



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 08/23/17

Name Moore Kendra E
Last First Middle Maiden

Present address 507 Northern Hills Dr NE
Number Street
Rochester MN 55906
City State Zip

Social Security No. 471-31-5475

Telephone (612) 998-5904 E-Mail kendra.e.moore@yghos.com

If under 18, please list age _____ Referred by _____

Position applied for (1) <u>Production</u> and salary desired (2) _____ (Be specific)	Shift available to work 1 st _____ 2 nd <input checked="" type="checkbox"/> _____ <u>2 SOUTH</u> 3 rd _____
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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? 08/24/17 *Weekend*

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>Mayo High School</u>	<u>Rochester, MN</u>	<u>4</u>	<u>Diploma</u>
College				
Bus. or Trade School				
Professional School				

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>REM</u>	Supervisor name <u>Kayla Hanson</u>	
Position <u>Direct Support Professional</u>	Employment dates	Pay or salary
Company <u>Rem</u>	From <u>06/16</u>	Start <u>11.40</u>
Address <u>Rochester, MN</u>	To _____	Final _____
Telephone <u>(507) 281-1688</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. <u>cleaning, lifts, computer skills</u>		

Name <u>Customer Coordinator</u>	Supervisor name <u>Ryan Berg</u>	
Position <u>Customer Relations</u>	Employment dates	Pay or salary
Company <u>Charter Communications</u>	From <u>03/16</u>	Start <u>13.86</u>
Address <u>5781 Bandal Rd NW Rochester, MN</u>	To <u>07/17</u>	Final <u>19.05</u>
Telephone () _____	Your last job title <u>Customer Coordinator</u>	
Reason for leaving (be specific) <u>medical</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>computer, teamwork</u>		

**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.

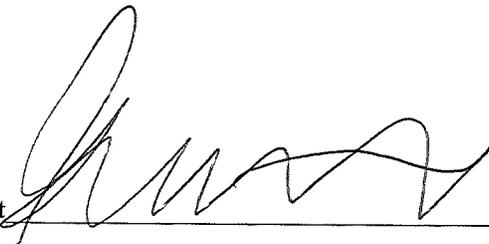
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by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

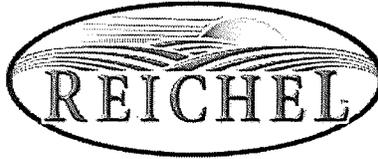
I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant



Date:

08 / 23 / 17



Employee Photo Release Form

I, Kendra Moore, agree to let Reichel Foods use my picture for internal security purposes. I also agree to submit a written request to Reichel Foods if/when I wish my photo be removed from the company database.

Employee Signature: _____

A handwritten signature in black ink, appearing to read "Kendra Moore", written over a horizontal line.

Date: 08/23/17

MINNESOTA
DRIVER'S LICENSE



KENDRA ELIZABETH MOORE
537 NORTHERN HILLS DR NE APT 6
ROCHESTER, MN 55906

Date of Birth 01-15-1986
Sex F Eyes BRN Class D
Height 5-0 Weight 150 DONOR

ISSUED 06-2017 EXPIRES 01-15-2021

Kendra Moore

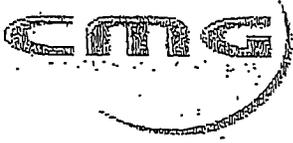
Q307135303110

SOCIAL SECURITY

471-31-3475

THIS NUMBER HAS BEEN ESTABLISHED FOR
KENDRA E
MOORE

SIGNATURE 06/08/2009



Preliminary Questions

For CMG use only

Name: Kendra Moore

Date: 08/23/17

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? 2nd ✓

To be completed during or after interview

Date of interview 08/23/17

Have you ever been convicted of a crime? Yes _____ No ✓

Explain

Incident _____

Employee Signature [Signature]

Interviewer Signature [Signature]

8/23
2P

Kendra Moore

Rochester, MN

kendra_e_moore@yahoo.com - 6129985904

Authorized to work in the US for any employer

WORK EXPERIENCE

Customer Service Representative

Charter Communications - Rochester, MN - 2016-06 - 2017-07

Establish and maintain a high level of customer satisfaction, professionalism and courtesy during all sales transactions.

Respond to inbound sales calls promptly and efficiently, as outlined by the required call handling metrics, to include productive time, schedule adherence, handle time, after call work, etc.

Cashier

TJ Maxx (TJX Companies) - Rochester, MN - 2013-10 - 2015-06

Responsible for taking money in the form of cash, check, or credit card from patrons in exchange for food or services. Scans items, provides change, balances drawer, and processes card transactions.

Homemaker

Samaritan Bethany - Rochester, MN - 2014-10 - 2015-04

Perform basic household tasks; cooking, errands-running, laundry, cleaning and maintenance

Plan and cook meals according to family's personal preferences while keeping nutrition value in mind

Provide personal assistance to the elderly by helping in feeding, toileting and walking

Iron clothes and ensure that they are folded neatly and put away properly

PCA Personal Care Assistant

Global home healthcare - Rochester, MN - 2013-05 - 2014-08

Give assistance to people who are sick, injured, mentally or physically disabled, or the elderly.

Responsible for light cleaning, cooking, running errands, and doing laundry, as well as assisting clients with bathing, showering, grooming, and other personal hygiene tasks. They also engage clients in activities like reading, talking, and playing games.

Executive Assistant

Mission 21 - Rochester, MN - 2014-01 - 2014-05

Welcomes guests and customers by greeting them, in person or on the telephone; answering or directing inquiries

Maintains customer confidence and protects operations by keeping information confidential.

Completes projects by assigning work to clerical staff; following up on results

EDUCATION

High school or equivalent

Mayo Senior High School - Rochester, MN

SKILLS

Excel, Office Management, Customer Service, Housekeeping

CERTIFICATIONS/LICENSES

Driver's License

2012-02 - Present



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017235151407NR

Report Prepared: 08/23/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Moore

First Name: Kendra

Date of Birth: 01/15/1996

Social Security Number: *** ** 5475

Hire Date: 08/23/2017

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: 01/15/2021

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 08/23/2017

Case Submitted By: SHAU7624

Closed On: 08/23/2017

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) Moore		First Name (Given Name) Kendra		Middle Initial E	Other Last Names Used (if any)	
Address (Street Number and Name) 537 Northern Hills Dr. NE			Apt. Number 6	City or Town Rochester		State MN
Date of Birth (mm/dd/yyyy) 01/15/1996		U.S. Social Security Number 4 7 1 - 3 1 - 5 4 7 5		Employee's E-mail Address		Employee's Telephone Number (651) 410-3606

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):

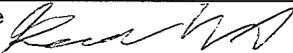
<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>N/A</u>
<input type="checkbox"/> 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
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>

QR Code - Section 1
Do Not Write In This Space



Signature of Employee 	Today's Date (mm/dd/yyyy) <u>06/23/17</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

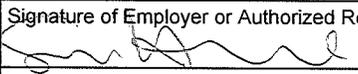
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable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

Employee Info from Section 1	Last Name (Family Name) Moore	First Name (Given Name) Kendra	M.I. E	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 Q307135303110	Document Number 471315475
Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) 01/15/2021	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		
Document Title 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): (See instructions for exemptions)

Signature of Employer or Authorized Representative 	Today's Date (mm/dd/yyyy) 08/23/2017	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
DRIVER'S LICENSE



KENDRA ELIZABETH MOORE
537 NORTHERN HILLS DR NE APT 6
ROCHESTER, MN 55906

Date of Birth 01-15-1986
Sex F Eyes BRN Class D
Height 5-0 Weight 150 DONOR

ISSUED 06-2017 EXPIRES 01-15-2021

Kendra Moore

Q307135303110

SOCIAL SECURITY

471-31-5475

THIS NUMBER HAS BEEN ESTABLISHED FOR
KENDRA E
MOORE

SIGNATURE

06/08/2009

Authorization

Authorization: By signing below, you authorize: (a) backgroundchecks.com ("BGC") and/or Orange Tree Employment Screening to request information about you from any public or private information source; (b) anyone to provide information about you to BGC and/or Orange Tree Employment Screening; (c) BGC and/or Orange Tree Employment Screening to provide Employer Solutions Staffing Group, LLC one or more reports based on that information; and (d) Employer Solutions Staffing Group, LLC ("ESSG") to share those reports with others for legitimate business purposes related to your employment. BGC and/or Orange Tree Employment Screening may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an employee of ESSG.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for BGC.

Printed name: Kendra Elizabeth Moore
First Middle (Last
none)

Other names used: _____

Current county of residence: _____

Current and former addresses:

_____	current	<u>537 Northern Hills Dr NE</u>	<u>Rochester, MN</u>
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	<u>1958 8 1/2 St SE</u>	<u>Rochester, MN 55907</u>
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	Street	City, State & Zip
from Mo/Yr	to Mo/Yr	Street	City, State & Zip

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

01/15/1996 471-31-5475
Date of birth Social security number

Driver's license number & state

Name as it appears on license

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box:

[Signature] 08/23/17
Signature Date

**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.

Kendra Moore
Individual's Name

08/23/17
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6