



# Case Verification Number: 2020015164509GE

Report prepared: 01/15/2020

## 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: Abejedo Gilo

Date of Birth: 01/01/1978

U.S. Social Security Number: \*\*\*-\*\*-6469

Employee's First Day of Employment: 01/15/2020

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: Driver's License

Document Number: \*\*\*\*\*4814

Expiration Date: 09/11/2020

State: Minnesota

List C Document: Social Security Card

## Case Information

Case Status: Closed

Case Submitted By: Sierra Peterson

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close

# 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) Abejedo Ochudo Gino Date: 1/15-2020

Address: (Street Address) 2015 41st NW (Apt./Unit #) J23

(City) Rochester (State) MN (ZIP Code) 55901

Phone: 507.517.7674 Email: \_\_\_\_\_

Social Security No. 837 9064 69 Date Available: \_\_\_\_\_

Position Applied for: Package Desired Salary: \$10.00

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

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

How did you hear about us? work there before Referral Name: Arite Oda

If under 18, please list age: \_\_\_\_\_

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  No  Yes 1st N. weekend

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School <input checked="" type="checkbox"/>	Gambella High School			
College				
Bus. Or Trade School				
Professional School				

# 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



### 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: 1/15 - 2020



## 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**

**View Paystubs**

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

**Login Name:** 5075177674

**Login Password:** Ag@6469

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:** 1-15-2020

# EMERGENCY CONTACT INFORMATION

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

Employee Name: \_\_\_\_\_

Employee Phone Number: \_\_\_\_\_

Employee Address: \_\_\_\_\_

*Emergency Contact – 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: Orange

Relationship: Husband

Phone Number: 807817674

**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.

**m** MINNESOTA INSTRUCTION PERMIT

NOT FOR FEDERAL IDENTIFICATION



1 GILLO  
2 ABEJEDO OCHUDO  
3 2015 41ST ST NW  
APT J23  
ROCHESTER, MN 55901-1973  
4d DL# G257-086-644-814 4a ISS 12/28/2018  
3e DOB 01/01/1978 4b EXP 09/11/2020  
9 CLASS IP 9a END NONE  
12 RESTR NONE

15 SEX F 17 WGT 180 lb  
16 HGT 5'10" 18 EYES BRO

5 DP-00000000491742 01/01/78

# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
▶ Give Form W-4 to your employer.  
▶ Your withholding is subject to review by the IRS.

**2020**

<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input checked="" type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> 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.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:** Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶	\$ 4000 <sup>00</sup>	(M2)
	Multiply the number of other dependents by \$500 . . . . . ▶	\$ 500 <sup>00</sup>	
Add the amounts above and enter the total here . . . . .			3 \$ 4500.00
<b>Step 4 (optional):</b> Other Adjustments	(a) 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 . . . . .		4(a) \$
	(b) 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 . . . . .		4(b) \$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . . . .		4(c) \$

**Step 5:** Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

X ▶ Abejedo Gilo  
Employee's signature (This form is not valid unless you sign it.)

▶ \_\_\_\_\_ Date

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer Identification number (EIN)

Name: Abejedo G. 10

## Rick and Rose

Date: 1-15-2020

### CMG Reading Test

**\*\* Please read the story then answer the multiple-choice questions \*\***

Rick and Rose were good friends. They worked together at Reichel Foods.

One day they had a lot of work, and not enough employees, this same day the supervisor asked Rick to pack carrots and ranch in 100 boxes. Rick was worried he could not finish this before the day ended. He was going to ask Rose for help but he noticed she was gone. He knew if she didn't help, the boxes would not get packed on time.

The supervisor saw Rick working very hard and went to ask Rose for help. He looked for her in the cafeteria. When he saw her taking a break, he asked her why she wasn't helping Rick. "I didn't know that he needed help," said Rose, "I will go help him right away."

When Rick saw Rose coming to help, he felt happy and supported. "Please don't be afraid to ask me to help. We are good friends and co-workers," she said, "and together we make a great team."

1. Who are Rick and Rose?
  - a. Co-workers
  - b. Good friends
  - c. Both A & B
2. Rick and Rose work at Reichel Foods. True or false? (circle one)
  - a. True
  - b. False
3. Where did the supervisor find Rose?
  - a. Outside
  - b. Working on the line
  - c. In the cafeteria
  - d. In the bathroom
4. How did Rick feel when he saw Rose?
  - a. Mad
  - b. Sad
  - c. Happy
  - d. Confused
5. What lesson did Rick and Rose learn?
  - a. Teamwork
  - b. How to make carrots and ranch
  - c. Communication
  - d. Both A & C