



CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri

Office Number: 507-923-4955

Office Address: 3707 Commercial Dr. SW Rochester, MN 55902

Applicant Information

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

Please fully complete pages 1-3

Full Name: (Last Name, First Name) BURRIS, ANSON Date: 12-18-19

Address: (Street Address) 1523 6TH AVE SE 1 (Apt./Unit #) B

(City) ROCHESTER (State) MN (ZIP Code) 55904

Phone: (218) 258-3030 Email: ANSON.PETER.BURRIS1967@GMAIL.COM

Social Security No. 321-72-1488 Date Available: 12-23-19

Position Applied for: ANY AVAILABLE Desired Salary: 1415 hr

Shift Available to work: 1st 2nd 3rd Employment desired: Full-Time Part-Time

Are you authorized to work in the U.S? Yes No

How did you hear about us? FACEBOOK Referral Name: _____

If under 18, please list age: _____

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? No Yes

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	LASALLE TOWNSHIP	LASALLE, IL 61301	4	MATH GENERAL
College	ILL. VAL. COL.	OGLESBY, IL 61348	0	MATH
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: DYNAMIC DRYWALL Phone: (701) 330-0783
Address: GRAND FORKS SD. Supervisor: KEVIN RYGG
Job Title: GENERAL LABOR Starting Salary: \$16 Ending Salary: \$17
Responsibilities: HANG DRYWALL, PAINT, PUNCH LIST, CLEAN
From: 2-17 To: 11-19 Reason for Leaving: TOO FAR AWAY
May we contact your previous supervisor for reference? Yes No

Company: LABOR READY Phone: _____
Address: ROCHESTER Supervisor: _____
Job Title: GENERAL LABOR Starting Salary: \$12 Ending Salary: \$13
Responsibilities: A LOT OF DIFFERENT, LABORER, UNLOADER, PUT AWAY
From: 9-14 To: 11-16 Reason for Leaving: FOUND BETTER JOB
May we contact your previous supervisor for reference? Yes No

Company: SAMS CLUB DISTR. CNTN Phone: _____
Address: OLD SHAHOPE RD, BLOOMINGTON, MN Supervisor: ERIC
Job Title: FORKLIFT DRIVER Starting Salary: \$17 Ending Salary: \$17
Responsibilities: LOADING & UNLOADING TRAILERS
From: 4-13 To: 10-13 Reason for Leaving: JOB DISTANCE TOO FAR FROM HOME
May we contact your previous supervisor for reference? Yes No

Company: WAL-MART DISTR. Phone: (815) 664-1100
Address: SPRING VALLEY, IL 61362 Supervisor: DOUG COLMONES
Job Title: FORKLIFT DRIVER Starting Salary: \$14 Ending Salary: \$17
Responsibilities: LOAD & UNLOAD TRAILERS
From: 2-09 To: 2-13 Reason for Leaving: RELOCATED
May we contact your previous supervisor for reference? Yes No

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: [Signature] Date: 12/18/25

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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  Date: 12/18/19

EMPLOYMENT EXPERIENCE (CONTINUED)

CNC Machine Operator

1 Year

- Set up, operated, or tended machines; monitoring their operations
- Measured dimensions of finished workpieces to ensure conformance to specifications, using precision measuring instruments, templates, and fixtures.
- Mounted, installed, aligned, and secured tools, attachments, fixtures, and workpieces on machines, using hand tools and precision measuring instruments.
- Stopped machines to remove finished workpieces or to change tooling, setup, or workpiece placement, according to required machining sequences.
- Transferred commands from servers to computer numerical control (CNC) modules, using computer network links.
- Checked to ensure that workpieces were properly lubricated and cooled during machine operation.

Punch Press Operator

2 Years

- Examined completed workpieces for defects, such as chipped edges or marred surfaces and sorted defective pieces according to types of flaws.
- Measured completed workpieces to verify conformance to specifications, using micrometers, gauges, calipers, templates, or rulers.
- Set stops on machine beds, changed dies, and adjusted components, such as rams or power presses, when making multiple or successive passes.
- Set up, operated, or tended machines to saw, cut, shear, slit, punch, crimp, notch, bend, or straighten metal or plastic material.
- Performed set-up duties according to job specifications

EMPLOYMENT

<i>Carpenter (Sub-Contractor)</i>	Kevin Rygg	Akeley, MN
<i>Drywall Installer/Painter</i>	Dynamic Drywall & Painting, Inc.	Grand Forks, ND
<i>Forklift Operator</i>	Cleanwater Paper	Elwood, IL
<i>CNC Machine Operator</i>	Mimis Machine Shop	Granville, IL
<i>Forklift Operator</i>	Sam's Club	Bloomington, IL
<i>Forklift Operator</i>	Walmart Distribution Center	Spring Valley, IL
<i>Punch Press Operator</i>	Hobbs, Inc.	Spring Valley, IL

EDUCATION

Mathematics	Illinois Valley Community College, Oglesby, IL	1 Year
High School Diploma	La Salle-Peiru Twp High School	La Salle, IL



New Employee Acknowledgement Form

Welcome to CMG and Reichel Foods!

As a new employee, you will be provided with the website, username and password to view the new hire forms that you signed during your CMG interview. Please sign and date the bottom of the sheet stating that you received your login information.

CMG/ ESSG / Reichel Foods Handbook

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

Website: <https://nhov2.esgazure.com/login/cm>

Login Name: _____

Login Password: _____

I hereby acknowledge that I have been provided with the login information to view the items listed above. I understand that it is my responsibility to read and follow each document provided to me and that if I have any questions concerning the times or its content, that it is my responsibility to address my questions with my supervisor or CMG representative, and hereby waive any claim, now or in the future, that I did not receive, did not read or did not comprehend the items or their contents.

Signature: _____

Date: 12/18/19

AUTHORIZATION TO RELEASE INDUSTRIAL HEARING TEST RESULTS

I understand that a successful hearing test is a condition of my employment by Employer Solution Staffing Group, LLC. to work at the facility of Reichel Foods, Inc., and further, that Employer Solutions Staffing Group may, at its discretion, share the results of any such hearing test with Reichel Foods Inc.

I also understand that Employer Solutions Staffing Group may, at its discretion, conduct periodic hearing tests on me during the course of my employment with Employer Solutions Staffing Group and I consent to such tests.

First Name: JASON

Middle Name: P

Last Name: BURRIS

Social Security Number: 321-77-7488

Date of Birth: 02-13-67

Gender (Circle one): Male Female

My Signature: [Handwritten Signature]

Today's Date: 12/18/19

Employee Photo Release Form

I, _____, agree to let Reichel Foods use my picture for internal security purposes. I also agree to submit a written request to Reichel Foods if/when I wish my photo be removed from the company database.

Employee Signature Name: [Handwritten Signature]

Date: 12/18/19



Employment Eligibility Verification
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
 Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1: Employee Information and Attestation (Employers must complete and sign Section 1 of this form no later than the first day of employment of the employee, except for contractors and subcontractors.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][]-[][]-[][][][]		Employee's E-mail Address		Employee's Telephone Number	

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 boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write in This Space </div>	

Signature of Employee _____	Today's Date (mm/dd/yyyy) _____
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Preparer and/or Translator Certification (Check one)

I am the preparer or translator of this form. I have assisted the employee in completing Section 1 of this form and that to the best of my knowledge the information is true and correct.

I am not the preparer or translator of this form. I have assisted the employee in completing Section 1 of this form and that to the best of my knowledge the information is true and correct.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator _____		Today's Date (mm/dd/yyyy) _____	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



EMERGENCY CONTACT INFORMATION

EMPLOYER SOLUTIONS STAFFING GROUP
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Employee Name: _____

Address: _____

Home Phone: _____

EMERGENCY CONTACTS	
Please list two people (in priority order) who could be contacted in case of an emergency.	
<p>Contact #1</p> <p>Name: STACY PLENZE</p> <p>Relationship: FRIEND</p>	<p>Home Phone: _____</p> <p>Cell Phone: 507.2208-5508</p> <p>Work Phone: _____</p>
<p>Contact #2</p> <p>Name: _____</p> <p>Relationship: _____</p>	<p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Work Phone: _____</p>

Additional information you want Employer Solutions Staffing Group and our clients to know in the event of an emergency:

This information will remain confidential and will only be used in the case of an emergency.

Pay Information

Payday is every Friday

Name: JASON P. BURRIS

Last 4 of SSN: 7488

Please mark what option you choose

Direct Deposit

Bank Name BREMER BANK

Account Number 40122349

Circle One

Checking Savings

Routing Number 096010415

I Understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs included if the account number that I provide is incorrect.

Initial JPB

Jason P Burris
1523 6th Ave SE Apt B
Rochester MN 55904

5002

DATE _____ 75-1041/960

PAY TO THE ORDER OF VOID \$ 0 DOLLARS

 Bremer Bank 800-908-BANK (2265) Bremer.com

FOR _____

Rc @096010415@ 40122349@ 5002

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5 <u>2</u>	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.					
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and					
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.					
If you meet both conditions, write "Exempt" here <input type="checkbox"/>					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) <u>[Signature]</u>				Date <u>12/18/19</u>	
8 Employer's name and address (Employer, complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				9 First date of employment	
				10 Employer identification number (EIN)	

Julie's Race

The dogsled race was about to begin. Julie's team of dogs was lined up at the starting gate. Julie stood behind them. The air was so cold that she could see her breath. Other teams were lined up, too, and the dogs were excited. Julie kept her eyes on the dock. At exactly ten o'clock, she and the other racers yelled, "Mush!" the dogs knew that meant "Go!" They leapt forward and the race began!

Julie had trained months for this race, and she hoped she and her dogs would win. Hour after hour, day after day, Julie's dogs pulled the sled in order to get in shape for the race.

Now, they ran over snowy hills and down into frozen valleys. They stopped only to rest and eat. They wanted to stay ahead of the other teams. The racers had to go a thousand miles across Alaska. Alaska is one of the coldest places on Earth. The dogs' thick fur coats helped keep them warm in the cold wind and weather. In many places along the route, the snow was deep. Pieces of ice were as sharp as a knife. The ice could cut the dogs' feet. To keep that from happening, Julie had put special booties on their feet.

At first, the dogs seemed to pull the sled very slowly. They were still getting used to the race. But on the third day out, they began to pull more quickly. They worked as a team and passed many of the other racers. Once one of the sled's runners slid into a hole and broke. Julie could have given up then, but she didn't. She fixed it and they kept going.

When they finally reached the finish line, they found out that they had come in first place! It was a great day for Julie and her dogs.

1. The author of "Julie's Race" wrote the story in order to do what?
 - a. To describe how dogs stay warm in the cold weather
 - b. To tell about a dogsled race
 - c. To explain how cold it can be in winter
2. Where does the dogsled race take place?
 - a. In Antarctica
 - b. On a track
 - c. In Alaska
3. What happened **BEFORE** the dogs began running?
 - a. The dogs pulled the sled slowly
 - b. Julie and the dogs lined up at the starting gate
 - c. The runner on Julie's sled broke
4. Julie's team of dogs lined up at the starting gate. What does team mean?
 - a. Friends and family
 - b. Many dogs
 - c. A group working together



Preliminary Questions

For CMG use only

Name: JASON

Date: 12-18-19

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
4. Which plant do you prefer? SOUTH
5. What shift do you prefer? 1ST

To be completed during or after interview

Date of interview 12/18/19

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

Explain (12 YR OLD)
Incident DUDE TOUCHED MY DAUGHTER AND
I TRIED TO BENT HIS ASS, SO I GOT
AN ASSAULT CHARGE

Employee Signature [Signature]

Interviewer Signature [Signature]

Test Reference Number _____ Name of Collector _____

COMPANY INFORMATION

Company Name Heichel Foods Phone 923-4955 Fax _____
Address 3107 Commercial Dr SW City Indlester State/Province WA Zip/Postal Code 55903

DONOR INFORMATION

Last Name BURRIS Employee ID _____
First Name JASON
Type of Identification Provided: Driver's License Employee Photo ID 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 _____ Date/Time 12/18/19

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.

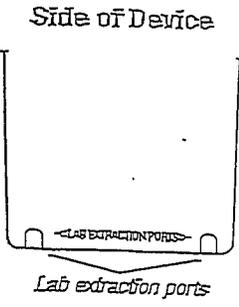
Collector signature Lubus Adkhal Date/Time _____

Laboratory signature NA Date/Time received NA

TEST RESULTS

Date/Time Collected _____
Time Interpreted _____

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.



Cut out this panel to copy/scan results

Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amphetamine	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes/Comments _____