



Preliminary Questions

For CMG use only

Name: Kristina Tonn

Date: 5-26-2017

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 X No _____

If yes, please list when, where and the nature of the offense(s):

2004
2001
~~2000~~
2015

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: Kristina Tonn Date: 5-26-17

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: Kristina Jean Tonn
First Middle (none) Last

Other names used: _____
Current county of residence: _____

Current and former addresses:

<u>1/2017</u> from Mo/Yr	<u>current</u> to Mo/Yr	<u>8682 Hillside Tr.S. Cottage Grove MN 55012</u> Street City, State & Zip
<u>3/2015</u> from Mo/Yr	<u>1/2017</u> to Mo/Yr	<u>1010 W. 1st Ave. Shakopee MN 56379</u> Street City, State & Zip
<u>2/2014</u> from Mo/Yr	<u>3/2015</u> to Mo/Yr	<u>1688 Stillwater Ave. St. Paul MN 55114</u> 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.

04-29-1979 470-98-5857
Date of birth Social security number
YD55277558410 Kristina Jean Tonn
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: .

Kristina J. Tonn 5-26-2017
Signature Date

MINNESOTA
IDENTIFICATION CARD
NOT A DRIVER'S LICENSE



KRISTINA JEAN TONN
7653 HOMESTEAD ST S
COTTAGE GROVE, MN 55016

Date of Birth 04-28-1979
Sex Eyes Class
F HZL ID
Height Weight
5-9 180
ISSUED 01-2017 EXPIRES 04-29-2018
Kristina J. Tonn

Y055277558410

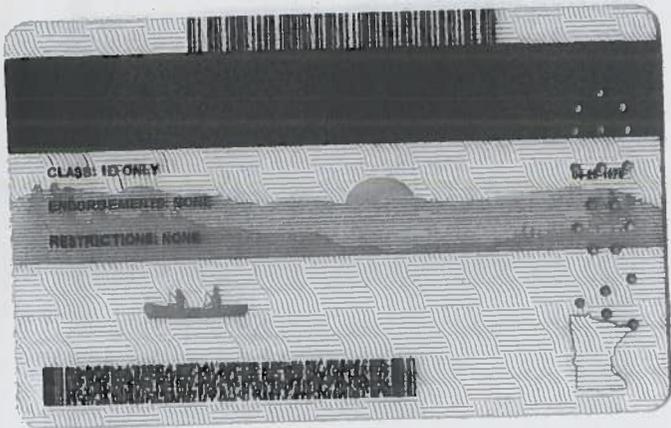
SOCIAL SECURITY

470-98-5857

THIS NUMBER HAS BEEN ESTABLISHED FOR
KRISTINA JEAN
TONN

Kristina Jean Tonn
SIGNATURE 06/22/2016

USA



This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:
Social Security Administration
P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for any business other than returning a found card you will not receive a response.

Social Security Administration
Form SSA-3000 (08-2011)



G68671695



IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION
 APPLICATION RECEIPT

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

Administration Group License Instruction Permit or Identification Card Number: **VD5527775584110** Birth Date (Month/Day/Year): **04/29/1979**

Full Legal Name: **Kristina Jean Tann**

Complete First Name: **Kristina** Complete Middle Name: **Jean** Complete Last Name: **Tann**

Previous Legal Name: (Only appear if you changed it since last MM, Driver's License, EDL, ID or IP Application)

Complete First Name: _____ Complete Middle Name: _____ Complete Last Name: _____

Full Residence Address (where you live) Write: Make sure this is your CURRENT AND VALID ADDRESS. The Post Office will NOT forward your card.

Number: **8182** Street: **Hillside Tr S** Apt# _____

City: **Cottage Grove** State: **WA** Zip Code: **98016** Zip Code: **Wash**

Personal Mailing Address (see #1 on back of when card) Make sure this is a valid address. The Post Office will NOT forward your card. I intend that the U.S. Postal Service will accept this as my Residence Address upon above. INITIAL HERE TO HAVE YOUR CARD SENT TO THE ADDRESS BELOW.

Number: _____ Street: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Applicant's Physical Description: **H** **2** **L** **5** **8** **165** **X**

Eye Color: **H** Hair: **B** Height in Inches: **5** **8** Weight in Pounds: **165** Sex: **M** (Male) **F** (Female)

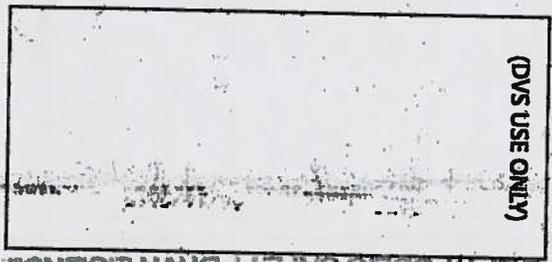
DEPT/PUBLIC SAFETY-DRVR LICENSE

Visit dvs.dps.wa.gov to:

- Check the status of your driving privileges
- Schedule a road test

Questions? Contact Us:

- Driver's License Questions: 651-297-3298
- License Status, available 24/7: 651-284-1234
- DVS Locations: 651-297-2005
- Motor Vehicle Questions: 651-297-2126
- TDD/TTY: 651-282-6555



TYPE	EDL	RX #	TESTS PASSED (STATE EXAM USE ONLY)	RESTRICT/ENDORSE	VISION
<input checked="" type="checkbox"/> REG	<input type="checkbox"/> EDL		<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> PROV <input type="checkbox"/> ID <input type="checkbox"/> MBOP	<input type="checkbox"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADD/REMOVE	<input checked="" type="checkbox"/> PASS NR <input type="checkbox"/> PASS WITH CL <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ATTACHED:
<input type="checkbox"/> CLP <input type="checkbox"/> REG IP	<input type="checkbox"/> DUP <input type="checkbox"/> DUP <input type="checkbox"/> DUP <input type="checkbox"/> DUP <input type="checkbox"/> DUP	<input checked="" type="checkbox"/> D <input type="checkbox"/> MC <input type="checkbox"/> MBOP <input type="checkbox"/> GK <input type="checkbox"/> AIR <input type="checkbox"/> COMB <input type="checkbox"/> DBL/TRIPLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TANKER <input type="checkbox"/> HAZMAT <input type="checkbox"/> DWI	<input type="checkbox"/> SENIOR <input type="checkbox"/> LTD MOBILITY <input type="checkbox"/> SNOWMOBILE <input type="checkbox"/> FIREARM <input type="checkbox"/> S or TC <input type="checkbox"/> VETERAN	<input type="checkbox"/> RT Passed <input type="checkbox"/> STRT Waived	<input type="checkbox"/> FEES PAID APPLICATION \$ 25.25 OTHER FEES \$ SB PHYS \$ REIN FEE \$ OTHER \$ ORGAN DONATION \$
NOTES: Not valid unless Record Indicator				INVALIDATED DL/ID/IP STATE: WA Exp: 2018	

I was provided all agency warnings as required by state and federal law. Submission of this application, constitutes consent to registration with the selective service system. If required by federal law, I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in W.S. § 192.444 regarding the safety of children around school buses.

Kristina Jean Tann Application Date: **04/14/18**

THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATED, AND IS NOT A STANDALONE IDENTIFICATION DOCUMENT

- This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification.
- This receipt is valid for the type of card indicated, when stamped with the proper Validation stamp, for a maximum of 60 days from the application date shown above.
- This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record.
- Not valid as Enhanced Driver's License (EDL) for border crossings.
- Lost, stolen and duplicate EDL cards are deactivated and may not be used for border crossings.

