



Preliminary Questions

For CMG use only

Name: Gold Washington

Date: 08/25/17

1. If hired are you willing to take a drug test? ✓
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):

disorderly conduct - 2015/march, due to cum non violent argument the police were called.
interference w/ investigation - ^{hoping no} 2016 Dec, a false claim in a phone call to the police caused a misunderstanding between ~~magistrates~~ and I

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: Gold Washington Date: _____

EMPLOYER SOLUTIONS STAFFING GROUP
BACKGROUND CHECK AUTHORIZATION

Employee Name: Gold Coitez Washington
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: 02 12 3843 Snelling Ave. Minneapolis MN 55409
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: 02 05 Lafayette IN 47905
(Mo/Yr) (Street) (City) (State/Zip)

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

Social Security Number: 344 76 3527 DOB: 0522 1986

Phone Number: 612 475 7681

Driver's License Number/State: 8973 52 6192 IN

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.

Signature: Gold Washington Date: 08/25/17

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.



MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER

0 5 2 2 1 4 8 6

Full Legal Name

Goldilocks COFFEE 1000 Hennepin Ave

Complete Middle Name

PERSONAL LEGAL NAME (Only appears if you checked it since last MN Driver's License, EDL, ID or IP application)

Complete First Name

Complete Middle Name

Complete Last Name

Full Residence Address (where you live) Note: Make sure this is your CURRENT AND VALID ADDRESS. The post office will NOT FORWARD your card.

Number 3843 Street Snelling Ave S. Apt#

City Minneapolis State MN Zip Code 55404 MN County Hennepin

Optional Mailing Address (see #71 on back of permit copy) Make sure this is a valid address. The post office will NOT FORWARD your card.

I affirm that the U.S. Postal Service will not deliver mail to my Residence Address shown above. INITIAL HERE TO HAVE YOUR CARD SENT TO THE ADDRESS BELOW.

Telephone

City

APPLICANT'S PHYSICAL DESCRIPTION: EYE COLOR: B R N HAIR: S Fr. 1 0 IN. WEIGHT IN POUNDS: 220 MALE FEMALE: 1

Visit dvs.dps.mn.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

(DVS USE ONLY)

PAID

AUG 11 2017

DEPUTY #153

2017994223089

<p>TYPE</p> <p><input type="checkbox"/> REG <input type="checkbox"/> EDL</p> <p><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> PROV <input checked="" type="checkbox"/> ID <input type="checkbox"/> MBOP</p> <p><input type="checkbox"/> CLP <input type="checkbox"/> REG IP</p> <p>INDICATORS</p> <p><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</p>	<p>TESTS PASSED</p> <p>(STATE EXAM USE ONLY)</p> <p><input 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"/> DWT</p> <p><input type="checkbox"/> RT Passed <input type="checkbox"/> RT Waived</p>	<p>RESTRICT/ENDORSE</p> <p><input type="checkbox"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADD/REMOVE</p> <p>FEES PAID</p> <p>APPLICATION \$ 19.05</p> <p>OTHER FEES</p> <p>MC \$ SB PHYS \$ REIN FEE \$ OTHER \$ ORGAN DONATION \$</p>	<p>VISION</p> <p><input type="checkbox"/> PASS NR <input type="checkbox"/> PASS with CL <input type="checkbox"/> INCOMPLETE <input checked="" type="checkbox"/> ATTACHED</p> <p>PROPER ID</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>SSC</p> <p>8/11/17</p> <p>Quinhack</p>
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I was provided all privacy 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 M.S. § 169.444 regarding the safety of children around school buses.

Applicant Signature: *Goldilocks* Application Date: *8/11/17*

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.



97260374

Form SSA-3000 (3-2004)

YOUR SOCIAL SECURITY CARD

Detach the card below and sign it in ink immediately.
Keep your card in a safe place to prevent loss or theft.
DO NOT CARRY IT WITH YOU.
Do not laminate your card.



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017237112123DN

Report Prepared: 08/25/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: washington

First Name: gold

Date of Birth: 05/22/1986

Social Security Number: *** ** 3527

Hire Date: 08/25/2017

Citizenship Status: A citizen of the United States

Document Information

List B Document: ID card issued by a U.S. federal, state or local government agency

List C Document: Social Security Card

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 08/25/2017

Case Submitted By: SGLA8832

SENSITIVE BUT UNCLASSIFIED
