

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 12/16/2014
Page: 1 of 1

Case Verification Number: 2014350122510LZ

Case Information:**Employee Information:**

Last Name:	June	First Name:	Mohamed
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 5143	Date of Birth:	05/08/1993
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	ID card issued by a U.S. federal, state or local government agency	List C Document:	Social Security Card
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Alien Number:

I-94 Number:

Additional Information:

Hire Date:	12/16/2014	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	KSIK1977	Submitted On:	12/16/2014

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:	12/16/2014

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 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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) <u>June</u>		First Name (Given Name) <u>Mohamed</u>		Middle Initial <u>M</u>	Other Names Used (if any)	
Address (Street Number and Name) <u>1505 Marion Rd</u>			Apt. Number <u>106</u>	City or Town <u>Rochester</u>		State <u>MN</u>
Date of Birth (mm/dd/yyyy) <u>05/08/1993</u>		U.S. Social Security Number <u>571-31-5143</u>		E-mail Address <u>mjune0881@gmail.com</u>		Zip Code <u>55904</u>
						Telephone Number

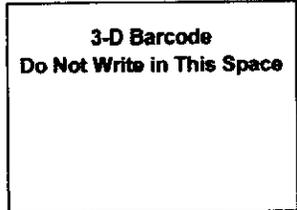
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

- 1. Alien Registration Number/USCIS Number: _____
- OR**
- 2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <u>Mohamed June</u>	Date (mm/dd/yyyy): <u>12-16-2014</u>
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

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



Employer Completes Next Page



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:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: MN ID		Document Title: SS Card
Issuing Authority:		Issuing Authority: St of MN		Issuing Authority: SS Admin
Document Number:		Document Number: L922181310813		Document Number: 579-31-5143
Expiration Date (if any)(mm/dd/yyyy):		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 <i>Kelsey Abbott</i>		Date (mm/dd/yyyy) 12/16/2014	Title of Employer or Authorized Representative Client Services Manager	
Last Name (Family Name) <i>Sikkink</i>		First Name (Given Name) <i>Kelsey</i>	Employer's Business or Organization Name <i>CMG</i>	
Employer's Business or Organization Address (Street Number and Name) 12000 Washington St. Suite 290		City or Town Thornton	State CO	Zip Code 80241

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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2014000042044

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

PLEASE READ THE INSTRUCTIONS ON THE BACK OF THIS FORM BEFORE PROCEEDING
PLEASE PRINT CLEARLY WITH BLACK INK USING ALL CAPITAL LETTERS

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER
 BIRTH DATE (MM/DD/YYYY) 05/08/1979

YOUR LEGAL NAME
 COMPLETE FIRST NAME: Michael
 COMPLETE MIDDLE NAME: James
 COMPLETE LAST NAME: McNamee

PREVIOUS LEGAL NAME (ONLY APPLIES IF YOU CHANGED IT SINCE LAST MN APPLICATION)
 COMPLETE FIRST NAME: _____
 COMPLETE MIDDLE NAME: _____
 COMPLETE LAST NAME: _____

FULL RESIDENCE ADDRESS (WHERE YOU LIVE) (NOTE: MAKE SURE THIS IS A CURRENT AND VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD)
 NUMBER: 1500 Maple Hill APT# _____ MN COUNTY _____
 STREET: PO Box 822 STATE: MN ZIP CODE: 55904
 CITY: Rochester

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)
 NUMBER: 1500 Maple Hill APT# _____ MN COUNTY _____
 STREET: PO Box 822 STATE: MN ZIP CODE: 55904
 CITY: Rochester

APPLICANT'S PHYSICAL DESCRIPTION

EYE COLOR: BRN HEIGHT: 5 FT. 10 IN. WEIGHT IN POUNDS: 140

SEX: MALE FEMALE

This section for DVS OFFICE USE ONLY Triple Check Completed ONLINE

RESTRICTIVE/ENDORSE
 MC ORIGINAL
 MC RENEWAL
 ADD/REMOVE

FEES PAID APPLICATION
 OTHER FEES: 27.75
 MC: \$ _____ SB PHYS: \$ _____
 REIN FEE: \$ _____ OTHER: \$ _____
 ORGAN DONATION: \$ _____

TESTS PASSED (STATE EXAM USE ONLY)
 D
 MC
 MBOP
 GK
 AIR
 COMB
 DBL/TRIPLE
 PASSENGER
 SCHOOL BUS
 TANKER
 HAZMAT
 DWI
 RT Passed
 RT Waived

INDICATORS
 SENIOR
 LTD MOBILITY
 SNOWMOBILE
 FIREARM
 S or TC
 VETERAN

TYPE
 REG
 EDL
 A
 B
 C
 D
 ID
 MBOP
 CDL IP
 REG IP

VISION
 PASS NR
 PASS WITH CL
 INCOMPLETE
 ATTACHED:

PROPER ID
TRU

EDL DOCS
EDL DOCS

INVALIDATED
 DL / ID / IP
 STATE: _____ EXP: _____

Notes: COA - lost and found. 1 DAY mail card.

Application processed by: W. Williams

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.

NT IS A RECEIPT FOR THE TYPE OF CARD INDICATED.

TA STANDALONE IDENTIFICATION DOCUMENT.

pt, in conjunction with an invalidated previous license, in permit or ID card, may be used as identification pt is valid for the type of card indicated, when stamped proper validation stamp, for a maximum of 60 days application date shown above pt is void if the applicant is not in compliance with all ns indicated on the driving record

id as Enhanced Driver's License (EDL) for border 5. ilen and duplicate EDL cards are deactivated and may sed for border crossings.

A dynamic, world-class County delivering excellence every day.

Transaction Total: \$20.25
Cash Tended: \$20.25
Payee Name: JUNE

Payment Total: \$20.25

Receipt #: 00859061
Date: 12/8/2014
Act #: _____
Name: _____
State ID Card
Batch: 43238
Cashier: prism
Office: VITAL0001 Mach ID: 14DA42C8P2
Date: 12/8/2014
Rochester MN 55904
507-328-7660

Vital Records and Licensing
151 4th Street SE
Rochester MN 55904
507-328-7660



UNITED STATES OF AMERICA

No. A2349207

DEPARTMENT OF



DEPARTMENT OF HOMELAND SECURITY

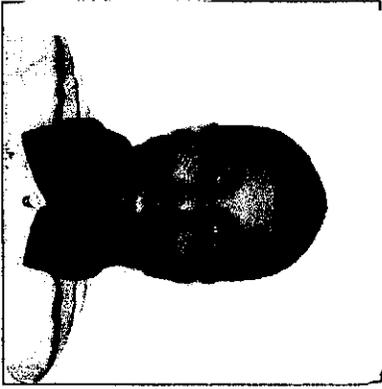
ORIGINAL.

ETS Registration No. A78 792 197

Personal description of holder as of date of issuance of this certificate: Sex MALE, date of birth MAY 8, 1993, country of birth SOMALIA, complexion, color of eyes, color of hair, height 5 feet 8 inches, weight, pounds, visible distinctive marks NONE, marital status SINGLE

I certify that the description above given is true, and that the photograph affixed hereto is a likeness of me

(Complete and true signature of holder)



Seal

Be it known that MOHAMED MOHAMUD JUNE, 1455 MARION RD. SE. #306, ROCHESTER, MN 55904 having applied to the Director of U.S. Citizenship and Immigration Services for a certificate of citizenship pursuant to Section 341 of the Immigration and Nationality Act, having proved to the satisfaction of the Director, that (s)/he is now a citizen of the United States of America, became a citizen thereof on SEPTEMBER 9, 2008, and is now in the United States.

Now therefore, in pursuance of the authority contained in Section 341 of the Immigration and Nationality Act, this certificate of citizenship is issued this 11TH day of AUGUST TWO THOUSAND NINE, and the seal of the Department of Homeland Security affixed pursuant to statute.

IT IS PUNISHABLE BY U. S. LAW TO COPY, PRINT OR PHOTOGRAPH THIS CERTIFICATE, WITHOUT LAWFUL AUTHORITY.

Director, U. S. Citizenship and Immigration Services

Signature of Director, dated 1/65

DEPARTMENT OF HOMELAND SECURITY

YOUR SOCIAL SECURITY CARD

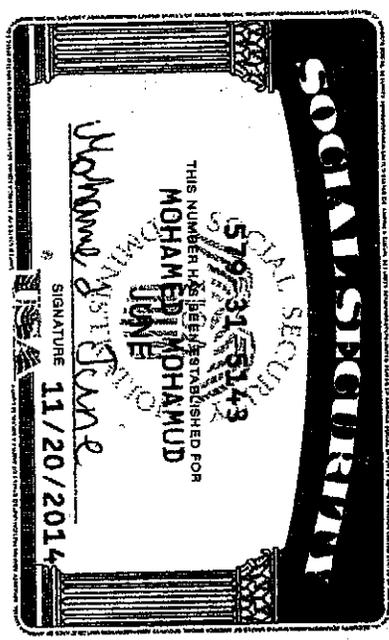
ADULTS: Sign this card in ink immediately.
CHILDREN: Do not sign until age 18 or your first job, whichever is earlier.

Keep your card in a safe place to prevent loss or theft.
DO NOT CARRY THIS CARD WITH YOU.
Do not laminate.

Keep this stub with your personal records. The other side contains important information.

Please note: The date we issued this card is shown below the signature line.

MOHAMED MOHAMUD JUNE
C/O P O BOX 8322
ROCHESTER MN 55903





8850 Tyler Blvd., Mentor, OH 44060 Phone 800-991-9694 Fax (440) 205-8355
 Visit our website at: www.backtracker.com or email us at: btsearches@backtracker.com

BACKGROUND INFORMATION FORM FOR BACKGROUND CHECK

BackTrack, Inc. is an employment screening company that conducts background checks on prospective employees/employees for our clients as part of their standard hiring procedure. In order to perform this check, we need you to provide the following information. Please be sure to fill out this form completely and legibly.

APPLICANT INFORMATION (please print clearly & accurately)							
Position Applying For:				Expected Salary:			
Last Name June		First Name Mohamed		Middle Name Mohamud			
Maiden Name		Any Other Name(s) Used		Phone 507 210-0022			
Home Address P.O Box 8322				E-Mail Address mjune8801@gmail.com			
City Rochester		State MN		Zip 55903	County Olmsted	From Mth/Yr	To Mth/Yr
Social Security Number * 579-31-5143		Date of Birth * 05/08/93		Military Branch of Service			
*For background screening purposes only							
Driver's License Number				State License was Issued			
High School Mayo		City/State Location Rochester, MN		Year Graduated 2012		Full Name Diploma Issued Under	
If GED received, in what State		City/State Location		Date Received		Name Used for GED	
College		City/State Location		Year Graduated			
Degree Rec'd: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Other _____ Student ID Number: _____ Full Name Used _____							
List Previous Addresses (to cover last 7 years)				City/State		Zip	
Address		County		From Mth/Yr		To Mth/Yr	
Address		City/State		Zip			
County		From Mth/Yr		To Mth/Yr			

NOTE: The absence of any of the above information could result in a delay in processing your background. If necessary, a representative from BackTrack, Inc. will contact you for additional information in order to expedite the background process. Thank you for your assistance.

---FOR CLIENT USE ONLY - DO NOT WRITE BELOW THIS LINE---

CLIENT INFORMATION	SERVICES REQUESTED <input type="checkbox"/> RUSH ORDER (\$27 extra charge)
Name:	PACKAGE: <input type="checkbox"/> Level I (employment, education, criminal search, credit or SSN search, driving) <input type="checkbox"/> Level II (employment, criminal search, credit or SSN search, driving) <input type="checkbox"/> Level III (employment, education, criminal search) <input type="checkbox"/> Level IV (employment, criminal search, credit or SSN search) <input type="checkbox"/> Level V (criminal and SSN search) <input type="checkbox"/> Level VI (employment, education, criminal search, credit or SSN search) (Above packages check here for 5 year emp. history <input type="checkbox"/> Check here for only 3 year <input type="checkbox"/>
Title:	
E-Mail Address:	
Company Name:	
Address:	<input type="checkbox"/> Criminal History (county) <input type="checkbox"/> Federal District Search <input type="checkbox"/> Civil Litigation <input type="checkbox"/> Statewide Search (where available) <input type="checkbox"/> CrimeTrack (Criminal Database and National Sex Offender Search) <input type="checkbox"/> GlobalTrack (Patriot Act Search)
City/State/Zip:	
If Applicable, Division or Code #:	<input type="checkbox"/> Credit Report
Phone Number:	<input type="checkbox"/> Employment History <input type="checkbox"/> Education <input type="checkbox"/> Driving Record <input type="checkbox"/> SSN Search
Fax Number:	<input type="checkbox"/> Workers' Comp. <input type="checkbox"/> Military <input type="checkbox"/> Credential <input type="checkbox"/> Bus/Personal Ref.

F14-0904

YOU MUST COMPLETE AND RETURN THE BACKGROUND INFORMATION FORM, THE DISCLOSURE FORM AND THE AUTHORIZATION FORM FOR A BACKGROUND CHECK



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, workers compensation claims or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. Workers compensation will only be requested in compliance with the ADA and/or any other applicable laws.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by BackTrack, Inc., 8850 Tyler Boulevard, Mentor, OH 44060, (800) 991-9694, www.backtracker.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature X Mohamed June Date 12-16-14

Printed Name Mohamed June Company Applying To _____

Form W-4 (2014)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child 	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h3>Employee's Withholding Allowance Certificate</h3> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2014</div>
1 Your first name and middle initial Mohamed M		2 Your social security number 579-31-5143
Last name June		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Married" box.
Home address (number and street or rural route) P.O. Box 8322		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
City or town, state, and ZIP code Rochester, MN, 55903		5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ Mohamed June		Date ▶ 12-16-14
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
10 Employer identification number		



"your workforce management & staffing experts"

Notification of Minnesota Law Requirement- Unemployment Acknowledgement

According to Minnesota Statute section 268.095, subdivision 2, paragraph (d), an applicant who, within five calendar days after completion of a suitable job assignment from a staffing service, (1) fails without good cause to affirmatively request an additional suitable job assignment, (2) refuses without good cause an additional suitable job assignment offered, or (3) accepts employment with the client of the staffing service, is considered to have quit employment.

It is your responsibility to contact CMG (for instance, by calling (866) 920-1425 or using any other form of contact) for additional assignments. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact CMG within 5 calendar days once an assignment ends. I also acknowledge that I have received a separate copy of this form.

MJ (initial)

Mohamed June
Employee Signature:

12-16-14
Date:

Mohamed June
Employee (please print your name here)



ANTI-HARASSMENT POLICY

It is Corporate Management Group's (CMG) policy that all employees should be able to enjoy a work environment free from all forms of discrimination, including harassment. As such, CMG is committed to vigorously enforcing their Anti-harassment Policy. This policy applies to all employees of the organization (without regard to position) and individuals not directly connected to CMG (e.g., an outside vendor, consultant, customer or guest). Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation or veteran status. Harassment is considered a form of discrimination and is specifically included among the prohibitions under Title VII of the Civil Rights Act of 1964. In addition, retaliation or reprisal taken against anyone who has expressed concern about harassment or discrimination against the individual raising the concern is illegal.

The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as "unwelcome sexual advances, requests for sexual favors, sexual comments, or other verbal or physical acts of a sexual or sex-based nature including, but not limited to drawings, pictures, jokes, and/or teasing where (1) submission to such conduct is made either explicitly or implicitly a term or a condition of an individual's employment; (2) an employment decision is based on an individual's acceptance or rejection of such conduct; or (3) such conduct interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment."

The Anti-harassment Policy prohibits harassment and/or retaliation by any individual employed by, doing business with or for, or visiting CMG. Employees who believe they have been the subject of harassment and/or retaliation or an employee who may have been witness to harassment and/or retaliation must report the incident immediately. Information and/or allegations must be reported to a manager of CMG (**by telephoning 866.920.1425 or 303.920.1425**). Only those who have an immediate need to know, including the alleged target of harassment or retaliation, the alleged harassers or retaliators, and any witnesses may find out the identity of the complainant. All individuals contacted in the course of an investigation will be advised that all persons involved in a charge are entitled to respect and that any retaliation or reprisal against an individual who is an alleged target of harassment or retaliation, who has made a complaint, or who has provided information in connection with a complaint, is a separate violation of CMG's policy. All information will be disclosed only on a need-to-know basis to allow CMG to

investigate and resolve the incident. CMG recognizes the serious nature of harassment and therefore will endeavor to protect the employee who may have been subjected to harassment, any witnesses and the party against whom allegations have been filed to every possible extent.

Harassment is unlawful and has a negative impact on employees. Violation of the Anti-harassment Policy will not be tolerated by CMG and may result in discipline up to and including termination. Offensive acts or conduct have no legitimate business purpose; accordingly, any employee, regardless of his/her position within CMG, who it is determined has engaged in such conduct will be made to bear the full responsibility for such unlawful conduct.

With respect to sexual harassment, the following is prohibited:

1. Unwelcome sexual advances, request for sexual favors, and all other verbal or physical conduct of a sexual or otherwise offensive nature, especially where:
 - Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
 - Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
 - Such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment.
2. Offensive comments, jokes, innuendoes and other sexually-oriented statements.

If Harassment Occurs:

1. When possible, confront the harasser and tell him/her to stop. Sometimes a simple confrontation will end the situation.
2. If confrontation is unsuccessful, immediately contact your CMG supervisor to report the harassment.
3. An investigation will be conducted and appropriate action taken, including disciplinary measures. We will investigate, in confidence; all reported incidents of harassment and retaliation.

Employee Signature: Mohamed Aune

Date: 12-16-14

Employee Non-Compete and Confidentiality Agreement

NONCOMPETE

The Employee and Corporate Management Group (CMG) recognize that due to the nature of Employee's engagement hereunder and the relationship of the Employee to CMG, the Employee will have substantial personal contacts with clients of CMG which are likely to result in the development of strong business and personal ties to and goodwill with the Employee rather than CMG and, as a result, it is likely that such clients would follow the Employee in the event the Employee ceases to be employed by CMG. Accordingly, the Employee agrees as follows:

During the term of employment with CMG the Employee shall not, directly or indirectly, either individually or as a partner, agent, employee, stockholder, officer, director, consultant or otherwise, except for the account of and on behalf of CMG, engage in the practice of temporary employment services; nor shall the Employee, in competition with CMG, solicit or otherwise attempt to establish for himself or for any other person, firm or entity any business relationships with any person or entity which was, at any time during the term of this agreement, a client of CMG.

For a period of twelve months after the cessation of employment, for any reason whatsoever, the Employee shall not directly or indirectly, either individually or as a partner, agent, employee, consultant or otherwise, solicit any person or entity to provide or render temporary employment services within the city limits of any city where CMG has clients at the time of cessation of employment.

For a period of twelve months after the cessation of the Employee's employment with CMG for any reason whatsoever, the Employee shall not directly or indirectly, either individually or as a partner, agent, employee, stockholder, officer, director, consultant or otherwise, solicit for employment or employ any person who was an employee of CMG at any time during the term of this agreement.

The parties hereto agree that to the extent that any provision or portion of this Agreement shall be held, found or deemed to be unreasonable, unlawful or unenforceable by a court of competent jurisdiction, then any such provision or portion thereof shall be deemed to be modified to the extent necessary in order that any such provision or portion thereof shall be legally enforceable to the fullest extent permitted by applicable law; and the parties hereto do further agree that any court of competent jurisdiction shall, and the parties hereto do hereby expressly request any court of competent jurisdiction to, enforce any such provision or portion thereof or to modify any such provision or portion thereof in order that any such provision or portion thereof shall be enforced by such court to the fullest extent permitted by applicable law. Any remedy available under this Agreement shall be in addition to, and cumulative with, any remedy available to CMG at law, in equity or otherwise.

IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Name: Mohamed June

Address: _____

Home Phone: _____

Person(s) to contact in case of an emergency on the job (in order of preference):

1. Name: ~~Abdi Dahir~~ ^{mj} Abdi Dahir

Phone (work): _____

Phone (home): 507-990-6882

2. Name: Dali Mohamed

Phone (work): _____

Phone (home): 507-319-2785

Additional information you want CMG and our clients to know in the event of an emergency:

CONFIDENTIAL INFORMATION

The Employee acknowledges that in the Employee's work, the Employee will be making use of, acquiring and adding to confidential information of a special and unique nature and value relating to such matters as, but not limited to, CMG's business operations, internal structure, financial affairs, systems, procedures, manuals, confidential reports and lists of clients, as well as the amount, nature and type of services used and preferred by CMG's clients and the fees paid by such clients, all of which shall be deemed to be confidential information. In consideration of work by CMG, the Employee agrees that during the Employment Period and upon and after ceasing to be employed by CMG for any reason whatsoever, the Employee shall not, for any reason or purpose whatsoever, directly or indirectly, divulge or disclose to any person or entity any of such confidential information which was obtained by the Employee as a result of the Employee's employment with CMG, or any information or knowledge respecting the affairs of CMG or any of its officers, directors, employees, stockholders, agencies or referrers of clients learned or conceived by the Employee while in the employ of CMG, but shall hold all of the same inviolate.

AGREED TO:

Employee's name

Signature: Mohamed June

Printed Name: Mohamed June

Date: 12-16-14

AGREED TO:

Corporate Management Group, Inc.

Signature: Kelsey A. Sikkink

Printed Name & Title: Kelsey A. Sikkink Client Services Manager

Date: 12/16/2014
12000 Washington Street, Suite 290
Thornton, CO 80241



Recruiting Acknowledgement

I understand and acknowledge that Corporate Management Group (CMG) is an Equal Employment Opportunity employer. We believe in treating each employee and applicant for employment fairly and with dignity. We take personnel action on the basis of merit, experience, and potential, without regard to race, color, national origin, sex, marital status, age, religion, disability, sexual orientation, or Vietnam Era veteran status.

CMG is a voluntary participant of the E-Verify program through the U.S. Department of Homeland Security. Each and every applicant that accepts a position with this Company is screened through the E-Verify database. Any person rejected by the E-Verify database as unauthorized to work in the US will not be hired. In addition, it is our strict practice to thoroughly visually inspect all forms of identification for authenticity.

I also understand and acknowledge it is this Company's practice and expectation of our recruiters and hiring managers to hire only those people legally authorized to work in the United States. Any employee disregarding the seriousness of or fails to follow the protocol of this Company's hiring practices and guidelines will be disciplined with the possibility of termination. Any employee of CMG that knowingly and/or willingly hires an unauthorized individual will be terminated.

Mohamed June
Employee Signature

12-16-14
Date

Mohamed June
Print

ACKNOWLEDGMENT

The associate handbook was reviewed with me, and I have received my personal copy. I also acknowledge that I have been given the opportunity to ask questions and express concerns during my orientation. Additionally, I understand and support the following:

1. This handbook is intended as a guide and **not** an employment agreement that creates a contractual relationship, and that the employment relationship may be terminated at the will of either party at any time.
2. The changing needs of the business will require alteration in method, practices and policies, and the company will unilaterally revise, as necessary, to meet these changing needs.
3. I agree to **notify** CMG Human Resources **immediately** of any change in my personal data such as phone number, address, emergency notification, etc.
4. I am responsible for the information provided herein and will, upon my separation, return this handbook to CMG Human Resources.

Date: 12-16-14

Associate's Signature: Mohamed June

Associate's Printed Name: Mohamed June

Social Security #: 579-31-5143

Orientation provided by: Kelsey Adhili