

ENTERED



Mon. 8/11 @ 1pm

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 8-8-14

Name McCabe Lori Jean
Last First Middle Maiden

Present address 10505 190th Ave SE
Number Street Chatfield MN 55923
City State Zip

Social Security No. 468 - 84 - 1197

Telephone 571 867-3156 E-Mail ljmccabe@hotmail.com

If under 18, please list age _____ Referred by _____

Position applied for (1) <u>any available</u> and salary desired (2) <u>\$9</u> <small>(Be specific)</small> <u>1st (S)</u>	Shift available to work 1 st <input checked="" type="checkbox"/> <u>preferred</u> 2 nd _____ 3 rd _____ <i>Wkends ok RS 8/11</i>
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How many hours can you work weekly? 40 plus Can you work nights? yes

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>Preston-Fountain</u>	<u>Chatfield St Preston, MN</u>	<u>4</u>	<u>Diploma</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? Mercury Mountaineer

Driver's license number E515000761411 State of issue MN

Operator Commercial (CDL) ___ Chauffeur ___

Expiration date 6-19-16

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 Forrie Trouten Name Linda Kasten

Position CST Position RN

Company New Hampton Hospital Company Mayo

Address _____ Address _____

New Hampton, Iowa

Rochester, MN

Telephone (507) 251-0877

Telephone (507) 259-4497

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>Microtel Inn + Suites</u>	Supervisor name <u>Birju Patel</u>	
Position <u>Front Desk Clerk</u>	Employment dates	Pay or salary
Company <u>Rochester Lodging Group</u>	From <u>7-2010</u>	Start <u>8.25</u>
Address <u>4210 Hwy 52 N. Rochester.</u>	To <u>Present</u>	Final <u>10.50</u>
Telephone <u>(507) 286-8780</u>	Your last job title _____	

Reason for leaving (be specific) Still there

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

check guests in and out
Night Audit
Daily computer work

cleaning
take care of breakfast

*front desk
duties
- need something
new.*

Name <u>McLabe Dairy Farm</u>	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From <u>8-1982</u>	Start <u>we received a</u>
Address <u>10505 190th Ave SE</u>	To <u>9-2009</u>	Final <u>milk check</u>
Telephone <u>(507) 827-3156</u>	Your last job title _____	
		Final <u>bi-monthly</u>

Reason for leaving (be specific) We sold the herd

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

milked cows
fed calves
Daily farm duties

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 *the present one I would prefer not could explain if interviewed*

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.

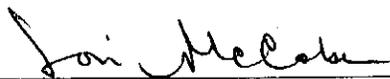
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by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

8-8-14



Preliminary Questions

For CMG use only

Name: Lori McCabe

Date: 8/11/14

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? South
5. What shift to you prefer? 1st

To be completed during interview only

Date of interview 8/11/14

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

Explain

Incident _____

Employee Signature Lori McCabe

Interviewer Signature Kelsey Aditt



RICK & ROSE

Rick and Rose were good friends. They worked together at Reichel Foods.

One day they had a lot of work, and not enough employees, this same day the supervisor asked Rick to pack carrots and ranch in 100 boxes. Rick was worried he could not finish this before the day ended. He was going to ask Rose for help but he noticed she was gone. He knew if she didn't help, the boxes would not get packed on time.

The supervisor saw Rick working very hard and went to ask Rose for help. He looked for her in the cafeteria. When he saw her taking a break, he asked her why she wasn't helping Rick. "I didn't know that he needed help," said Rose, "I will go help him right away."

When Rick saw Rose coming to help he felt happy and supported. "Please don't be afraid to ask me to help. We are good friends and co-workers," she said, "and together we make a great team."

1. Who are Rick and Rose?
 - a. Co-workers
 - b. Good friends
 - c. Both A & B
2. Rick and Rose work at Reichel Foods. True or false? (circle one)
 - a. True
 - b. False
3. Where did the supervisor find Rose?
 - a. Outside
 - b. Working on the line
 - c. In the cafeteria
 - d. In the bathroom
4. How did Rick feel when he saw Rose?
 - a. Mad
 - b. Sad
 - c. Happy
 - d. Confused
5. What lesson did Rick and Rose learn?
 - a. Teamwork
 - b. How to make carrots and ranch
 - c. Communication
 - d. Both A & C



Applicant Interview Score Card

Name Lori Date of Interview 8/11/14

Position/Shift Assignment 1(n.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
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 -

Interviewer: [Signature]
Date: 8/11/14

Total Points 50

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 08/11/2014
Page: 1 of 1

Case Verification Number: 2014223134959NK

Case Information:

Employee Information:

Last Name:	McCabe	First Name:	Lori
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 1197	Date of Birth:	06/19/1961
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Certification of Report of Birth (Form DS-1350)
Document Name:	Driver's license	Document State:	Minnesota
Driver's License or ID Card Number:		Document Expiration Date:	06/19/2016
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	08/11/2014	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	KS1K1977	Submitted On:	08/11/2014

Initial Case Result:

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 By:	Submitted On:

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):

Case Result: Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

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

Closed By:

KSIK1977

Closed On:

08/11/2014

SENSITIVE BUT UNCLASSIFIED

STOP

Employer Completes This Page

STOP

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: McCabe, Lori

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>RM Drivers License</u>		Document Title: <u>Birth Certificate</u>
Issuing Authority:		Issuing Authority: <u>St of MN</u>		Issuing Authority: <u>St of MN</u>
Document Number:		Document Number: <u>E515000 761411</u>		Document Number: <u>1361 AA</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>6-19-16</u>		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>Kelsey Admitt</u>		Date (mm/dd/yyyy): <u>8/11/14</u>	Title of Employer or Authorized Representative: <u>Office manager</u>	
Last Name (Family Name): <u>Sikkink</u>		First Name (Given Name): <u>Kelsey</u>		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):

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):

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:

CERTIFICATE OF BIRTH RECORD

STATE OF MINNESOTA, County of Fillmore (City or Township) Preston

BIRTH NO. <u>122-61-128100</u>	NAME OF CHILD <u>Lori Jean Peirce</u>	DATE OF BIRTH <u>June 19, 1961</u>
PLACE OF BIRTH <u>Lanesboro Village, Fillmore County, Minnesota</u>	SEX <u>Female</u>	
NAME OF FATHER <u>Arlynn LaVaun Peirce</u>	AGE OF FATHER <u>24 years</u>	BIRTHPLACE OF FATHER <u>Minnesota</u>
MADEN NAME OF MOTHER <u>Valerie Jean Myhre</u>	AGE OF MOTHER <u>23 years</u>	BIRTHPLACE OF MOTHER <u>Minnesota</u>
USUAL RESIDENCE OF MOTHER <u>Preston Village, Fillmore County, Minnesota</u>	DATE OF FILING <u>June 26, 1961</u>	

STATE OF MINNESOTA, County of Fillmore, I, Angela D Burrs County Auditor in and for the County and State aforesaid, do hereby certify that the above is a complete and correct copy of the Birth Record as appears in Birth Record J Page 9 Section 7 of the records of this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said office at Preston Minnesota, this 5th day of April 1999.
Angela D Burrs County Auditor
Angela D Burrs Deputy

MINNESOTA DRIVER'S LICENSE

LORI JEAN MCCABE
 10505 190TH AVE SE
 CHATFIELD, MN 55923

Date of Birth 06-19-1961
 Sex F Eyes BLU Hair D
 Height 5-7 Weight 165

ISSUED 06-20-12 EXPIRES 06-19-2016

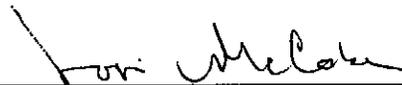
E515000761411

**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.



Individual's Name

8-11-14

Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6