



Drug Screening Test Results

Company Information

Company Name: Corporate Management Group

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

Name of Collector: Shannon Donovan

Donor Information

Donor First & Last Name: Wesley Huth

Reason for Test: Pre-employment Screening

Screen Results

Date Collected: 11/2/21

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 altered.

Wesley Huth _____ 11-2-21
Donor Signature Date

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

Shannon Donovan _____ 11/2/21
Collector Signature Date



employer solutions staffing group

Leveraging Resources in a Changing Market

PAYROLL DEDUCTION AUTHORIZATION

I, Wesley Hutch (Employee)
acknowledge that I owe Employer Solutions Staffing Group for the
following:

- A payroll advance in the amount of \$ _____
 - this advance will be paid back over the next _____ check(s)
- Uniform Deduction in the amount of \$ 70.00
 - this uniform deduction is weekly
 - this uniform deduction is a one-time deduction
- Other one-time deduction for _____ in the amount of \$ _____

I hereby authorize Employer Solutions Staffing Group to deduct the above amount from my paycheck(s) to repay this amount.

Upon termination of my employment, regardless of the reason, I hereby authorize any unpaid amounts to be deducted in full from my final paycheck.

Dated: 11/2/21

Signed: Wesley Hutch

Printed Name: Wesley Hutch