

ENTERED
6/11/14

5/15/95



Mon. 6/16 @ 11:30 am

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 6/9/14

Name Velazquez-Laureano, Delfino
Last First Middle Maiden

Present address 1341 6th ave. S.E apt #1
Number Street
Rochester MN 55904
City State Zip

Social Security No. 753 - 86 - 2594

Telephone (501) 288-5396 E-Mail nostalgicdva@gmail.com

If under 18, please list age _____ Referred by _____

Position applied for (1) <u>packaging</u> and salary desired (2) <u>9.50 hr</u> (Be specific) <u>1st (S)</u>	Shift available to work 1 st <input checked="" type="checkbox"/> 2 nd _____ 3 rd _____
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How many hours can you work weekly? 40 hr Can you work nights? no

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? immediately

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No Yes If so, please explain _____

Do you anticipate any absences from work on a regular basis?
 No Yes If so, please explain _____

wkds
of 28 6/14

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Mayo</u>	<u>1420 11th ave SE</u>	<u>4</u>	
College				
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ___ Yes No

What is your means of transportation to work? Rides

Driver's license number _____ State of issue _____

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date _____

Have you had any accidents during the past three years? ___ Yes ___ No

If so, how many? _____

Have you had any moving violations during the past three years? ___ Yes ___ No

If so, how many? _____

Please list two references other than relatives or previous employers. n/a

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (____) _____ Telephone (____) _____

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ___ Yes No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? ___ Yes ___ No

Branch _____ Specialty _____

Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name <u>Delfino Velazquez</u>	Supervisor name <u>Andrew Jones</u>	
Position <u>Service Assistant</u>	Employment dates	Pay or salary
Company <u>Dennis</u>	From <u>3/13</u>	Start <u>8.00</u>
Address <u>1226 S. Broadway, Rochester, MN 55901</u>	To <u>2-10-14</u>	Final <u>8.00</u>
Telephone (<u>507</u>) <u>288-6482</u>	Your last job title _____	

Reason for leaving (be specific) hours were unflexible → school and work conflict.

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Bus boy, cleaning tables, dishwasher, maintain clean area, maintenance of restaurant

Name <u>Delfino Velazquez</u>	Supervisor name <u>Courtney Bland Bland</u>	
Position <u>Host</u>	Employment dates	Pay or salary
Company <u>Dennis</u>	From <u>3/13</u>	Start <u>7.25</u>
Address <u>1226 S. Broadway, Rochester MN, 55901</u>	To <u>2-10-14</u>	Final <u>7.25</u>
Telephone (<u>507</u>) <u>288-6482</u>	Your last job title _____	

Reason for leaving (be specific) unstable schedule

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Greeted customers with a optimistic attitude, dealt with transactions, clean well groomed environment, dealing with discounts and receipts

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name _____ Position _____ Company _____ Address _____ _____ Telephone (____) _____	Supervisor name _____	
	Employment dates	Pay or salary
	From	Start
	To	Final
Your last job title _____		
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

Name _____ Position _____ Company _____ Address _____ _____ Telephone (____) _____	Supervisor name _____	
	Employment dates	Pay or salary
	From	Start
	To	Final
Your last job title _____		
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

May we contact your present employer? Yes ___ No

Did you complete this application yourself Yes ___ No

If not, who did? _____

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 Delfino Velazquez Date: 6/9/14

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 06/16/2014
Page: 1 of 1

Case Verification Number: 2014167121727QX

Case Information:**Employee Information:**

Last Name:	Velazquez Laureano	First Name:	Delfino
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 2594	Date of Birth:	05/15/1995
Citizenship Status:	An alien authorized to work	Email Address:	

Document Information:

List A Document:	Employment Authorization Document (Form I-766)		
Card Number:	LIN1390969252	Document Expiration Date:	11/01/2015
Alien Number:	204961432	I-94 Number:	

Additional Information:

Hire Date:	06/16/2014	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	ESAG6409	Submitted On:	06/16/2014

Initial Case Result:

Last Name (in DHS records):	VELAZQUEZ LAUREANO	First Name (in DHS records):	DELFINO
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Document Expiration Date (in DHS records):	11/01/2015
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Case Result: Employment Authorized

Employee Referred to SSA:

Referred By:	Referred On:
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Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result:	Response Date:
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Resubmitted to SSA (after Review and Update Employee Data):

Last Name:	First Name:
Middle Initial:	Other Names Used:
Social Security Number:	Date of Birth:
Resubmitted By:	Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:	
Submitted By:	Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result:	Response Date:
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Employee Referred to DHS:

Referred By:	Referred On:
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Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: _____ Response Date: _____

Photo Matching Results:

Determination: _____

Employee Referred to DHS (Additional):

Referred By: _____ Referred On: _____

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result: _____ Response Date: _____

Case Closure:

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.
Closed By: ESAG6409 Closed On: 06/16/2014

SENSITIVE BUT UNCLASSIFIED

New Employee Orientation Training Sign Off

Safety

- * Proper Lifting
- * Stretching
- * Walk Carefully

GMPs

- * Lunch Rooms
- * Wash hands
- * Do not touch boots or floor

I have been trained and understand my responsibility for each of the training topics listed above

I am aware of the disciplinary action and/or termination will occur as a result of my failure to follow the rules of the safety policies I have been informed of.

Employee Name (print):

Delfino Velazquez

Employee Signature:

Delfino Velazquez

Date:

6/17/14

Training conducted by:



Preliminary Questions

For CMG use only

Name: Delfino

Date: 06/14/14

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 to you prefer? 1st

To be completed during interview only

Date of interview 6/14/14

Have you ever been convicted of a crime? Yes No

Explain

Incident _____

Employee Signature Delfino Velazquez

Interviewer Signature Kelsey Adhikari

RICK & ROSE

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

CMG

Applicant Interview Score Card

Name: Delfino Date of Interview: 6/16

Position/Shift Assignment 1 (S) Standby by position _____

Rating weak (1) to strong (5)

- | | |
|---|-----------|
| 1. Understanding of English conversation | 1 2 3 4 5 |
| 2. Speaks English Fluently | 1 2 3 4 5 |
| 3. Work experience related to job-food industry | 1 2 3 4 5 |
| 4. Work history-working presently, yrs in workforce | 1 2 3 4 5 |
| 5. Criminal background information | 1 2 3 4 5 |
| 6. Possesses required New Hire documentation | 1 2 3 4 5 |
| 7. Personality-friendly, pleasant, sense of humor | 1 2 3 4 5 |
| 8. Appearance-well groomed, cleanliness | 1 2 3 4 5 |
| 9. Meets requirements to work w/pork, peanuts & soy | 1 2 3 4 5 |
| 10. Shifts availability-prefers shift that is available for
Open positions, willing to be flexible to shifts
Available. | 1 2 3 4 5 |

Total possible points 50pts. Total points scored 50

Former Employer Rating Bonus Points 1-20 -

Interviewer: Kelsey total points 50

Date: 6/16