

**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.

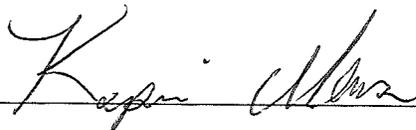
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by 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: 08/21/2017



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017233150613LS

Report Prepared: 08/21/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Mems

First Name: Kapri

Date of Birth: 03/06/1997

Social Security Number: *** ** 0672

Hire Date: 08/21/2017

Citizenship Status: A citizen of the United States

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: 03/05/2019

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 08/21/2017

Case Submitted By: SHAU7624

Closed On: 08/21/2017

Closed By: SHAU7624

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

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 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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) Mems		First Name (Given Name) Kapri		Middle Initial A	Other Last Names Used (if any)	
Address (Street Number and Name) 602 Northern Hills Dr. NE			Apt. Number 89	City or Town Rochester		State MN
Date of Birth (mm/dd/yyyy) 03/06/1997		U.S. Social Security Number 470 - 33 - 0672		Employee's E-mail Address		Employee's Telephone Number (651) 373-8657

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 boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>N/A</u>
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>N/A</u> Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: <u>N/A</u> OR	<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Section 1 Do Not Write In This Space  </div>
2. Form I-94 Admission Number: <u>N/A</u> OR	
3. Foreign Passport Number: <u>N/A</u> Country of Issuance: <u>N/A</u>	

Signature of Employee <u>Kapri Mems</u>	Today's Date (mm/dd/yyyy) <u>08/21/2017</u>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code

STOP! Employer Completes Next Page STOP!



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

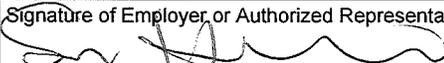
Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) Mems	First Name (Given Name) Kapri	M.I. A	Citizenship/Immigration Status 1
List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		Employment Authorization

Document Title N/A	Document Title Driver's license issued by state/territory	Document Title Social Security Card (Unrestricted)
Issuing Authority N/A	Issuing Authority Minnesota	Issuing Authority Social Security Administration
Document Number N/A	Document Number D884049032220	Document Number 470330672
Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) 05/05/2019	Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A	Additional Information	QR Code - Section 2 Do Not Write In This Space 
Issuing Authority N/A		
Document Number N/A		
Expiration Date (if any)(mm/dd/yyyy) N/A		
Document Title N/A		
Issuing Authority N/A		
Document Number N/A		
Expiration Date (if any)(mm/dd/yyyy) N/A		

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): 08/21/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative 	Today's Date (mm/dd/yyyy) 08/21/2017	Title of Employer or Authorized Representative Administrative Support		
Last Name of Employer or Authorized Representative Haugerud	First Name of Employer or Authorized Representative Sierra	Employer's Business or Organization Name ESSG		
Employer's Business or Organization Address (Street Number and Name) 7480 Flying Cloud Dr		City or Town Eden Prairie	State MN	ZIP Code 55344

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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MINNESOTA
INSTRUCTION PERMIT

UNDER 21



KAPRI ANGELA RENEE MEMS
2178 LONDIN LN APT 244
ST PAUL, MN 55119

Date of Birth 03-06-1997
Sex Eyes Class
F BRN IP
Height Weight
5-5 200

ISSUED 05-2017 EXPIRES 05-05-2019

Kapri Mems

D884049032220

SOCIAL SECURITY

470-33-0672

THIS NUMBER HAS BEEN ESTABLISHED FOR
KAPRI ANGELA RENEE
MEMS

Kapri Mems
SIGNATURE

USA 01/14/2009

**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.

Kapri Ullua
Individual's Name

08/21/2017
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

EMPLOYER SOLUTIONS STAFFING GROUP
BACKGROUND CHECK AUTHORIZATION

X Employee Name: Kapri Angela-Renee MEME
(First) (Middle) (Last)

X Former Name(s) and Dates Used: Kapri Angela-Renee MEME

Current Address Since: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: 470-33-0672 DOB: 03/06/1997

Phone Number: 651-373-8657

Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

X Signature: Kapri MEME Date: 08/21/2017

Notice to CA, MN, and OK Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.



Preliminary Questions

For CMG use only

Name: Kapri MIMS

Date: 08/21/2017

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? n/a N Seasonal
5. What shift do you prefer? 2nd

To be completed during or after interview

Date of interview 08/21/2017

Have you ever been convicted of a crime? Yes No

Explain

Incident Gross misdemeanor - Damage of property

Employee Signature Kapri MIMS

Interviewer Signature [Signature]

Corporate Management Group
Kapri Mems's Employment Application

8/21

130P

Date Submitted: 8/9/2017
Job Title: \$12.00 Seasonal Food Manufacturing Positions Available Now
Job Location: Rochester

Personal Information

First Name: Kapri
Last Name: Mems
Email: kaprimems1@gmail.com

General Information

Contact Information

Cell Phone: 6513738657
Home Phone: n/a

MINNESOTA
INSTRUCTION PERMIT

UNDER 21



KAPRI ANGELA RENEE MEMS
2178 LONDIN LN APT 244
ST PAUL, MN 55119

Date of Birth 03-06-1997
Sex Eyes Class
F BRN IP
Height Weight
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ISSUED 05-2017 EXPIRES 05-05-2019

Kapri Memes

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SOCIAL SECURITY

470-33-0672

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KAPRI ANGELA RENEE
NEMS

Kapri Memes
SIGNATURE

01/14/2009