www.esgstaffingsolutions.com

ESSG

employer solutions staffing group

PO Box 46270
Eden Prairie, MN 55344-9956
Tel: 952.835.1288

New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name **Caballero**   First Name **Wilson**   Middle Initial **F**

Street Address **1288 EDGERTON ST**   Apt/Ste _____

City/State/Zip **ST PAUL, MN, 55130**   Social Security Last Four XXX-XX-**9843**

Phone Number **(209) 604-8944**   Email Address **Caballero.wilson209@gmail.com**

Staffing Agency/Recruitment Partner _____

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Are you legally authorized to work in the United States of America? ☒ YES ☐ NO

Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. 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 ESSG policies.

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

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

WILSON
Name (Print or type)

(signature)
Applicant's Signature

9-21-17
Date

A copy or facsimile ("fax") will be considered the same as an original signature. Email will ONLY be used for employment correspondence

Drug & Alcohol Testing Consent Form for Applicants Who Have Received a Conditional Offer of Employment – MRO

Acknowledgement Receipt

I acknowledge that I have received a job offer from Corporate Management Group (CMG) conditioned upon my submitting to and passing a drug and alcohol test. I have also received, read and understand Corporate Management Group's Policy and Procedure an at – will basis and that this policy does not alter the at – will nature of the employment relationship.

I herby agree to submit to drug and alcohol testing under the Company's policy.

I also understand that test results and other information acquired in the drug and alcohol testing process may be disclosed to and discussed with a Medical Review Offices (MRO). I herby consent to such test results and other information being disclosed to and discussed with an MRO.

Date: 9-21-2017

Wilson Caballero
Employee Signature

WILSON CABALLERO
Employee Name (Printed)

Date: 9/21/17

[signature]
Witness Signature

Enca Valencia
Witness Name (Printed)

TEST RESULTS RECORD

Test Reference Number **MD-56161** Name of Collector **Enca Valencia**

COMPANY INFORMATION

Company Name **Corporate Management Group** Phone **651-606-383** Fax _____

Address **464 Broadway Ave.** City **St. Paul Park** State/Province **MN** Zip/Postal Code **55071**

DONOR INFORMATION

Last Name **Caballero**   Employee I.D. _____

First Name **Wilson**

Type of Identification Provided: ☐ Driver's License   ☐ Employee Photo I.D.   ☐ Other _____

Reason for test: ☒ Pre-employment   ☐ Random   ☐ Reasonable cause   ☐ Post-accident   ☐ Other _____

CERTIFICATION

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and alcohol.

Donor signature _**Wilson Caballero**_   Date / Time **9/21/17**

I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.

Collector signature _____   Date / Time **9/21/17 2:30pm**

Laboratory signature _____   Date / Time received **9/21/17 2:45pm**

TEST RESULTS

Date/Time Collected **9/21/17 2:30pm**

Time Interpreted **9/21/17 2:45pm**

NOTE: Lab personnel obtain specimen samples by puncturing the lab extraction ports on the side of device with a needle and syringe and drawing out the sample.

Side of Device

<LAB EXTRACTION PORTS>

Lab extraction ports
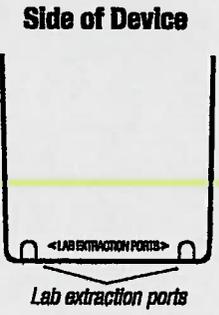
Cut out this panel to copy or scan results

Neg.

Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC	☐	☐	☐
Amphetamine	AMP	☐	☐	☐
Buprenorphine	BUP	☐	☐	☐
Benzodiazepine	BZO	☐	☐	☐
Cocaine	COC	☐	☐	☐
EDDP	EDDP	☐	☐	☐
Marijuana	THC	☐	☐	☐
Methadone	MTD	☐	☐	☐
Methamphetamine	MET	☐	☐	☐
Opiates	OPI	☐	☐	☐
Oxycodone	OXY	☐	☐	☐
Phencyclidine	PCP	☐	☐	☐
_____	____	☐	☐	☐
_____	____	☐	☐	☐

Notes / Comments _____

_____

_____

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