

# CORPORATE MANAGEMENT GROUP

## Employment Application

Office Hours: Monday-Friday 8am-4pm

Office Number: 507-923-7956

Office Address: 1825 7<sup>th</sup> St NW Rochester, Mn 55901



### 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) Sourat Srisomphou Date: 8-21-20

Address: (Street Address) 2011 1 AVE SE (Apt. /Unit #) \_\_\_\_\_

(City) Austin (State) MN (ZIP Code) 55912

Phone: 651-308-9611 Email: \_\_\_\_\_

Social Security No. 469-23-3796 Date Available: 8-21-20

Position Applied for: GRINDING Desired Salary: 13.50

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? Rochester Media Referral Name: N/A

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>Austin High School</u>	<u>—</u>	<u>100%</u>	
College				
Bus. Or Trade School				
Professional School				

# CORPORATE MANAGEMENT GROUP

## Employment Application

Office Hours: Monday-Friday 8am-4pm

Office Number: 507-923-7956

Office Address: 1825 7<sup>th</sup> St NW Rochester, Mn 55901



### 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  Date: 8-21-20



# Pay Information

Payday is every Friday

Name: Soung Srisomphou

Last 4 of SSN: 3790

Please mark what option you choose

**Direct Deposit**

Bank Name GREEN DOT BANK

Account Number 301845227641  
~~XXXXXXXXXX~~

Circle One

Checking  Savings

Routing Number 124303120

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 included if the account number that I provide is incorrect.

Initial SS

**Bank of America Money Network Card**

↓ Office Use Only ↓

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_



## New Employee Acknowledgement Form

Welcome to CMG

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 , \_\_\_\_\_

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

View Paystubs

Website: <https://zenople.esgazure.com/login/cm>

Login Name: 651-308-9614 802885733

Login Password: Ss@3790

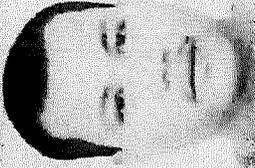
I hereby acknowledge that I have been provided with the login information to view the items listed above. I understand that it is my responsibility to read and follow each document provided to me and that if I have any questions concerning the times or its content, that it is my responsibility to address 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: \_\_\_\_\_

Date: 8-21-20

**UNITED STATES OF AMERICA** **PERMANENT RESIDENT**

SRISOMPHOU, SOURAT 05 SEP 1981



Surname: **SRISOMPHOU**

Given Name: **SOURAT**

USCIS#: **071-456-728**

Country of Birth: **Thailand**

Date of Birth: **05 SEP 1981**

Category: **REG**

Sex: **M**

Card Expires: **10/15/24**

Resident Since: **04/15/91**

**SOCIAL SECURITY**

469-23-3790

THIS NUMBER HAS BEEN ESTABLISHED FOR

SOURAT SRISOMPHOU

*Sourat Srisonphou*

SIGNATURE

## Minnesota/Federal W-4 Information

(This information will be inputted onto the online NHO form – you will be provided the login information during your interview)

### Minnesota W-4 Information-

Choose your filing status (mark one):

Single; Married, but legally separated; or Spouse is a nonresident alien

Married

Married but withhold at higher Single rate

Exempt?  Yes  No

Total Number of Minnesota allowances: 3

I certify that all information provided above is correct. I understand there is a \$500 penalty for filling or false withholding allowance/exemption certificate.

I have read and agree SS (initial)

### Federal W-4 Information-

Exempt?  Yes  No

Choose your filing status (mark one):

Single or Married filing separately

Married filing jointly (or qualifying widow(er))

Head of Household (check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Total Number of Federal allowances: 3

If you would like to fill out the complete Minnesota or Federal W-4 form, please let your interviewer know.

Would you like to receive your W-2 statement electronically via email? If so, please list your email below, if not, leave blank.

Email: \_\_\_\_\_

# CMG Preliminary Questions

Name: Sandra Ensompho

Date: 8-21-20

Please Mark Yes or No

1. If hired are you willing to take a drug test?  Yes  No
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? Yes  No
3. Are you able to work with pork?  Yes  No

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

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

Explain  
Incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature 

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

## Applicant Certification and Authorization for Background Check

Please read the below statements and initial on the indicated line

(This information will be inputted onto the online NHO form – you will be provided the login information during your interview)

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that comprehensive background checks may be conducted to determine my eligibility for my hire by certain clients of ESSG. 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 ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check. I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or if discovered after I begin my employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

I have read and agree SS (initial)

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report / investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, country jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have to include information or data received from other sources Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers and dates of birth.

I have read and agree SS (initial)

# Case Verification Number: 2020238010443BE

Report prepared: 08/24/2020

## 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:** Sourat Srisomphou

**Date of Birth:** 09/05/1981

**U.S. Social Security Number:** \*\*\*-\*\*-3790

**Employee's First Day of Employment:** 08/24/2020

**Citizenship Status:** Lawful Permanent Resident

**Alien/USCIS Number:** A071456728

## Document Information

---

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

**Document Number:** MSC1490832387

## Case Information

---

**Case Status:** Closed

**Case Submitted By:** Kelsey Sikkink

**Current Case Result:** Employment Authorized

**Reason for Closure:** Employment Authorized Auto Close