



Employee Photo Release Form

I, Anthony Pro, 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 Name: Anthony Pro

Date: 3/28/16



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5		DATE <u>Mar 28th 2016</u>
Name <u>Pra, Anthony Joni</u> <small>Last First Middle Maiden</small>		
Present address <u>899 Homestead Village Ln SE Apt A</u> <small>Number Street</small> <u>Rochester</u> <u>MN</u> <u>55904</u> <small>City State Zip</small>		
Social Security No. <u>538 37</u> <u>XXX - XX - 4025</u>		
Telephone <u>(507) 271-2925</u>		E-Mail <u>Anthonyjpra@gmail.com</u>
If under 18, please list age _____		Referred by _____
Position applied for (1) <u>Any Position</u> and salary desired (2) <u>\$11.00</u> <small>(Be specific)</small> <u>South 3rd/nd</u>		Shift available to work 1 st _____ 2 nd <u>X</u> 3 rd _____ <u>weekends G.L. (check)</u>
How many hours can you work weekly? <u>40+</u>		Can you work nights? <u>yes and no</u>
Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY <u>X</u> FULL- OR PART-TIME		
When available for work? <u>As soon As Possible</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <u>X</u> No ___ Yes If so, please explain _____		
Do you anticipate any absences from work on a regular basis? <u>X</u> 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 H.S</u>	<u>420 4th Ave SE Rochester</u>	<u>4</u>	<u>H.S Diploma</u>
College		<u>MN</u>		
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? Bus, Friends, Family

Driver's license number _____ State of issue _____

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date _____

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? friend

Please list two references other than relatives or previous employers.

Name Sambath Rath Name ~~Sareth Sok~~ Tara Vang

Position Manager ? Position Dietary Services

Company Kemps Company Mayo

Address _____ Address _____

Telephone (507) 271-8466 Telephone (507) 202-9021

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ___ Yes X 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>Anthony Pra</u>		Supervisor name <u>Eric Lewis</u>	
Position <u>Crew Member</u>		Employment dates	Pay or salary
Company <u>Wendy's Parco</u>		From <u>10 months</u>	Start <u>\$8.00</u>
Address <u>2986 U.S 03 Rochester</u> <u>MN 55904</u>		To <u>2015</u>	Final <u>9.25</u>
Telephone <u>(507) 2823621</u>		Your last job title _____	
Reason for leaving (be specific) <u>Unfair Management, Low Wages</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Grill, Dining Room, Drive Through, Front Counter, etc.</u>			

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.			

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 _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Employment dates</td> <td style="width:50%;">Pay or salary</td> </tr> <tr> <td>From</td> <td>Start</td> </tr> <tr> <td>To</td> <td>Final</td> </tr> </table> Your last job title _____	Employment dates	Pay or salary	From	Start	To	Final
Employment dates	Pay or salary						
From	Start						
To	Final						
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 _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Employment dates</td> <td style="width:50%;">Pay or salary</td> </tr> <tr> <td>From</td> <td>Start</td> </tr> <tr> <td>To</td> <td>Final</td> </tr> </table> Your last job title _____	Employment dates	Pay or salary	From	Start	To	Final
Employment dates	Pay or salary						
From	Start						
To	Final						
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

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: Mar 28th 2016

Julie's Race

The dogsled race was about to begin. Julie's team of dogs was lined up at the starting gate. Julie stood behind them. The air was so cold that she could see her breath. Other teams were lined up, too, and the dogs were excited. Julie kept her eyes on the clock. At exactly ten o'clock, she and the other racers yelled, "Mush!" The dogs knew that meant "Go!" They leapt forward and the race began!

Julie had trained months for this race, and she hoped she and her dogs would win. Hour after hour, day after day, Julie's dogs pulled the sled in order to get in shape for the race.

Now, they ran over snowy hills and down into frozen valleys. They stopped only to rest and eat. They wanted to stay ahead of the other teams. The racers had to go a thousand miles across Alaska. Alaska is one of the coldest places on Earth. The dogs' thick fur coats helped keep them warm in the cold wind and weather. In many places along the route, the snow was deep. Pieces of ice were as sharp as a knife. The ice could cut the dogs' feet. To keep that from happening, Julie had put special booties on their feet.

At first, the dogs seemed to pull the sled very slowly. They were still getting used to the race. But on the third day out, they began to pull more quickly. They worked as a team and passed many of the other racers. Once, one of the sled's runners slid into a hole and broke. Julie could have given up then, but she didn't. She fixed it and they kept going.

When they finally reached the finish line, they found out that they had come in first place! It was a great day for Julie and her dogs.

1. The author of "Julie's Race" wrote the story in order to?
 - a. Describe how dogs stay warm in cold weather.
 - b. Tell about a dogsled race.
 - c. Explain how cold it can be in winter.
2. Where does the dogsled race take place?
 - a. In Antarctica
 - b. On track
 - c. In Alaska
3. What happened BEFORE the dogs began running?
 - a. The dogs pulled sled slowly.
 - b. Julie and the dogs lined up at the starting gate.
 - c. The runner on Julie's sled broke.
4. Julie's team of dogs was lined up at the starting. What does *team* mean?
 - a. Friends and family
 - b. Many dogs
 - c. A group working together

MINNESOTA
INSTRUCTION PERMIT

ANTHONY JONI PRA
899 HOMESTEAD VILLAGE LN SE #A
ROCHESTER, MN 55904

Date of Birth 05-18-1997
Sex M Eyes BRN Class IP
Height 5-6 Weight 180

ISSUED 01-2016 EXPIRES 12-01-2018



UNDER 21

F896084024323

Anthony Pra



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: Proa, Anthony

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Instruction Permit</u>		Document Title:
Issuing Authority:		Issuing Authority: <u>Minnesota</u>		Issuing Authority:
Document Number:		Document Number: <u>F896084024323</u>		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>12-01-2018</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>Garrison Lenz</u>		Date (mm/dd/yyyy) <u>3/28/16</u>	Title of Employer or Authorized Representative <u>Admin Assistant</u>	
Last Name (Family Name) <u>Lenz</u>		First Name (Given Name) <u>Garrison</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:

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: *[Handwritten Signature]* Date: 3/28/16

BACKGROUND INFORMATION

Last Name: Dra First: Anthony Middle: Joni
Other Names/Alias: _____
Social Security #: 538-37-4025 Date of Birth (mm/dd/yyyy)*: 05/19/1997
Driver's License #: _____ State of Driver's License: _____
Present Address: 829 Homestead Village Ln SE A Telephone # (Primary): 507 271-2925
City/State/Zip: Waconia Mn 55404

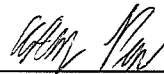
**This information will be used for background screening purposes only and will not be used as hiring criteria.*

**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
3/28/16

Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

MINNESOTA
INSTRUCTION PERMIT

ANTHONY JONI PRA
899 HOMESTEAD VILLAGE LN SE #A
ROCHESTER, MN 55904

Date of Birth 05-19-1997
Sex M
Eyes BRN
Class IP
Height 5-6
Weight 180

ISSUED 01-2016
EXPIRES 12-01-2018



UNDER 21

F896084024323

Anthony PRA



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) <i>Pra</i>		First Name (Given Name) <i>Anthony</i>		Middle Initial <i>J</i>	Other Names Used (if any)	
Address (Street Number and Name) <i>849 Hunstead Village Ln SE</i>			Apt. Number <i>H</i>	City or Town <i>Prochester</i>		State <i>MU</i>
Date of Birth (mm/dd/yyyy) <i>05/12/1997</i>		U.S. Social Security Number <i>538-37-4025</i>		E-mail Address <i>anthonyjpos@gmail.com</i>		Telephone Number <i>507-271-2925</i>

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):

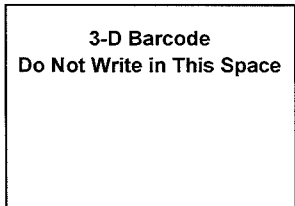
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (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: <i>[Signature]</i>	Date (mm/dd/yyyy): 03/28/16 <i>03/28/16</i>
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AJP

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

