

# 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) Cenic, ALMEDIN Date: 5/17/21

Address: (Street Address) 3719 8th St NW (Apt./Unit #) 606

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

Phone: 507-513-8353 Email: acenic9@gmail.com

Social Security No. 470-43-8784 Date Available: 5/21/21

Position Applied for: Seasonal Desired Salary: \$14/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? \_\_\_\_\_ 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	<u>Brosa Parks Charter High</u>	<u>2450 Marion Rd SE 55904</u>	<u>3</u>	
College				
Bus. Or Trade School				
Professional School				

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### 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

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: \_\_\_\_\_ 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 ALMEDIA CEHC Date: 5/17/21





## Case Verification Number: 2021137163736AE

Report prepared: 05/17/2021

### 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: Almedin Cehic

Date of Birth: 05/15/2003

U.S. Social Security Number: \*\*\*-\*\*-8784

Employee's First Day of Employment: 05/17/2021

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: \*\*\*\*\*6900

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



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## Job Description

### North Plant Palletizer & Product Bin Filler

#### SUMMARY

Responsible for rotating between positions at the end of the production line. The duties of each position will include: stacking finished boxes (shipper) on good pallets while following Customer Specification requirements, maintaining supply bins with components used in party tray production. If absent, another trained employee or trained backup will be scheduled to cover responsibilities for this position.

#### PRIMARY RESPONSIBILITIES

1. **Personal Protective Equipment Required (PPE):** hairnet and clean smock. Comply with GMPs (QA0402WI Hormel Good Manufacturing Practices).
2. Enter production room with hairnet on, wash hands and put on clean smock.
3. Adhere to company Employee Hygiene Practices, company food safety procedures and GMPs.
4. Other duties as assigned by the Production Supervisor and Production Manager.

#### Palletizer

5. Verify the correct box (shipper) is being used for the finished item being produced. Required materials can be referenced on Hormel Operational Product Specifications according to item number.
6. Insure the correct case label is applied to each box.
7. Document that the LP and case label match product being produced on the Hormel Case Label Verification Check form (OP0195FO).
8. Stack boxes neatly on a good 40X48 pallet and in the correct pallet pattern according to the Hormel Operational Product Specification for that item.
9. Using pallet wrap machine, wrap pallet with shrink wrap and insure it is wrapped tightly and completely from the top of the pallet to the top of the finished cases.
10. Move finished pallet to designated area using a pallet jack and communicating with the Finished Goods Loader.

#### Product Bin Filler

11. Maintain adequate amount of components in supply bins. Must wear vinyl gloves if having contact with component pouches.
12. Insure the correct components are being used in production. Required materials can be referenced on Hormel Operational Product Specifications according to item number.
13. Communicate with the Warehouse Line Supplier when supplies begin to run low.
14. Inform Line Lead, QA, or Production Supervisor when lot numbers change on components.
15. After emptying components into supply bins, break down corrugated boxes from components and sort. Remove box tape and cross off barcodes with marker. Meat boxes are stacked on a pallet for recycling. All other boxes are stacked on a separate pallet to be placed in the compactor.



5/22/2021

16. Provide palletizers with good pallets and return broken pallets to the scrap pallet stack.

### PHYSICAL ENVIRONMENT/WORKING CONDITIONS

These positions are in a manufacturing environment and will involve standing and walking for long periods of time, working in temperatures less than 50 Degrees Fahrenheit, repetitive arm and hand movement, and frequent lifting of 30 - 50 lbs. May be required to work an occasional Saturday and/or Sunday as needed.

### EQUIPMENT/MACHINERY USED

Conveyor, Pallet jack, safety knife and pallet wrap machine

### TRAINING REQUIREMENTS

New Employee Orientation and on the job training.

### SIGNATURES

Signatures below constitute employee's understanding of the responsibilities and requirements of the position and Supervisor's verification that the employee is competent to complete the required tasks.

ALMEDIN CEHIC  
Employee Printed Name

ALMEDIN CEHIC  
Employee Signature

5/22/21  
Date

Phovomol  
Supervisor Signature