



TEST RESULTS RECORD

Company Information

Company Name: Corporate Management Group

Address: 12000 N. Washington St, Suite 350, Thornton Colorado 80241

Name of Collector Jamie Thompson Phone 303-920-1425

Donor Information

Last Name Escobedo First Name Stephanie

Reason for test: Pre-employment

Screen Results

Date Collected 6/1/2016

Temperature: Normal (90-100°F)

Test	Pass	Fail
Cocaine (COC)	X	
Marijuana (THC)	X	
Opiate (OPI)	X	
Amphetamine (AMP)	X	
Methamphetamine (MET)	X	

Certification

I hereby agree to submit to a saliva analysis for the purpose of testing for drug metabolites. The specimen provided is my own and has not been substituted or adulterated.

[Signature] 6-1-16 4:00pm
Donor signature Date / Time

I hereby certify the specimen has been provided by the donor above.

[Signature] 6/1/16 4:00pm
Collector signature Date / Time

DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF BACKGROUND REPORTS

It is recognized and understood that the Fair Credit Reporting Act provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses" shall be fined not more than \$2,500 or imprisoned not more than a year, or both.

In connection with my application for EMPLOYMENT (including contract for services), I understand that investigative background inquiries are to be made on me which may include criminal convictions, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences. If I include a current employer for verification, I may jeopardize my position within that company. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from BACKGROUND SOURCE INT'L and/or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract).

Applicant Signature: [Signature] Date: 6-1-16

Please PRINT clearly: Position applied for: _____

Name: Stephanie Escobedo Maiden / AKA: _____
First Middle Last

Soc. Sec. #: 602-76-7144 *Sex: F *Race: _____ *Date of Birth: July 26, 1994

Current Address: 5505 valmont Rd #34 County: _____

City: Boulder State: CO Zip: 80301 How long: Jan 2015 to Present

Previous Address: _____ County: _____

City: _____ State: _____ Zip: _____ How long: _____ to _____

Motor Vehicle Report Fax to: (208)769-7282

Name as it appears: _____ License #: _____ State held: _____

*Responses to these are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the event we discover adverse information during our background investigation. 03/06/01

COLORADO USA

DRIVER LICENSE



1 ESCOBEDO		
2 STEPHANIE		
8 5505 VALMONT RD LOT 34		
BOULDER, CO 80301		
3 DOB	4a Iss	9a Endorsements
07/26/1994	04/15/2016	
4d Customer Identifier	4b Exp	12 Restrictions
11-299-0483	07/26/2021	C
5 DD	Previous Type	9 Vehicle Classifications
16106123410	N	R
15 Sex	16 Hgt	
F	5'-07"	
18 Eyes	17 Wgt	
BRO	205 lb	
19 Hair		
BRO		

S. ESCOBEDO 07/26/1994

