

**SENSITIVE BUT UNCLASSIFIED**

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

**Report Prepared: 09/24/2014**  
**Page: 1 of 1**

**Case Verification Number: 2014267111513GW**

**Case Information:**

**Employee Information:**

Last Name:	Sazo	First Name:	Karen
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 0867	Date of Birth:	11/22/1982
Citizenship Status:	An alien authorized to work	Email Address:	

**Document Information:**

List A Document:	Employment Authorization Document (Form I-766)		
Card Number:	EAC1209650143	Document Expiration Date:	05/27/2017
Alien Number:	205227124	I-94 Number:	

**Additional Information:**

Hire Date:	09/24/2014	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	ESAG6409	Submitted On:	09/24/2014

**Initial Case Result:**

Last Name (in DHS records):	SAZO	First Name (in DHS records):	KAREN
		Document Expiration Date (in DHS records):	05/27/2017

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 On:  
Submitted By:

**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):**

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

**Photo Matching Results:**

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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: 09/24/2014

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### 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:

Sazo, Karen P

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Emp Auth. Card		Document Title:		Document Title:
Issuing Authority: USCIS		Issuing Authority:		Issuing Authority:
Document Number: EAC1209650143		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): 5/27/17		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 Emily Theros		Date (mm/dd/yyyy) 9/24/14	Title of Employer or Authorized Representative Office Assistant	
Last Name (Family Name) Theros		First Name (Given Name) Emily	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC	
Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405		City or Town EDINA	State MN	Zip Code 55439

### 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.

K Karam Sazo  
Individual's Name

X 9-25-2014  
Date

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



10:00 9/24  
Rehire

**CMG APPLICATION FOR EMPLOYMENT**

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

PLEASE COMPLETE PAGES 1-5 DATE 9/18/2014

Name Sazo P Karen  
Last First Middle Maiden

Present address 1911 23rd ST SE  
Number Street  
ROCHESTER MN 55904  
City State Zip

Social Security No. 659-89-0867

Telephone (507) 9909659 E-Mail \_\_\_\_\_

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

Position applied for (1) _____ and salary desired (2) _____ (Be specific) <u>1st (S)</u>	Shift available to work 1 <sup>st</sup> <input checked="" type="checkbox"/> _____ <u>wknds 9/24</u> 2 <sup>nd</sup> _____ <u>OTLKS</u> 3 <sup>rd</sup> _____
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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? NOW

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  
 No  Yes If so, please explain I have 5 kids I need my 40 hours Monday - Friday.

Do you anticipate any absences from work on a regular basis?  
 No  Yes If so, please explain will find daycare on some weeknids

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Guatemala</u>	<u>Guatemala</u>	<u>7</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? Vehicle

Driver's license number J950168425314 State of issue MN

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

Expiration date 12-09-2015

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 JOANN BROFEN Name Bliza

Position Retired, Friend Position Friend

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

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

Telephone (507) 287-6998 Telephone (507) 208-8841

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>Kahler Hotel</u>	Supervisor name <u>Paschal</u>	
Position <u>Cook</u>	Employment dates	Pay or salary
Company _____	From <u>01-2014</u>	Start <u>13.00 hour</u>
Address _____	To <u>09-2014</u>	Final <u>13.00 hour</u>
Telephone <u>(507) 280-6200</u>	Your last job title <u>Cook</u>	
Reason for leaving (be specific) <u>No hours given.</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

Name <u>Chipotle Mexican Grill</u>	Supervisor name <u>Silvia Ortiz</u>	
Position <u>Customer Service</u>	Employment dates	Pay or salary
Company _____	From <u>01-2008</u>	Start <u>9.00 hour</u>
Address _____	To <u>02-2013</u>	Final <u>10.45 hour</u>
Telephone <u>(507) 529-5484</u>	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

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:

09-18-2014

Name: Karen Sazo

# 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: Karen Sazo

## 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 Kauer Date of Interview 9/24

Position/Shift Assignment (CS) 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 |

50

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

50

Former Employer Rating Bonus Points 1-20

0

Interviewer: Kelsoy  
Date: 9/27

Total Points 50



## Preliminary Questions

For CMG use only

Name: Karen Sazo

Date: 9/24/14

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? Both
5. What shift do you prefer? 1st

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

Date of interview 9/24/14

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

Explain

Incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

→ Employee Signature Karen Sazo

Interviewer Signature Kelley Adill