DISCLOSURE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that 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 number validation, motor vehicle records ("driving records"), verification of your education or employment history, 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. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled 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 obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING's website is at www.orangetreescreening.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.
New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.
Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING's website is at: www.orangetreescreening.com, another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

☐ (Must include email address:_____)

Signature: [signature] Date: 8/16/16

BACKGROUND INFORMATION

Last Name: Haskins Jr. First: Phillip Middle: Dean

Other Names/Alias:

Social Security #*: 555-31-9926 Date of Birth (mm/dd/yyyy)*: 12/27/70

Driver's License #: G 627085345109 State of Driver's License: MN

Present Address: 9 12th ave SW #2 Telephone # (Primary): 507-250-2250

City/State/Zip: Rochester, MN 55902

**This information will be used for background screening purposes only and will not be used as hiring criteria.*

E-Verify

SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2016229095123MV

Report Prepared: 08/16/2016

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Haskins Jr

First Name: Phillip

Date of Birth: 12/27/1970

Social Security Number: *** ** 9926

Hire Date: 08/16/2016

Citizenship Status: A citizen of the United States

Document Information

List B Document: ID card issued by a U.S. federal, state or local government agency

List C Document: Social Security Card

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 08/16/2016

Case Submitted By: KSIK1977

Closed On: 08/16/2016

Closed By: KSIK1977

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

SENSITIVE BUT UNCLASSIFIED

For more information contact us at 888-464-4218 or E-Verify@dhs.gov.

U.S. Department of Homeland Security U.S. Citizenship and Immigration Services

Enable Permanent Tooltips Accessibility Download Viewers

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)*	First Name *(Given Name)*	Middle Initial	Other Names Used *(if any)*
Haskins Jr	Phillip	D	

Address *(Street Number and Name)*	Apt. Number	City or Town	State	Zip Code
9 12th ave SW ~~#2~~	#2	Rochester	MN	55902

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	E-mail Address	Telephone Number
12/27/1970	555-31-9926	filaskins@hotmail.com	507-250-2250

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*)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date *(mm/dd/yyyy)*: 08/16/2016

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

STOP ***Employer Completes Next Page*** STOP

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:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: MN ID Card		Document Title: SS Card
Issuing Authority:		Issuing Authority: St of MN		Issuing Authority: SS Admin
Document Number:		Document Number: G027085345109		Document Number: 555-31-9926
Expiration Date *(if any)(mm/dd/yyyy)*:		Expiration Date *(if any)(mm/dd/yyyy)*: 12/27/2020		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	Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative
Kelsey Addilit	08/14/2016	Client Services Manager

Last Name *(Family Name)*	First Name *(Given Name)*	Employer's Business or Organization Name
Sikink	Kelsey	EMPLOYER SOLUTIONS STAFFING GROUP LLC

Employer's Business or Organization Address *(Street Number and Name)*	City or Town	State	Zip Code
7301 OHMS LANE SUITE 405	EDINA	MN	55439

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

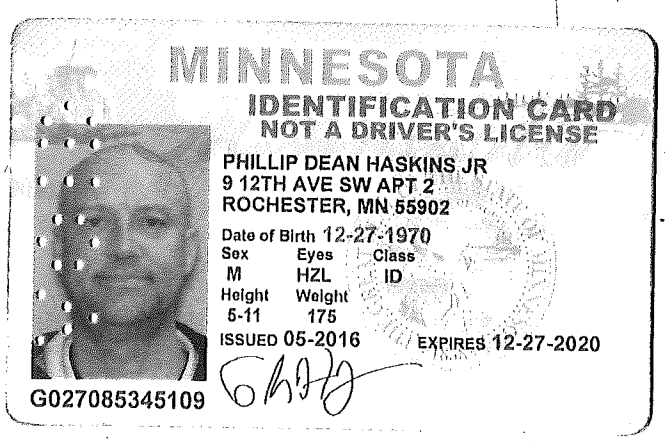
A. New Name *(if applicable)* Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	**B.** Date of Rehire *(if applicable) (mm/dd/yyyy)*:

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:



MINNESOTA

IDENTIFICATION CARD
NOT A DRIVER'S LICENSE

PHILLIP DEAN HASKINS JR
9 12TH AVE SW APT 2
ROCHESTER, MN 55902

Date of Birth 12-27-1970

Sex	Eyes	Class
M	HZL	ID
Height	Weight	
5-11	175	

ISSUED 05-2016 EXPIRES 12-27-2020

G027085345109

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

8/16/16

Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

REICHEL

Employee Photo Release Form

I, Phillip Haskins Jr, 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: _____

Date: 8/16/16

ENTERED

CMG
CORPORATE MANAGEMENT GROUP

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 8/16/16

Name Haskins Jr. Phillip Dean
Last First Middle Maiden

Present address 9 12th ave SW #2
Number Street

Rochester MN 55902
City State Zip

Social Security No. 555 - 31 - 9926

Telephone (507) 250-2250 E-Mail filaskins@hotmail.com

If under 18, please list age _____ Referred by _____

Position applied for (1) Warehouse associate/Materials Handler
and salary desired (2) $14 an hour
(Be specific) with overtime opportunities

Shift available to work
1st X
2nd X
3rd X

Weeds OK KS 8/16

How many hours can you work weekly? 40-50+ Can you work nights? Yes

Employment desired X FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME

When available for work? Sept. 19th or possibly sooner

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
___ No X Yes If so, please explain Have a class next 3 weeks on Tuesdays 9:30am-12:30pm

Do you anticipate any absences from work on a regular basis?
X No ___ Yes If so, please explain _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Mayo	1420 11th ave SE	3	High School Diploma
		Rochester, MN 55904		
College				
Bus. or Trade School				
Professional School				

Revised February 2012

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes X No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? __ Yes X 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 Kelly Services - Mayo Clinic
Position Materials Handler
Company Kelly Services
Address 3131 Valley High Road NW
Rochester, MN 55901
Telephone (507) 538-4949

Supervisor name April Shafa Aly

Employment dates	Pay or salary
From 5/16	Start $14.00/HR
To present	Final $14.00/HR

Your last job title Materials Handler

Reason for leaving (be specific) currently employed - seasonal - end 9/16/16

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Responsible for the proper picking, packing, testing, and movement of inventory supplies for distribution.

Name Roosters Barn & Grille
Position Bar Manager
Company Roosters
Address 2280 Superior Dr. NW
Rochester, MN 55901
Telephone (507)

Supervisor name Ross Manahan

Employment dates	Pay or salary
From 11/13	Start $12.00/HR
To 3/16	Final $13.00/HR

Your last job title Bar Manager

Reason for leaving (be specific) Resigned to pursue new career path

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.
- Manager of night shift bar and wait staff.
- Lead team to high customer satisfaction standards.
- Maintained accurate inventory controls and food/liquor costs at desired numbers.

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: 8/16/16

Preliminary Questions

For CMG use only

Name: Phillip Hawkins

Date: 8/16/16

1. If hired are you willing to take a drug test? y
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? n
3. Are you able to work with pork? y
4. Which plant do you prefer? South
5. What shift to you prefer? 1 or 2

To be completed during interview only

Date of interview 8/16

Have you ever been convicted of a crime? Yes X No ____

Explain

Incident DUI 2/16 - x3

21, 31, recently

Employee Signature ____

Interviewer Signature Kelly Odell