u>1st (\$)</u>	Shift available to work 1 <sup>st</sup> _____ 2 <sup>nd</sup> <u>✓</u> 3 <sup>rd</sup> _____ <u>Weeks 11/19</u>
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How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

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

When available for work? \_\_\_\_\_

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 (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Federal School</u>	<u>Lagos</u>	<u>1989</u>	<u>General</u>
College	<u>St Art &amp; Science</u>	<u>Nigeria</u>		<u>Studies</u>
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? Personal Vehicle

Driver's license number W403281134907 State of issue MN

Operator  Commercial (CDL)  Chauffeur

Expiration date 10-01-2018

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 Cliford Ogburne

Name Samuel Belemu

Position Meat Inspector

Position production

Company QPP

Company QPP

Address Austin MN

Address Austin MN

Telephone 507-279-3504

Telephone 763-267-5525

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>Oluwadare E. Ajayi</u> <del>Cawgill Albert Lee</del>		Supervisor name <u>Tetyana</u>	
Position <u>production staff</u>	Employment dates	Pay or salary	
Company <u>Cawgill Albert Lee</u>	From <u>3-3-14</u>	Start <u>11-90</u>	
Address <u>Albert Lee</u>	To <u>7-2-14</u>	Final <u>11-90</u>	
Telephone <u>507 377-6659</u>	Your last job title <u>production</u>		
Reason for leaving (be specific) <u>relocated → moved to Rochester</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Hot dogs production</u> <u>enjoyed job.</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 _____	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.		

May we contact your present employer?  Yes  No *not working*

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.

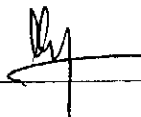
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by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

11-18-14