



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>8-17-17</u>
Name <u>Kong Ratha</u>		
<small>Last First Middle Maiden</small>		
Present address <u>1819 S Village Dr - SE.</u>		
<small>Number Street</small>	<small>City</small> <u>Rochester</u>	<small>State</small> <u>MN</u> <small>Zip</small> <u>55904</u>
Social Security No. <u>476 - 43 - 7140</u>		
Telephone <u>(507) 923-7757</u>		E-Mail <u>Rathacheal507@gmail.com</u>
If under 18, please list age _____		Referred by _____
Position applied for (1) <u>any thing openings</u>		Shift available to work
and salary desired (2) <u>\$12.00 or up</u>		1 st <input checked="" type="checkbox"/>
<small>(Be specific)</small>		2 nd _____
		3 rd _____
How many hours can you work weekly? <u>40 or more</u> Can you work nights? _____		
Employment desired ___ FULL-TIME ONLY <input checked="" type="checkbox"/> PART-TIME ONLY ___ 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? ___ No <input checked="" type="checkbox"/> Yes If so, please explain _____		
Do you anticipate any absences from work on a regular basis? ___ No <input checked="" type="checkbox"/> Yes If so, please explain _____		

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Cambodia</u>		<u>12</u>	
College	<u>Cambodia</u>		<u>2</u>	
Bus. or Trade School				
Professional School				

MILITARY

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

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? __ Yes No

Branch _____ Specialty _____

Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name <u>CMG</u>		Supervisor name _____	
Position <u>packer</u>		Employment dates	Pay or salary
Company _____		From <u>7-2016</u>	Start <u>\$12:00</u>
Address <u>Rochester</u>		To <u>9-2016</u>	Final <u>\$12:00</u>
Telephone (____) _____		Your last job title _____	
Reason for leaving (be specific) <u>health problem</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.			

Name <u>Rochester meat</u>		Supervisor name <u>Jemmy</u>	
Position <u>packer</u>		Employment dates	Pay or salary
Company _____		From <u>5/2015</u>	Start <u>\$10:60</u>
Address <u>Rochester</u>		To <u>2/2016</u>	Final <u>\$12:00</u>
Telephone (____) _____		Your last job title _____	
Reason for leaving (be specific) <u>quit</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.			

**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: 8-17-17

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 dock. 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



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017229150837ZD

Report Prepared: 08/17/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Kong

First Name: Ratha

Date of Birth: 01/11/1974

Social Security Number: *** ** 7140

Hire Date: 08/17/2017

Citizenship Status: A citizen of the United States

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

List C Document: Social Security Card

Document Name: Driver's license

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 01/11/2021

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 08/17/2017

Case Submitted By: SHAU7624

Closed On: 08/17/2017

Closed By: SHAU7624

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

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 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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) Kong		First Name (Given Name) Ratha		Middle Initial N/A	Other Last Names Used (if any)	
Address (Street Number and Name) 1819 S. Village Dr. SE			Apt. Number	City or Town Rochester		State MN
ZIP Code 55904		Date of Birth (mm/dd/yyyy) 01/11/1974		U.S. Social Security Number 4 7 6 - 4 3 - 7 1 4 0		Employee's E-mail Address
Employee's Telephone Number (507) 923-7757						

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 boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>N/A</u>
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>N/A</u> Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: N/A
OR
 2. Form I-94 Admission Number: N/A
OR
 3. Foreign Passport Number: N/A
 Country of Issuance: N/A

QR Code - Section 1
 Do Not Write In This Space


Signature of Employee 	Today's Date (mm/dd/yyyy) 8-17-17
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's 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



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

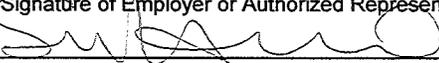
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) Kong	First Name (Given Name) Ratha	M.I. N/A	Citizenship/Immigration Status 1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title N/A		Document Title Driver's license issued by state/territory		Document Title Social Security Card (Unrestricted)
Issuing Authority N/A		Issuing Authority Minnesota		Issuing Authority Social Security Administration
Document Number N/A		Document Number F616029933813		Document Number 476437140
Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) 01/11/2021		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		<div style="border: 1px solid black; padding: 5px; display: inline-block;">Additional Information</div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;"> QR Code - Section 2 Do Not Write In This Space  </div>		
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				

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 		Today's Date (mm/dd/yyyy) 10/8/17/2017	Title of Employer or Authorized Representative Administrative Support	
Last Name of Employer or Authorized Representative Haugerud	First Name of Employer or Authorized Representative Sierra	Employer's Business or Organization Name ESSG		
Employer's Business or Organization Address (Street Number and Name) 7480 Flying Cloud Dr	City or Town Eden Prairie	State MN	ZIP Code 55344	

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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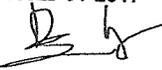
MINNESOTA
DRIVER'S LICENSE



RATHA KONG
1819 S VILLAGE DR SE
ROCHESTER, MN 55904

Date of Birth 01-11-1974
Sex F Eyes BRN Class D
Height 5-3 Weight 160
ISSUED 01-2017 EXPIRES 01-11-2021

F616029933813



SOCIAL SECURITY

SOCIAL SECURITY
476-43-7140

THIS NUMBER HAS BEEN ESTABLISHED FOR
RATHA KONG
ADMINISTRATION

Ratha Kong
SIGNATURE

EMPLOYER SOLUTIONS STAFFING GROUP
BACKGROUND CHECK AUTHORIZATION

f Employee Name: Ratha Kong
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

f Current Address Since: 1819 S Village Dr. SE Roller MN 55904
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: 476-43-7140 DOB: 01-11-1974

Phone Number: 507-923-7757

Driver's License Number/State: FG16029933813

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

f Signature: [Signature] Date: 8-17-17

Notice to CA, MN, and OK Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.

**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.

Ratha Kong
Individual's Name
8-17-17
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6



Employee Photo Release Form

I, am, 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: Pa bo

Date: 8-17-17

MINNESOTA
DRIVER'S LICENSE

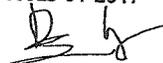


RATHA KONG
1819 S VILLAGE DR SE
ROCHESTER, MN 55904

Date of Birth 01-11-1974
Sex Eyes Class
F BRN D
Height Weight
5-3 160

ISSUED 01-2017 EXPIRES 01-11-2021

F616029933813



SOCIAL SECURITY

SOCIAL SECURITY
476-43-7140
THIS NUMBER HAS BEEN ESTABLISHED FOR
RATHA KONG
ADMINISTRATION

Ratha Kong
SIGNATURE