



Preliminary Questions For CMG use only

Name: Jerica Rodriguez

Date: Aug 30, 17

1. If hired are you willing to take a drug test? yes
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? no
3. Are you able to work with pork? yes

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):

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: Jerica Rodriguez

Date: Aug 30, 17

Authorization

Authorization: By signing below, you authorize: (a) backgroundchecks.com ("BGC") and/or Orange Tree Employment Screening to request information about you from any public or private information source; (b) anyone to provide information about you to BGC and/or Orange Tree Employment Screening; (c) BGC and/or Orange Tree Employment Screening to provide Employer Solutions Staffing Group, LLC one or more reports based on that information; and (d) Employer Solutions Staffing Group, LLC ("ESSG") to share those reports with others for legitimate business purposes related to your employment. BGC and/or Orange Tree Employment Screening may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an employee of ESSG.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for BGC.

Printed name:

Jerica Beth Rodriguez
First Middle (Last
(none)

Other names used: _____

Current county of residence: _____

Current and former addresses:

11/16 current 100 Hasting Ave 101 405 St. Paul Park
from Mo/Yr to Mo/Yr Street City, State & Zip 55071

from Mo/Yr to Mo/Yr Street City, State & Zip

from Mo/Yr to Mo/Yr Street City, State & Zip

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

Date of birth

Social security number

Driver's license number & state

Name as it appears on license

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .

Jerica Rodriguez
Signature

Aug 30, 17
Date

MINNESOTA
IDENTIFICATION CARD
 NOT A DRIVER'S LICENSE

JERICA BETH NEILSON
 600 HASTINGS AVE APT 305
 ST PAUL PARK, MN 55071

Date of Birth 11-06-1988
 Sex F Eyes HZI Class ID
 Height 5-4 Weight 170

ISSUED 08-2017 EXPIRES 11-06-2019

T610272368607

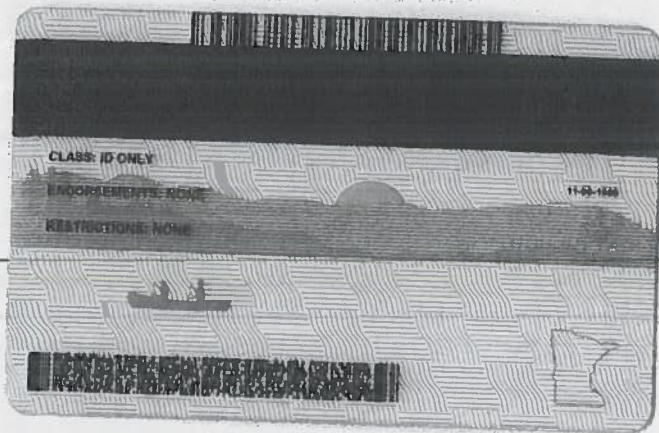
UNITED STATES UNIFORMED SERVICES


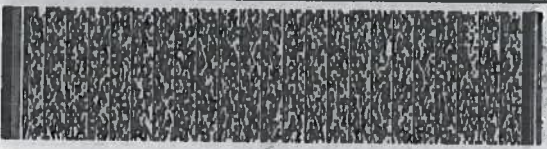
EXPIRATION DATE: 2015JUN14
 SPONSOR SERVICE STATUS: USMC/AD
 MEMBER RANK/PAY GRADE: CPL / E4
 SOCIAL NUMBER: 1298993356
 RELATIONSHIP: SP

RODRIGUEZ PEDRO F

RODRIGUEZ JERICA BETH

IDENTIFICATION AND PRIVILEGE CARD



DATE OF BIRTH 1988NOV06	BENEFITS NUMBER 011798367-01			
				
DATE OF ISSUE 2011JUN15	MEDICAL DIRECT: YES	CIVILIAN YES	EFF DATE 2009NOV16	EXP DATE 2015JUN14
				
DD FORM 1173	OCT 83	CUSD(P&R) OCT 2005 PROPERTY OF US GOVERNMENT		

CERTIFICATION OF BIRTH RECORD

761

Type or Print in
PERMANENT INK
See Hospital
or Physician's
Handbook for
INSTRUCTIONS

REGISTRATION DISTRICT NO. **101**
REGISTERED NUMBER **4073**

STATE OF ILLINOIS

CHILD'S BIRTH NUMBER

CERTIFICATE OF LIVE BIRTH

112-88-095344

CHILD

1. CHILD - NAME FIRST MIDDLE LAST: **Jerica Beth Neilson**
DATE OF BIRTH (MONTH, DAY, YEAR): **2a. November 6, 1988**
HOUR: **2b. 9:25 P** SEX: **M, Female** HOSPITAL - NAME: **4a. SwedishAmerican Hospital**
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Rockford** COUNTY: **4b. Winnebago**

MOTHER

MOTHER - MAIDEN NAME FIRST MIDDLE LAST: **5a. Sherri Anne Martinson**
AGE (AT TIME OF THIS BIRTH): **5b. 20** STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY): **5c. IA**
RESIDENCE STREET AND NUMBER: **6a. Lot 4 Menge Rd.** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **6b. Poplar Grove** INSIDE CITY (YES/NO): **6c. yes** COUNTY: **6d. Boone** STATE: **6e. IL**

FATHER

FATHER - NAME FIRST MIDDLE LAST: **7. Lance Donald Neilson**
AGE (AT TIME OF THIS BIRTH): **8a. 18** STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY): **8b. IL**
MOTHER'S COMPLETE MAILING ADDRESS: **7. Lot 4, Menge Road** CITY OR TOWN: **Poplar Grove** STATE: **IL** ZIP: **61065**

CERTIFIER

I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
SIGNATURE: **9a. Sherri Neilson** RELATION TO CHILD: **9b. mother**
DATE SIGNED (MONTH, DAY, YEAR): **11-7-88**
SIGNATURE: **10a. Clayton Malaker**
CERTIFIER - NAME AND TITLE (TYPE OR PRINT): **10b. Clayton Malaker, M.D.**
ILLINOIS LICENSE NO.: **10c. 75458** NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (TYPE OR PRINT):
MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): **10d. 1601 Parkview Av., Rockford, IL 61107**
LOCAL REGISTRAR'S SIGNATURE: **11a. Joseph [Signature]** DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **11b. NOV 9 1988**

VR100 (1978) ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS (BASED ON 1978 U.S. STANDARD CERTIFICATE)

INTENDED BY THE AUTHORITY OF THE STATE OF ILLINOIS

ISSUED ON October 1 2010

This is to certify that this is a true and correct copy from the official birth record filed with the Illinois Department of Public Health.

Margie M Mullins
MARGIE M. MULLINS
COUNTY CLERK



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE