



# Preliminary Questions

For CMG use only

Name: Norberto Neira

Date: 6/7/17

1. If hired are you willing to take a drug test? \_\_\_\_\_
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? \_\_\_\_\_
3. Are you able to work with pork? \_\_\_\_\_

\*To be completed during or after interview\*

Have you ever been convicted, plead guilty or contest to a Felony? Yes  No \_\_\_\_\_

If yes, please list when, where and the nature of the offense(s): 4/18/05 TNN  
I was 16 and had a relationship with a young girl. 12 years ago.

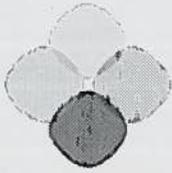
Have you ever been convicted, plead guilty or contest to a Misdemeanor? Yes \_\_\_\_\_ No

If yes, please list when, where and the nature of the offense(s):

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

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

Applicant signature: [Signature] Date: 6/7/17



# employer solutions staffing group LLC

Leveraging Resources in a Changing Market

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## 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 ESSG (for instance, by calling 952.277.5227 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 ESSG within 5 calendar days once an assignment ends. I also acknowledge that I have received a separate copy of this form. NN (Initial)

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Norberto Neira  
Employee (please print your name here)

**MINNESOTA**  
**DRIVER'S LICENSE**



**NORBERTO LAZARD NEIRA**  
827 AURORA AVE  
ST PAUL, MN 55104

Date of Birth 01-03-1969  
Sex M Eyes BRN Class D  
Height 5-10 Weight 185  
ISSUED 06-2017 EXPIRES 01-03-2021



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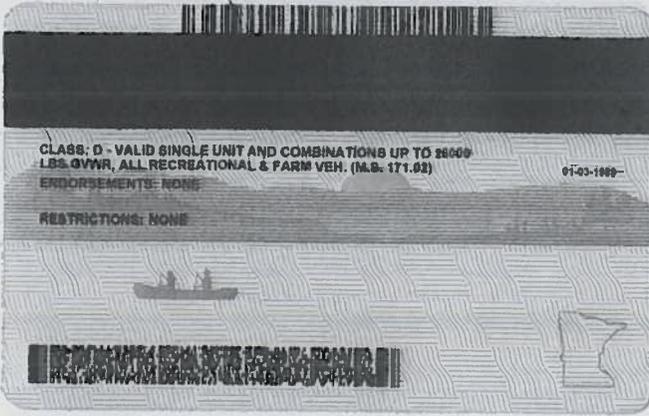
*Norberto Lazard Neira*

**SOCIAL SECURITY**

SOCIAL SECURITY  
975-17-7197

THIS NUMBER HAS BEEN ESTABLISHED FOR  
**NORBERTO LAZARD NEIRA**

*Norberto Lazard Neira*  
SIGNATURE



This card is the official verification of your Social Security number. Please sign it right away. Keep it in a safe place.

Improper use of this card or number by anyone is punishable by fine, imprisonment or both.

This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:  
Social Security Administration  
P.O. Box 17087, Baltimore, MD 21235

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for any business other than returning a found card, it will take longer for us to answer your letter.

Social Security Administration  
Form SSA-3000 (4-95)

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