

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) Kyle Brossard Date: 08-17-21

Address: (Street Address) 3795 McIntosh Dr NW (Apt./Unit #) _____

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

Phone: 507-601-9574 Email: brossard201@gmail.com

Social Security No. 476-25-6693 Date Available: ASAP

Position Applied for: Food Production Desired Salary: 18.00

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? Indeed Referral Name: _____

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	Kasson-mantorville		All	Diploma
College				
Bus. Or Trade School				
Professional School				



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Previous Employment

Company: fab-tech Phone: _____

Address: _____ Supervisor: Victor

Job Title: powder coat Starting Salary: \$18.50 Ending Salary: \$19.50

Responsibilities: Spayed Powder Coat

From: Nov 2020 To: July 2021 Reason for Leaving: not enough hours or benefits

May we contact your previous supervisor for reference? Yes No

Previous Employment

Company: Higgins custom cabinetry Phone: _____

Address: _____ Supervisor: tyler

Job Title: Stainer Starting Salary: \$16.50 Ending Salary: \$16.50

Responsibilities: Stained Cabinets

From: sep 2020 To: nov 2020 Reason for Leaving: laid off

May we contact your previous supervisor for reference? Yes No

Previous Employment

Company: Troby Furniture Phone: _____

Address: _____ Supervisor: _____

Job Title: Finishing Starting Salary: \$16.50 Ending Salary: \$16.50

Responsibilities: _____

From: April 2020 To: sep 2020 Reason for Leaving: not enough work

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: _____

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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 Thylke Brozoff Date: 08/17/2021



MINNESOTA
DRIVER'S LICENSE



KYLE ZACHARY BROSSARD
55717 240TH AVE
WEST CONCØRD, MN 55985

Date of Birth 11-10-1992

Sex Eyes Class

M BRN D

Height Weight

6-1 190

ISSUED 11-2017 EXPIRES 11-10-2021

Kyle Brossard

H678001200621





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://zenople.esgazure.com/login/cmgi>

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

Login Name: 5076019574

Login Password: Kb@6693

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: Thyle Buzard Date: 08/17/2021

AUTHORIZATION TO RELEASE INDUSTRIAL HEARING TEST RESULTS

I understand that a successful hearing test is a condition of my employment by Employer Solution Staffing Group, LLC. to work at the facility of Reichel Foods, Inc., and further, that Employer Solutions Staffing Group may, at its discretion, share the results of any such hearing test with Reichel Foods Inc.

I also understand that Employer Solutions Staffing Group may, at its discretion, conduct periodic hearing tests on me during the course of my employment with Employer Solutions Staffing Group and I consent to such tests.

First Name: Kyle ~~B~~

Middle Name: _____

Last Name: Brossard

Social Security Number: 476-25-6693

Date of Birth: 11/10/1992

Gender (Circle one): Male Female

My Signature: Kyle Brossard

Today's Date: 08/17/2021

Employee Photo Release Form

I, _____, agree to let Reichel Foods use my picture for internal security purposes. I also agree to submit a written request to Reichel Foods if/when I wish my photo be removed from the company database.

Employee Signature Name: Kyle Brossard

Date: 08/17/2021



Case Verification Number: 2021229184916GK

Report prepared: 08/17/2021

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: Kyle Brossard

Date of Birth: 11/10/1992

U.S. Social Security Number: ***-**-6693

Employee's First Day of Employment:
08/17/2021

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: Driver's License

Document Number: *****0621

Expiration Date: 11/10/2021

State: Minnesota

List C Document: Social Security Card

Case Information

Case Status: Closed

Case Submitted By: Kelly Sutton

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized
Auto Close