



"your workforce management & staffing experts"

**Criminal Background Check Acknowledgement**

Part of the selection process at Corporate Management Group includes a background check. The background check includes the applicant's criminal history. As part of this interview, we ask if the applicant has been convicted of any crime. Whether or not an applicant has been convicted of a crime does not determine applicant's eligibility for this position.

Applicant Name: Mark Kalberg Date of Interview: \_\_\_\_\_  
Recruiter Name: \_\_\_\_\_

Have you ever been convicted of any crime, felony, misdemeanor, not including expunged records?  
 Yes  No  1st time offense

Is yes, when, where and what was the nature of this offense.  
Aug. 2015 5th<sup>o</sup> Felony Drug  
- In cars w/ another person who had the drug on them; but everyone in the car gets the same charge.

State of Jurisdiction:  
Stay of a conviction Charge gets removed ~~off~~ in 2017 pending no other charges

You will not be denied employment solely because you answer "Yes" above or because you have been convicted of a crime, felony or misdemeanor. The company considers many individualized factors in evaluating a job candidate, including but not limited to, with respect to criminal history, the nature and date of any offense, the surrounding circumstances, and the nature of the position for which you apply.

**By my signature below, I certify that the information provided above is true and complete that I have discussed the above with my interviewer as disclosed. I understand and agree that any misrepresentation by me will be sufficient cause to eliminate me from consideration for employment and/or terminate employment at any time if I have been employed.**

Applicant Signature: Mark Kalberg Date: 1-27-16  
HR Manager Signature: Nichol Wojcik Eligible: \_\_\_ Ineligible:  Date: 1-27-16

**CERTIFICATE OF BIRTH**

STATE FILE NUMBER **1990-MN-007335**

FULL NAME **MARK MALAKIA KALBERG**

DATE OF BIRTH **FEBRUARY 13, 1990**

SEX **MALE**

PLACE OF BIRTH **SAINT PAUL RAMSEY MINNESOTA**

PARENT **TAMMY BETH KALBERG**

NAME PRIOR TO FIRST MARRIAGE **KALBERG**

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PARENT **MARK KENNETH WEGNER**

NAME PRIOR TO FIRST MARRIAGE

ANY AMENDMENT MADE PRIOR TO 08/09/2000 FOR THIS RECORD IS NOT NOTED ON THIS CERTIFICATE.

THIS IS A TRUE AND CORRECT RECORD OF BIRTH REGISTERED IN THE MINNESOTA OFFICE OF VITAL RECORDS.

MR&C Certificate ID  
 9791377



48A-000028241

FILED: FEBRUARY 28, 1990

*Molly Mulcahy Crawford*

Molly Mulcahy Crawford  
 STATE REGISTRAR

ISSUED: JANUARY 14, 2016

MILLE LACS COUNTY RECORDER

THIS CERTIFICATE IS VALID ONLY WHEN PRINTED ON OFFICIAL WATERMARKED SECURITY PAPER WITH A SECURITY THREAD AND STATE SEAL OF MINNESOTA.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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



**APPLICATION RECEIPT**

THIS IS **NOT** A STANDALONE IDENTIFICATION DOCUMENT

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: 02131990

BIRTH DATE (MONTH/DAY/YEAR): 02/13/1990

FULL LEGAL NAME: Malakia Kalberg

COMPLETE FIRST NAME: Malakia

COMPLETE MIDDLE NAME: Kalberg

COMPLETE LAST NAME: Kalberg

PREVIOUS LEGAL NAME (ONLY APPLIES IF YOU CHANGED IT SINCE LAST MN DRIVER'S LICENSE, EDL, ID OR IP APPLICATION):

COMPLETE FIRST NAME: \_\_\_\_\_

COMPLETE MIDDLE NAME: \_\_\_\_\_

COMPLETE LAST NAME: \_\_\_\_\_

FULL RESIDENCE ADDRESS (WHERE YOU LIVE) NOTE: MAKE SURE THIS IS YOUR CURRENT AND VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD. MAKE SURE THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD. TO HAVE YOUR CARD SENT TO THE ADDRESS BELOW, I AFFIRM THAT THE U.S. POSTAL SERVICE WILL NOT DELIVER MAIL TO MY RESIDENCE ADDRESS SHOWN ABOVE. INITIAL HERE

NUMBER: 16941 STREET: Atage Dr. STATE: MN ZIP CODE: 56359 MN COUNTY: MN

CITY: Oronoka

OPTIONAL MAILING ADDRESS (SEE #1 ON BACK OF WHITE COPY) MAKE SURE THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD. TO HAVE YOUR CARD SENT TO THE ADDRESS BELOW, I AFFIRM THAT THE U.S. POSTAL SERVICE WILL NOT DELIVER MAIL TO MY RESIDENCE ADDRESS SHOWN ABOVE. INITIAL HERE

NUMBER: \_\_\_\_\_ STREET: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ MN COUNTY: \_\_\_\_\_

CITY: \_\_\_\_\_

APPLICANT'S PHYSICAL DESCRIPTION

EYE COLOR: AZ1 HEIGHT: 5 FT. 07 IN. WEIGHT IN POUNDS: 190

MALE  FEMALE

Visit [dvs.dps.mn.gov](http://dvs.dps.mn.gov) to:

- Check the status of your driving privileges
- Schedule a road test

Questions? Contact Us:

- Driver's License questions: (651) 297-3298
- Motor Vehicle questions: (651) 297-2126
- License Status, available 24/7: (651) 284-2000
- TDD/TTY: (651) 282-6555

(DVS USE ONLY)

Deputy Registrar #098  
Drivers License #648  
Milaca City Hall  
255 First Street East  
Milaca MN 56359

2016648 014000

<p><b>TYPE</b></p> <p><input type="checkbox"/> REG <input type="checkbox"/> EDL</p> <p><input type="checkbox"/> A <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> B <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> C <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> D <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> PROV <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> ID <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> MBOP <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> CLP</p> <p><input type="checkbox"/> REG IP</p> <p><b>INDICATORS</b></p> <p><input type="checkbox"/> SENIOR</p> <p><input type="checkbox"/> LTD MOBILITY</p> <p><input type="checkbox"/> SNOWMOBILE</p> <p><input type="checkbox"/> FIREARM</p> <p><input type="checkbox"/> S or TC</p> <p><input type="checkbox"/> VETERAN</p>	<p><b>TESTS PASSED</b> (STATE EXAM USE ONLY)</p> <p><input type="checkbox"/> D</p> <p><input type="checkbox"/> MC</p> <p><input type="checkbox"/> MBOP</p> <p><input type="checkbox"/> GK</p> <p><input type="checkbox"/> AIR</p> <p><input type="checkbox"/> COMB</p> <p><input type="checkbox"/> DBL/TRIPLE</p> <p><input type="checkbox"/> PASSENGER</p> <p><input type="checkbox"/> SCHOOL BUS</p> <p><input type="checkbox"/> TANKER</p> <p><input type="checkbox"/> HAZMAT</p> <p><input type="checkbox"/> DWI</p> <p><input type="checkbox"/> RT Passed</p> <p><input type="checkbox"/> RT Waived</p>	<p><b>RESTRICT/ENDORSE</b></p> <p><input type="checkbox"/> MC ORIGINAL</p> <p><input type="checkbox"/> MC RENEWAL</p> <p><input type="checkbox"/> ADD/REMOVE</p> <p><b>FEES PAID</b></p> <p>APPLICATION: \$ <u>15.75</u></p> <p>OTHER FEES: \$</p> <p>MC: \$</p> <p>REIN FEE: \$</p> <p>ORGAN DONATION: \$</p>	<p><b>VISION</b></p> <p><input type="checkbox"/> PASS NR</p> <p><input type="checkbox"/> PASS with CL</p> <p><input type="checkbox"/> INCOMPLETE</p> <p><input type="checkbox"/> ATTACHED:</p> <p><b>PROPER ID</b></p> <p><u>IRW (D)</u></p> <p><u>EXP 2/13/19</u></p> <p><u>EDL DOCS</u></p>
<p><b>NOTES:</b></p> <p><u>X MARK Kalberg</u></p> <p><u>list D.L Kalberg</u></p> <p><u>C/A</u></p>		<p><b>INVALIDATED</b></p> <p>DL / ID / IP</p> <p>STATE: <u>MD</u></p> <p>EXP: <u>01/14/16</u></p>	

I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the selective service system, if required by federal law. I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in M.S. § 169.444 regarding the safety of children around school buses.

X MARK Kalberg Applicant Signature  
Application Date: 01/14/16

**THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATED, AND IS NOT A STANDALONE IDENTIFICATION DOCUMENT**

- This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification.
- This receipt is valid for the type of card indicated, when stamped with the proper validation stamp, for a maximum of 60 days from the application date shown above.
- This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record.
- **Not valid as Enhanced Driver's License (EDL) for border crossings.**
- **Lost, stolen and duplicate EDL cards are deactivated and may not be used for border crossings.**

