

**DISCLOSURE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING's website is at [www.orangetreescreening.com](http://www.orangetreescreening.com), or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<b>New York and Maine applicants or employees only:</b> You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.
<b>New York applicants or employees only:</b> Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
<b>Oregon applicants or employees only:</b> Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.
<b>Washington State applicants or employees only:</b> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING's website is at: [www.orangetreescreening.com](http://www.orangetreescreening.com), another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

(Must include email address: \_\_\_\_\_)

Signature: Zeljko Nuhanovic Date: 1.18-16  
**BACKGROUND INFORMATION**

Last Name: Nuhanovic First: Zeljko Middle: \_\_\_\_\_  
 Other Names/Alias: \_\_\_\_\_  
 Social Security #: 128-84-4832 Date of Birth (mm/dd/yyyy)\*: 06-30-1972  
 Driver's License #: H13234834 State of Driver's License: Nebraska  
 Present Address: 825 W Silver Lake Dr NE Telephone # (Primary): (507) 271-8198  
 City/State/Zip: Rochester MN 55906

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

UNITED STATES OF AMERICA

**SOCIAL SECURITY**

THIS NUMBER HAS BEEN ESTABLISHED FOR

**126-84-4832**

ZELJKO NUHANOVIC

*Zeljko Nuhanovic*

SIGNATURE

5/29/2008

DAVE HOLTMAN, GOV

**NEBRASKA** LIMITED TERM

**OPERATORS LICENSE**

4d License No. H13234834 4a ISS 03-31-2014

3 DOB 06-30-1972 4b EXP 01-28-2019

9a End NONE 9 Class 0

12 Rest NONE

16 Sex M 16 Hgt 601

18 Eyes HAZ 17 Wgt 180

19 Hair BAL

1 ZELJKO NUHANOVIC

8 4749 S 83RD ST APT 52

OMAHA, NE 68127

5 DID 054000124100000

DONOR

NEBRASKA



SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2016018123840FH**

Report Prepared: 01/18/2016

**Company Information**

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Company ID: 47429

Company Name: Employer Solutions Staffing Group

**Employee Information**

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Last Name: Nuhanovic

First Name: Zeljko

Date of Birth: 06/30/1972

Social Security Number: \*\*\* \*\* 4832

Hire Date: 01/18/2016

Citizenship Status: A lawful permanent resident

**Document Information**

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List B Document: Driver's license or ID card issued by a U.S.  
state or outlying possession

List C Document: Social Security Card

Alien Number: 071720936

Document Name: Driver's license

Document State: Nebraska

Driver's License or ID Card Number: H13234834

Document Expiration Date: 01/28/2019

**Case Status Information**

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Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 01/18/2016

Case Submitted By: GLEN1037

Closed On: 01/18/2016

Closed By: GLEN1037

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

SENSITIVE BUT UNCLASSIFIED



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name) <u>Nuhancovic</u>		First Name (Given Name) <u>Zeljko</u>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <u>825 W Silver Lake dr NE</u>			Apt. Number	City or Town <u>Rochester</u>	State <u>MA</u>	Zip Code <u>55906</u>
Date of Birth (mm/dd/yyyy) <u>06.30.1972</u>	U.S. Social Security Number <u>128-84-4932</u>	E-mail Address <u>cro151@gmail.com</u>			Telephone Number <u>(507) 271-8198</u>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

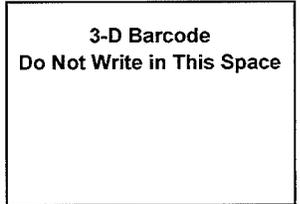
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): 071720936
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_ . Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <u>Zeljko Nuhancovic</u>	Date (mm/dd/yyyy): <u>01-18-16</u>
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):		
Last Name (Family Name)			First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code	



**Employer Completes Next Page**



**DRUG AND ALCOHOL  
TESTING CONSENT FORM**

1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.

2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events as described in the policy may result in adverse personnel action, including my termination from employment with ESSG. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.

3. I hereby voluntarily consent to ESSG, or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath, or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by ESSG may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to ESSG of the results of my drug and/or alcohol test and other information related to the test.

Zeljko Nuharovic  
Individual's Name  
1-18-16  
Date

**SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6**



**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Naharovic, Zeljko

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Driver's License</u>		Document Title: <u>Social Security Card</u>
Issuing Authority:		Issuing Authority: <u>Nebraska</u>		Issuing Authority: <u>SSA</u>
Document Number:		Document Number: <u>H13234834</u>		Document Number: <u>128-84-4832</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>01/28/2019</u>		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode**  
Do Not Write in This Space

**Certification**

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Garrison Lenz</u>		Date (mm/dd/yyyy) <u>1/19/2016</u>	Title of Employer or Authorized Representative <u>Administrative Assistant</u>	
Last Name (Family Name) <u>Lenz</u>		First Name (Given Name) <u>Garrison</u>		Employer's Business or Organization Name <b>EMPLOYER SOLUTIONS STAFFING GROUP LLC</b>
Employer's Business or Organization Address (Street Number and Name) <b>7301 OHMS LANE SUITE 405</b>			City or Town <b>EDINA</b>	State <b>MN</b>
			Zip Code <b>55439</b>	

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

**SOCIAL SECURITY**

THIS NUMBER HAS BEEN ESTABLISHED FOR

126-84-4832

ZELJKO NUHANOVIC

*Zeljko Nuhanovic*

SIGNATURE

10/01/2008

**NEBRASKA** www.dmv.ne.gov **USA NE** **LIMITED TERM**

**OPERATORS LICENSE**

4d License No. **H13234834** 4b ISS **03-31-2014**

3 DOB **06-30-1972** 4b EXP **01-28-2019**

9a End **NONE** 9 Class **O**

12 Rest. **NONE**

15 Sex **M** 16 Hgt **601** 17 Wgt **180**

18 Eyes **HAZ** 19 Hair **BAL**

1- **ZELJKO NUHANOVIC**

8- **4749 S 83RD ST APT 52**

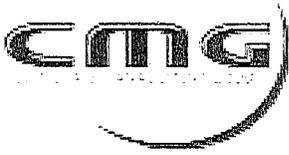
**OMAHA, NE 68127**

5 DD **054000124100000**

*Zeljko Nuhanovic*

**DONOR**

Dave Hansman, Governor



# Preliminary Questions

For CMG use only

Name: Zeljko Nuhancovic

Date: 1/18/16

1. If hired are you willing to take a drug test? Y
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? N
3. Are you able to work with pork? Y
4. Which plant do you prefer? gauth
5. What shift to you prefer? 2nd

**\*To be completed during interview only\***

Date of interview 1/18/16

Have you ever been convicted of a crime? Yes      No ✓

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wojciech

\_\_\_\_\_

\_\_\_\_\_

se Form

picture for internal security purposes. I also  
y photo be removed from the company

2020



ENTERED

1/18/16  
@ 11:30

# Zeljko Nuhanovic

To find career opportunity where my experience and skills will be essential to a company

Rochester, MN

CroRi51@gmail.com - 507-2718198

.Customer service/Sales

Willing to relocate: Anywhere

Authorized to work in the US for any employer

## WORK EXPERIENCE

### Used Car Salesman

Northgate Imports - Rochester, MN - March 2006 to December 2015

Welcome customers

Listening to the customer's concerns, wants and needs

Suggest ideal vehicle models

Emphasize on vehicle features

Negotiate vehicle price

Educate customers of available finance options

Maintain daily sales records and reports

### Used Car Salesman

Tom Kadlec Honda - Rochester, MN - April 2004 to February 2006

Work in a team and as an individual

Research information

Maintain daily records and reports

Answer questions in a professional and timely manor

Accompanied in test drives

### Client Service Representative

Channel One Food Bank - Rochester, MN - May 2003 to December 2003

Determine client's eligibility of food assistance

Determine amount of food for household size

Supervised volunteers

Train new hires or volunteers

Replenish shelves

Maintain monthly invoices and reports

### Maintenance Supervisor

IBM - Rochester, MN - October 1998 to November 2001

Operated forklift when needed

Supervised a group of 10 workers

Various maintenance duties for a processing plant

Staff scheduling

Trained new hires

Schedule weekly meeting

## EDUCATION

Technical School Center  
1988 to 1992

### **High school diploma**

Braja High School

## ADDITIONAL INFORMATION

### Skills

Bilingual in Croatian, Bosnian, and Italian, excellent listening skills, enjoy new projects, fast learner, adaptability to change, work well with a team and alone



## CMG APPLICATION FOR EMPLOYMENT

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED**

PLEASE COMPLETE PAGES 1-5		DATE _____								
Name <u>Nuhanovic Zeljko Nuhanovic</u>										
Last First Middle Maiden _____										
Present address <u>925 W silver lake dr. NE</u>										
<table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;">Number Street</td> <td style="border: none; text-align: center;">City</td> <td style="border: none; text-align: center;">State</td> <td style="border: none; text-align: center;">Zip</td> </tr> <tr> <td style="border: none; text-align: center;"><u>Rochester</u></td> <td style="border: none; text-align: center;"><u>MN</u></td> <td style="border: none; text-align: center;"><u>55906</u></td> <td style="border: none;"></td> </tr> </table>			Number Street	City	State	Zip	<u>Rochester</u>	<u>MN</u>	<u>55906</u>	
Number Street	City	State	Zip							
<u>Rochester</u>	<u>MN</u>	<u>55906</u>								
Social Security No. <u>128 - 84 - 4832</u>										
Telephone <u>(507) 271-8198</u>		E-Mail _____								
If under 18, please list age _____		Referred by _____								
Position applied for (1) <u>Warehouse</u>		Shift available to work								
and salary desired (2) <u>12.00</u>		1 <sup>st</sup> _____								
(Be specific) <u>night 2nd</u>		2 <sup>nd</sup> <u>X</u>								
		3 <sup>rd</sup> _____								
		<u>Weekends</u> ✓ <u>6/1</u>								
How many hours can you work weekly? _____		Can you work nights? _____								
Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input checked="" type="checkbox"/> FULL- OR PART-TIME										
When available for work? <u>asap or 1.26.16</u>										
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____										
Do you anticipate any absences from work on a regular basis? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____										

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes \_\_\_ No

What is your means of transportation to work? bus then car

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_

Operator  Commercial (CDL) \_\_\_ Chauffeur \_\_\_

Expiration date 1.28.2019

Have you had any accidents during the past three years? \_\_\_ Yes  No

If so, how many? \_\_\_\_\_

Have you had any moving violations during the past three years?  Yes \_\_\_ No

If so, how many? 2

Please list two references other than relatives or previous employers.

Name Selma Hajlakovic Name Karl Olsen

Position Phlebotomy Position \_\_\_\_\_

Company Mayo Company Zumbro Valley

Address Rochester MN Address Rochester MN

Telephone (507) 993-3031 Telephone (507) 289-2089

APPLICATION FOR EMPLOYMENT

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD?  Yes  No

Branch Army Specialty Ingeneering

Date Entered 1990 Discharge Date 1992

**WORK EXPERIENCE**

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____	
	Employment dates	Pay or salary
	From	Start
	To	Final
Your last job title _____		
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____	
	Employment dates	Pay or salary
	From	Start
	To	Final
Your last job title _____		
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

## APPLICATION FOR EMPLOYMENT

### WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

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Employment dates	Pay or salary								
From	Start								
To	Final								
Your last job title _____									
Reason for leaving (be specific) _____									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.									

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From	Start								
To	Final								
Your last job title _____									
Reason for leaving (be specific) _____									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.									

May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

**PLEASE READ CAREFULLY  
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant Zelko Nuhanozic Date: 1-18-16



# Applicant Interview Score Card

Name Zeljko Nuhanic Date of Interview 1/19/16

Position/Shift Assignment X Stand by Position \_\_\_\_\_

Rating Weak (1) to Strong (5)

- |  |           |
|--|-----------|
| 1. Understanding of English conversation   | 1 2 3 4 5 |
| 2. Speaks English Fluently   | 1 2 3 4 5 |
| 3. Work experience related to job-food industry  | 1 2 3 4 5 |
| 4. Work history-working presently, yrs in workforce  | 1 2 3 4 5 |
| 5. Criminal Background information   | 1 2 3 4 5 |
| 6. Possesses required New Hire documentation (I9)  | 1 2 3 4 5 |
| 7. Personality-friendly, pleasant, sense of humor  | 1 2 3 4 5 |
| 8. Appearance-well groomed, cleanliness  | 1 2 3 4 5 |
| 9. Meets requirements to work w/pork, peanuts & soy  | 1 2 3 4 5 |
| 10. Shift availability-prefers shift that is available for<br>Open positions, willing to be flexible to shifts available | 1 2 3 4 5 |

Total possible points **50** pts. Total points scored \_\_\_\_\_

Former Employer Rating Bonus Points 1-20 \_\_\_\_\_

Interviewer: [Signature] Total Points \_\_\_\_\_

Date: 1/19/16

Name: Zeljko Nuhanovic

# Achoo!

by Cynthia Sherwood

Achoo! We all sneeze sometimes. Sneezing is a reflex that your body does automatically. That means you cannot make yourself sneeze or stop one once it has started. When you sneeze, your body is trying to get rid of bad things in your nose, such as bacteria. You have extra germs when you have a cold, so you sneeze a lot more. You might also sneeze when you smell pepper!

Inside your nose, there are hundreds of tiny hairs. These hairs filter the air you breathe. Sometimes dust and pollen find their way through these hairs and bother your nasal passages. The nerves in the lining of your nose tell your brain that something is invading your body.

Your brain, lungs, nose, mouth, and the muscles of your upper body work together to blow away the invaders with a sneeze. When you sneeze, germs from your nose get blown into the air. Using a tissue or "sneezing into your sleeve" captures most of these germs. It is very important to wash your hands after you sneeze into them, especially during cold and flu season.



Do you ever sneeze when you walk into bright sunlight? Some people say that happens to them often. Scientists believe the UV rays of the sun irritate the nose lining of these people so they sneeze.

If someone nearby sneezes, remember to tell them "Gesundheit!" That is a funny-looking word which is pronounced "gezz-oont-hite." It is the German word that wishes someone good health after sneezing.

Name: Zeljko Nuhonovic

## Achoo Reading Test

(Circle the correct answer)

1. Why do people sneeze?
  - a. The tiny hairs in your nose tickle
  - b. Your body is trying to get rid of bad things
  - c. You can make yourself sneeze when you want to
  
2. What are the 3 parts of your body work together with your upper body to sneeze?
  - a. Hand, Elbow, Shoulder
  - b. Ankle, Knee, Hip
  - c. Brain, Lungs, Mouth
  
3. What other things can make you sneeze?
  - a. Pepper, Sun, Dust, and Pollen
  - b. Water, Pop, Flowers, Trees
  - c. Salt, Seasonings, Meat, Fruit
  
4. What is a German word that people often say to someone that sneezes?
  - a. Good Job
  - b. Gesundheit
  - c. Hang in there
  
5. What should you do after you sneeze into your hands especially during cold and flu season? This should also be done in the production area!
  - a. Wipe them with a tissue
  - b. Nothing
  - c. Wash your hands