

**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

orientation  
March 13  
Tuesday  
@ 10A.



**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) Miller, David Date: 2/26/2018

Address: (Street Address) 310 Carolanne Street NW (Apt./Unit #) —

(City) Eyota (State) MN (ZIP Code) 55934

Phone: 507-696-2057 Email: MasterChief19962013@gmail.com

Social Security No. \_\_\_\_\_ Date Available: within 2 weeks

Position Applied for: warehouse / production Desired Salary: \$10/hour

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? craig's list Referral Name: Opportunity Services

If under 18, please list age: N/A

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

\* weekends at \$8 2/26/18  
\* Start after April 19<sup>th</sup>

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	Dover-Eyota High School	1015 South Ave SW Eyota, MN 55934	4	diploma
College				
Bus. Or Trade School				
Professional School				

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### Previous Employment

Company: Cub Foods Phone: 507-281-4554

Address: 1021 15<sup>th</sup> Avenue SE, Rochester Supervisor: Scott

Job Title: Maintenance Team Starting Salary: \$ 10<sup>-</sup> Ending Salary: \$ 10<sup>-</sup>

Responsibilities: retrieve carts from lot, clean spills, clean entry ways

From: 12/2017 To: current Reason for Leaving: looking for full time work

May we contact your previous supervisor for reference?  Yes  No

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

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

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: David A. Miller Date: \_\_\_\_\_

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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 David Amiller Date: \_\_\_\_\_



## Preliminary Questions

For CMG use only

Name: David Miller

Date: 2/26/18

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? Any of Rochester
5. What shift to you prefer? 1st

**\*To be completed during or after interview\***

Date of interview 2/26/18

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

Explain

Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature David A. Miller

Interviewer Signature \_\_\_\_\_

## 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 clock. 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?
  - a. Describe how dogs stay warm in cold weather.
  - b. Tell about a dogsled race.
  - c. Explain how cold it can be in winter.
2. Where does the dogsled race take place?
  - a. In Antarctica
  - b. On track
  - c. In Alaska
3. What happened BEFORE the dogs began running?
  - a. The dogs pulled 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 was lined up at the starting. What does *team* mean?
  - a. Friends and family
  - b. Many dogs
  - c. A group working together



**Case Verification Number: 201812814 4237**

Report prepared: 05/08/2018



### Company Information

Company ID: 1284996

Company Name:  
Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate  
Management Group

### Employee Information

Name: David A. Miller

Date of Birth: 09/19/1996

U.S. Social Security Number: \*\*\*-\*\*-1721

Employee's First Day of Employment:  
05/08/2018

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

Expiration Date: 09/19/2022

State: Minnesota

List C Document: Social Security Card

### Case Information

Current Case Result: Closed

Case Submitted By: Sierra Peterson

Case Status: Employment Authorized

Reason for Closure: Employment Authorized  
Auto Close

**MINNESOTA**  
**IDENTIFICATION CARD**  
**NOT A DRIVER'S LICENSE**



DAVID AARON MILLER  
310 CAROLANN ST NW  
EYOTA, MN 55934

Date of Birth 09-19-1996  
Sex M Eyes BRN Class ID  
Height 5-6 Weight 150 DONOR

ISSUED 03-2018 EXPIRES 09-19-2022  
*David A. Miller*

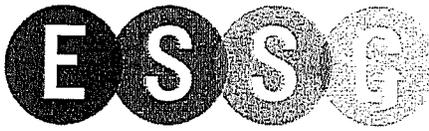
H978052943424

**SOCIAL SECURITY**

**976-31-1721**

THIS NUMBER HAS BEEN ESTABLISHED FOR  
**DAVID AARON MILLER**

*David Miller*  
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 David A. Miller
SSN# (last 4 digits) 1721
Effective Date May 8, 2018

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
Update Bank Account
Bank Name:
Routing#
Account#
Account Type: [ ] Checking [ ] Savings [ ] Other
Note: Direct Deposit accounts may take up to 7 days to be activated.
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.
Initial \_\_\_\_\_ Date \_\_\_\_\_

- 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 #

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 8, 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: David A. Miller (May 8, 2018) Date: May 8, 2018