

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: Monday-Friday 9am-3pm

Office Number: 507-838-5994

Office Address: 1232 Valley High Dr NW Rochester, Mn 55901



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) Eaton Richard Date: 9/16/21
 Address: (Street Address) 1618 marion rd SE Trlr 56 (Apt./Unit #) _____
 (City) Rochester (State) MN (ZIP Code) 55904
 Phone: 5073127442 Email: Richard.Eaton312@gmail.com
 Social Security No. 472-21-6369 Date Available: Immediately
 Position Applied for: open Desired Wage: open
 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? employee Referral Name: Lamarcus
 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 <u>G.E.D</u>	<u>MCF-Rush city</u>			
College				
Bus. Or Trade School				
Professional School				

CORPORATE MANAGEMENT GROUP



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Office Number: 507-838-5994

Office Address: 1232 Valley High Dr NW Rochester, Mn 55901

Previous Employment

Company: Auntie Ann's Phone: _____

Address: 101 1st St SW Supervisor: _____

Job Title: Baker Starting Wage: \$ 12.00 Ending Wage: \$ 12.00

Responsibilities: Bake and Cashier

From: 3/6/20 To: 3/20/21 Reason for Leaving: COVID-19

May we contact your previous supervisor for reference? Yes No

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Wage: \$ _____ Ending Wage: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Wage: \$ _____ Ending Wage: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Wage: \$ _____ Ending Wage: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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: 9/16/21

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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.

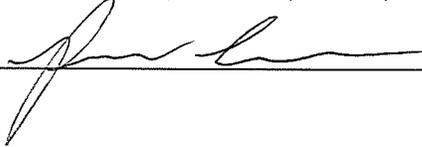
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission 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: 9/16/21

TEMPORARY CREDENTIAL



Minnesota Department of Public Safety
Driver and Vehicle Services Division

445 Minnesota Street, Suite 175, Saint Paul, Minnesota 55101
Phone: 651-297-3298 TTY: 651-282-6555
dvs.dps.mn.gov

DL/ID #:
N714-193-235-712

TEMPORARY CREDENTIAL EXPIRATION
31-Dec-2021

DATE OF BIRTH
12-Aug-1990

APPLICANT INFORMATION

APPLICATION DATE 02-Sep-2021

APPLICATION NAME EATON, RICHARD DARWIN

CREDENTIAL INFORMATION

Name	EATON, RICHARD DARWIN	Date of Birth	12-Aug-1990
DL/ID Number	N714-193-235-712	Height	5ft 11in
Residence Address	1507 4TH ST SE ROCHESTER MN 55904-4767	Eye Color	Brown
Card Mailed To	1507 4TH ST SE ROCHESTER MN 55904-4767	Sex	Male
Station Location	655 Rochester	Weight	200 lbs.
Credential Type	Standard ID	Organ Donor	No
Card Type	State ID	Veteran	No
Endorsements	None		
Restrictions	None		
License Indicators	None		



**THIS DOCUMENT IS FOR THE TYPE OF CARD
INDICATED UNTIL THE EXPIRATION DATE
LISTED ABOVE.**

- This document is void if the applicant is not in compliance with all restrictions indicated on the record.

**THIS IS NOT A STAND-ALONE IDENTIFICATION
DOCUMENT**

**VALID FOR DRIVING PRIVILEGES IF THE
RECORD INDICATES**

CONTACT US

Visit dvs.dps.mn.gov to:

- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions	651-297-3298
License Status, available 24/7	651-284-1234
DVS Locations	651-297-2126
Motor Vehicle Questions	651-297-2126
TDD/TYY	651-282-6555

You have applied / are interviewing for the following position:

JOB TITLE: Portion / Cutter **Starting Wage:** \$18.50 **Shift/Hours:** 2nd shift (3pm to 12a)

JOB OBJECTIVE: To trim and/or cut meat products according to company specifications.

QUALIFICATIONS (based on essential functions):

- Related experience preferred.
- Must be able to understand instructions and directions in the English language.
- Possess basic mathematics skills.

JOB FUNCTIONS: Every effort has been made to identify the essential function of this position. However, it is no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or an essential function of the position.

DUTIES/RESPONSIBILITIES: Open packages, run through line and needler; Trim primal cuts to specifications; Trim weight steaks to specifications; Box and weigh trim; Perform packager duties as required; cut end cuts and pieces into desired pieces; put steaks into packaging machine with accuracy in weight and neatness; capable of bagging and weighing; palletize all boxes; use hand jack; fill boxes with finished product; assist in cleanup; work effectively with others; report to work on time; follow rules; care for property

MACHINERY: Conveyor, tape machine, bar-coder, packaging machine, needler, cutting machine, computer and electronic scale, Sanova line, Cryovac, Skinner

EQUIPMENT: Hand pallet jack, combo, table, knives, luggers, carts, PPE.

PROTECTIVE EQUIPMENT: bump cap, nitril apron, rubber boots and gloves, face shield and goggles.

CHEMICALS: Bleach.

WORK ENVIRONMENT: Standing on cement floor. Moderate to high level of noise. Temperature ranges from 30-50 degrees Fahrenheit (-10 degrees in blast freezer).

PHYSICAL REQUIREMENTS (with or without reasonable accommodation): Ability to lift/move 10-50 pounds continuously. Requires varying degrees of pushing, pulling, bending and lifting to move boxes. Must be able to continuously perform simple repetitive and manipulative tasks such as cutting steaks. Able to perform tasks requiring action of muscles or group of muscles such as walking and stooping. Able to stand for prolonged periods (eight-hour shift).

MENTAL REQUIREMENTS (with or without reasonable accommodation): Able to concentrate on minimal details with little interruption. Must be able to attend to task/function for 60 minutes at a time. Able to remember verbal and/or written task/assignment for an eight-hour shift. Must be able to read and use a pound percentage scale.

WORK HOURS: As required, Monday through Friday workweek. Will be required to work some Saturdays.

I understand by signing this form, I have been informed about what position I am interviewing for.

Applicant Signature: _____

Date: _____

Interviewer Signature: _____

Date: _____

[Handwritten signatures and dates]
Date: 9-16-21
Date: 9/16/21



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **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: *(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) <i>Eaton</i>		First Name (Given Name) <i>Richard</i>		Middle Initial <i>D</i>	Other Last Names Used (if any)	
Address (Street Number and Name) <i>1618 Marlon Rd #56</i>			Apt. Number	City or Town <i>Rochester</i>		State <i>MN</i>
Date of Birth (mm/dd/yyyy) <i>08/12/1990</i>		U.S. Social Security Number <i>472-20-6369</i>		Employee's E-mail Address <i>Richard.Eaton312@gmail.com</i>		Employee's Telephone Number <i>5073127492</i>

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>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee <i>[Signature]</i>	Today's Date (mm/dd/yyyy) <i>9-16-21</i>
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

STOP *Employer Completes Next Page* STOP

Employee Photo Consent Form

I, Richard Eaton agree to let CMG – Rochester office – to take and upload my photo for security purposes.

Employee Signature Name: _____



Date: 9-16-21

Applicant Certification and Authorization for Background Check

Please read the below statements and initial on the indicated line

(This information will be inputted onto the online NHO form – you will be provided the login information during your interview)

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications. 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 comprehensive background checks may be conducted to determine my eligibility for my 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 my employment, will result in my termination.

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

I have read and agree RE (initial)

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, country 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.

I have read and agree RE (initial)

Authorization to Enter New Hire Information

By signing below, I authorize a member of Corporate Management Group – Rochester Office – to enter my new hire paperwork into the online Zenopole (NHO) site. I understand that I will be provided access via login name and password to view the forms that they have completed on my behalf.

Employee Signature:  Date: 9-16-21

Insurance Information

I understand that the CMG Staff defaults to decline insurance when entering my new hire paperwork unless specified otherwise during my interview.

I understand that I have 30 days after my employment starts to apply for insurance through ESSG via the login information provided to me.

I agree: RR (initial)

CMG Preliminary Questions

Name: Richard Eaton

Date: 9/16/21

Please Mark Yes or No

1. If hired are you willing to take a drug test? Yes No

2. Are you able to work with pork and beef? Yes No

Please Mark Your Preferred Position

3. What shift to you prefer? 1st 2nd 3rd

To be completed during or after interview

Have you ever been convicted of a misdemeanor or felony? Yes No

Explain

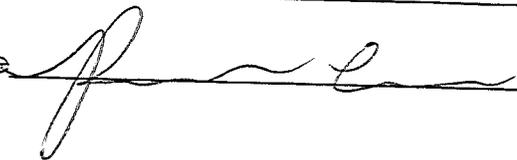
Incident domestic assault

going to therapy and have graduated

from decision points with DFO community

corrections

Employee Signature



Interviewer Signature



New Employee Acknowledgement Form

Welcome to CMG and Rochester Meats!

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

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

View Paystubs

Website: <https://zenople.esgazure.com/login/cmig>

** do not fill out the below login name and password, CMG will provide you with this information **

Login Name: 5073127442

Login Password: Re@10369

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: 9-16-21

Pay Information

Name: Richard Darwin Eaton

Last 4 of SSN: 6369

Please mark what option you choose

Direct Deposit

Bank Name _____

Routing Number _____

Account Number _____

Circle One

Checking -or- Savings

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 RE

_____ Bank of America Money Network Card

↓ Office Use Only ↓

Routing Number _____

Account Number _____

Employee's Withholding Allowance Certificate (Federal W4)

5/1

You may claim exemption from this year withholding if you BOTH: had no federal income tax liability in the previous year and you expect to have no federal income tax liability this year. If you claim exempt, no federal income tax is withheld from your paycheck; you may owe taxes and penalties when you file your current year's tax return.

Would you like to claim exemption from Federal Income Tax?

Yes No

Choose your filing status

Single or Married filing separately

Married filing jointly (or qualifying widow(er))

Head of Household (check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Are you married filing jointly and your spouse also works?

Yes No

Do you hold more than one job at a time?

Yes No

Claim Dependents:

To claim dependents if your income will be \$200,000 or less (\$400,000 or less if married filing jointly)

Do you have qualifying children under age 17?

Yes No (If yes, how many? _____)

Do you have any other dependents?

Yes No

Other Adjustments:

Other Income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income.

0

Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here.

0

Extra Withholding. Enter any additional tax you want withheld each pay period.

0

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

I have read and agree: [Signature] Date: 9-10-21

Employee Withholding Allowance/Exemption Certificate
2021 State - Minnesota

S/11

Choose Filing Status

- Single; Married, but legally separated; or Spouse is a nonresident alien
- Married
- Married, but withhold at higher Single rate

Exempt Status

- Yes
- No

Section 1 — Determining Minnesota Allowances

A. Enter "1" for yourself if no one else can claim you as a dependent...

1

B. Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages are \$1500 or less.

1

C. Enter "1" for your spouse. You may choose to enter "0" if you are married and have either a working spouse or more than one job. Entering "0" may help you avoid having too little tax withheld.).....

0

D. Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return.

0

E. Enter "1" if you will file as Head of Household (see instructions for qualifying as Head of Household)....

0

Total number of allowances you are claiming. Add steps A through E. If you plan to itemize deductions on your 2021 Minnesota return, you may also complete the Itemized Deductions and Additional Income Worksheet.....

1

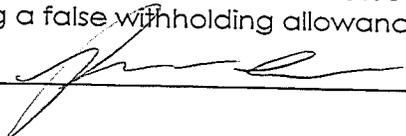
Total Number of Minnesota allowances

1

Additional Minnesota withholding you want deducted each pay period

0

I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false withholding allowance/exemption certificate.

I have read and agree:  Date: 9-16-21

EMERGENCY CONTACT INFORMATION

Employer Solutions Staffing Group In-Case of an Emergency – Notification Information

Please list at least one person with one working phone number.

We will only contact the name(s) listed below if we are unable to get ahold of you or if there is an emergency.

Contact # 1:

Name: Nicole Mlenar

Relationship: girlfriend

Phone Number: 507 226 6273

Contact # 2

Name: _____

Relationship: _____

Phone Number: _____

Additional information you want ESSG and our client to know in the event of an emergency:

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

Work Opportunity Tax Credit Questionnaire

This Company participates in federal and/or state tax credit programs. The information you give will be used to determine the company's eligibility for these programs and will in no way negatively impact any hiring, retention, or promotion decisions.

Do any of these statements apply to you?

You or a household member received...

- Unemployment compensation in 2020
- Any type of government assistance
- Welfare/TANF
- Food Stamps/SNAP
- Social Security Income benefits

You...

- Have been approved to receive unemployment compensation in 2020
- Served in the U.S. Armed Forces
- Received vocational rehabilitation services
- Were convicted of a felony

YES / NOT SURE / **NO**

If you marked yes or not sure, please answer the following questions:

Are you under age 40? YES / NO

What is your date of Birth? (MM/DD/YYYY)

Have you previously worked for Employer Solutions Group? YES / NO

PLEASE ANSWER THE FOLLOWING

Not Sure? Select YES and we will verify for you.

1. Have you served in the U. S. Military?

YES / NO / NOT SURE -If you answered NO, skip to question #7.

2. Were you unemployed for at least 6 months in the past year?

YES / NO / NOT SURE

3. Have you received SNAP (Food Stamps) in the past 15 months?

YES / NO / NOT SURE

4. Are you entitled to compensation for a service-related disability?

YES / NO / NOT SURE

5. Were you discharged or released from active duty in the past year?

YES / NO / NOT SURE

6. In what year were you discharged from active duty?
(YYY)

7. Have you or someone in your household received or stopped receiving TANF (Welfare), childcare, housing, or transportation assistance in the past 2 years?

YES / NO / NOT SURE -If you answered NO, skip to question #13.

8. Did you or your household member receive assistance at least 9 months in the past 18 months?
YES / NO / NOT SURE

9. Did you or your household member receive assistance for at least the past 18 months?
YES / NO / NOT SURE

10. Did you or your household member receive assistance at least 18 months between August 1997 and June 2019?
YES / NO / NOT SURE

11. Did you or a household member stop receiving assistance in the past 2 years because it exceeded the time limitation?
YES / NO / NOT SURE

12. Choose the state in which you received your TANF (Welfare) benefit.
WHAT STATE?

13. Have you received SSI (Social Security Income) benefits in the last 90 days?
YES / NO / NOT SURE

14. Have you received vocational rehabilitation services?
YES / NO / NOT SURE
If YES: Select the rehabilitation service, you received.
STATE AGENCY / VETERANS ADMINISTRATION / TICKET TO WORK

15. Have you been unemployed for at least 27 weeks in a row, during which you received some unemployment compensation?
YES / NO / NOT SURE

If YES:
When were you unemployed?
From

_____ MM/DD/YYYY

What is the state in which you received compensation?
WHAT STATE?

16. Were you convicted of a felony or released from prison for a felony in the past year?
YES / NO / NOT SURE

If YES:
What was your conviction date?

_____ MM/DD/YYYY

What was your release date?

_____ MM/DD/YYYY

Choose your conviction state.
WHAT STATE?

Was it a Federal or State Conviction?
FEDERAL / STATE

Did you receive deferred adjudication?
YES / NO / NOT SURE

17. Have you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit?
YES / NO / NOT SURE



Case Verification Number: 2021259191424LJ

Report prepared: 09/16/2021

Company Information

Company ID: 1284996

Company Name: ESSG - Corporate Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate Management Group

Employee Information

Name: Richard Eaton

Date of Birth: 08/12/1990

U.S. Social Security Number: ***-**-6369

Employee's First Day of Employment: 09/16/2021

Citizenship Status: U.S. Citizen

Document Information

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

Document Subtype: State Issued ID Card

Document Number: *****5712

Expiration Date: 12/31/2021

State: Minnesota

List C Document: Social Security Card

Case Information

Case Status: Closed

Case Submitted By: Diana Elton

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close

CMG/Rochester Meat Company

Start Date:

Title: Full Time Cutter

Department: Portion Night

Supervisor: Xai Phetda

Wage: \$18.50 / Hour

Skill Level: 4

Orientation Schedule - 2nd Shift

Monday: 1:00pm to 3:00pm Orientation, 3:00pm to 8:30pm Job Shadow

Tuesday: 1:00pm to 3:00pm Orientation, 3:00pm to 8:30pm Job Shadow

Wednesday: Work Regular Schedule 3:00pm - 12:00am

Thursday: Work Regular Schedule 3:00pm - 12:00am

Friday: Work Regular Schedule 3:00pm - 12:00am

Misc Items:

Please park in the employee parking lot behind the plant.

Dress warm, dress in layers. Wear long pants and closed toed shoes.

A locker will be provided. Please bring you own lock.



New Employee Acknowledgement Form

Welcome to CMG and Rochester Meats!

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

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

View Paystubs

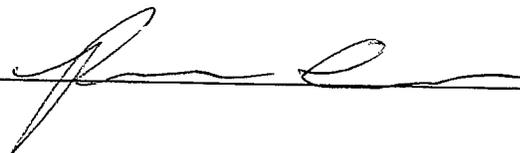
Website: <https://zenople.esgazure.com/login/cm>

** do not fill out the below login name and password, CMG will provide you with this information **

Login Name: 5073127442

Login Password: Re@16369

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: 9-16-21

Initial Drug Screen Result Form

On-site Screening

Specimen ID Number: _____

Collection Test Date: _____

Company Information: (Company administering screening)						
Company Name	CMG - Rochester Meats					
Address	1232 Valley High Dr NW Suite					
City	Rochester	State	MN	Postal Code	55901	
Collector's Name	Diana Elton					
Phone	507-938-5994	Fax				
Donor Information: (Person being tested)						
Donor's Name	Richard Eaton					
ID# or SSN	N714193235712					
Identification Type	MN \$0	Expiration				
Notes						
Certification Information: (Must be signed by both Donor and Collector)						
<p><i>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/or alcohol.</i></p>						
<p>_____ Donor's Signature</p>	<p>_____ Date</p>					
<p><i>I hereby certify that I collected the specimen provided by the aforementioned donor and that, to the best of my knowledge, it was not substituted or adulterated. The specimen temperature and color were acceptable.</i></p>						
<p>_____ Collector's Signature</p>	<p>_____ Date</p>					
Initial Screen Results: (All "Positive" results must be confirmed by GC/MS confirmation)						
Drug Name	Device Code	Negative	Positive	Not Tested	Adulteration Panel Results <small>(see color chart and package insert for interpretation)</small>	
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="display: flex; flex-direction: column; gap: 10px;"> <div> <input type="checkbox"/> Oxidant: In Range <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Specific Gravity: In Range <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> pH: In Range <input type="checkbox"/> Other _____ </div> </div>	
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Opiates/Morphine	OPI/MOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Amphetamines	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Methamphetamine	mAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Barbiturates	BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tricyclic Antidepressants	TCA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Propoxyphene	PPX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Methylenedioxymethamphetamine	MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<p>Alcohol Screen ALC <input type="checkbox"/> Level <u>WIA</u></p>						<p>Specimen Temperature <small>(90°-100°F)</small></p> <p>In Range <input type="checkbox"/> Other _____</p>

Office Use Only

Last Name

First Name