



Case Verification Number: 2018130150025

Report prepared: 05/10/2018



Company Information

Company ID: 1284996

Company Name:
Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate
Management Group

Employee Information

Name: Thea Kong

Date of Birth: 03/03/1964

U.S. Social Security Number: ***-**-7359

Employee's First Day of Employment:
05/10/2018

Citizenship Status: Lawful Permanent Resident Alien/USCIS Number: A065485039

Document Information

List A Document: Permanent Resident Card or Alien Registration Receipt Card (Form I-551)

Document Number: IOE0427378280

Case Information

Current Case Result: Closed

Case Submitted By: Sierra Peterson

Case Status: 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) Kong, Thea Date: 5-9-18
 Address: (Street Address) 739 55th St NE (Apt. /Unit #) 125
 (City) Rochester (State) MN (ZIP Code) 55906
 Phone: 507-219-9625 Email: _____
 Social Security No. 066-83-7359 Date Available: 5-14-18
 Position Applied for: Assembly Line Desired Salary: 10.00/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? Daughter Referral Name: Somaly Khat
 If under 18, please list age: _____

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

1st shift

Education				
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	<u>Hawthorne</u>			<u>Basic English</u>
<u>Hawthorne Adult School</u>				

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

Previous Employment

Company: Self Employed Phone: _____
Address: Cambodia Supervisor: _____
Job Title: fish market Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: Clean / sell fish
From: 2006 To: 2016 Reason for Leaving: moved
May we contact your previous supervisor for reference? Yes No

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
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 Salary: \$ _____ Ending Salary: \$ _____
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 Salary: \$ _____ Ending Salary: \$ _____
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: _____ Date: _____



Preliminary Questions

For CMG use only

Name: Thea Kemp

Date: 5/10/18

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? South
5. What shift do you prefer? 1st

To be completed during or after interview

Date of interview 5/10/18

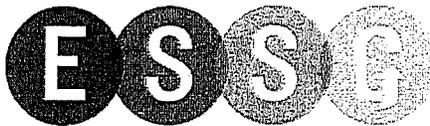
Have you ever been convicted of a crime? Yes No ✓

Explain

Incident _____

Employee Signature W

Interviewer Signature [Signature]



employer solutions staffing group...

Direct Deposit/Payroll Debit Card Authorization

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card.
If you do not provide a written election, wages will be paid by Payroll Debit Card.

SECTION 1 BASIC INFORMATION

Employee Name	Thea Kong	SSN# (last 4 digits)	7359	Effective Date	May 10, 2018
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SECTION 2 PAYROLL ELECTION

Direct Deposit (Please complete Sections 3 and 5 below)

Payroll Debit Card (Please complete Sections 4 and 5 below) Paper Check (Option available to GA NH and NY residents only)

SECTION 3 DIRECT DEPOSIT

ACCOUNT	<input type="checkbox"/> Update Bank Account	<p><i>Note: Direct Deposit accounts may take up to 7 days to be activated.</i></p> <p>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 incurred if the account number that I provide is incorrect.</p> <p>Initial _____ Date _____</p>
	Bank Name:	
	Routing#	
	Account#	
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____	

- To help us avoid making an error, please attach a copy of a voided check. (a deposit slip will not work)
- If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods.

SECTION 4 PAYROLL DEBIT CARD

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.

Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)

First Name	M.I.	Last Name	Date of Birth
Street Address (PO BOX NOT ACCEPTABLE)			Social Security#
City	State	Zip	Cell Phone (mobile)

RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Routing #	Payroll Debit Card Account #
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I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature: _____ Date: May 10, 2018

SECTION 5 AUTHORIZATION

I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). *** E-mail is required for pay stub information.**

*E-mail: _____ @ _____
this information will only be used to send your paystubs electronically

Employee's Signature: Thea Kong Date: May 10, 2018
Thea Kong (May 10, 2018)