

# CORPORATE MANAGEMENT GROUP

## Employment Application

Office Hours: Monday-Friday 9am-3pm

Office Number: 507-838-5994

Office Address: 1232 Valley High Dr 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 ph# 808-359-4519

Full Name: (Last Name, First Name) Wagner, Hanalei Date: 10-19-20

Address: (Street Address) 524 E. Center St (Apt./Unit #) 4

(City) Rochester (State) MN (ZIP Code) 55904

Phone: 808-354-4512 Email: hanaleiwagner@gmail.com

Social Security No. 575-54-1671 Date Available: ASAP

Position Applied for: meat cutter Desired Wage: Open

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? walk-in 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	Mauka High School	660 Lono Ave, Kaneohe HI 96702	4	Diploma
College				
Bus. Or Trade School				
Professional School				

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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

Date:

10-19-20

# Rochester Meat Company Interview Questionnaire

Applicant's Name: Hanalei Wagner

Date: 10/20/2020

Interview time: 12:00 pm

Position applied for: Cutter PM

1. Why do you want to come work at the Rochester Meat Company?

2. Can you tell me a little about your previous work experience?

Mainly cook or chef

3. What did you like most about your present/past jobs?

fast paced enjoy cooking

4. What did you like least about one of your present/past jobs?

the hours were too much

5. Why did you leave your previous jobs?

assignment ended

6. Sometimes conflicts can arise with co-workers. How have you handled conflicts with coworkers in the past (or how would you handle a conflict with a co-worker)?

Doesnt pay attention. Doesnt engage in conflict

7. Sometimes disagreements can arise between supervisors and employees. How have you handled disagreements with your supervisor in the past (or how would handle a disagreement with your supervisor)?

Don't take it personal

8. With any new job there are a lot of things to learn in a short period of time. What would you do if you did not understand how to perform a particular task?

Ask for help to understand without cutting corners

9. Rochester Meat Company has a lot of safety rules and procedures. Do you feel that sometimes it is acceptable to ignore safety rules if it helps you complete the job faster?

Not by any means

10. While you are working, you notice that something doesn't seem right with the product or packaging. What would you do?

Set aside and let supervisor be aware

11. How much weight can you lift without hurting yourself?

12. Some of the work maybe repetitive in nature. Have you done repetitive work before and how do you feel about it?

Many & its the job.

13. Are you able to work overtime including Saturdays and Sundays?

yes

14. You would be working in temperature of 40-50 degrees. Would that be a problem for you?

No problem

15. Have you ever worked in food service or a restaurant before?

yes ~~Reich~~ ~~Reich~~ Reichel Foods & Rochester Meats

Notes:

# Work Opportunity Tax Credit Questionnaire

This Company participates in federal and/or state tax credit programs. The information you give will be used to determine the company's eligibility for these programs and will in no way negatively impact any hiring, retention, or promotion decisions.

## Do any of these statements apply to you?

You or a household member received...

- Unemployment compensation in 2020
- Any type of government assistance
- Welfare/TANF
- Food Stamps/SNAP
- Social Security Income benefits

You...

- Have been approved to receive unemployment compensation in 2020
- Served in the U.S. Armed Forces
- Received vocational rehabilitation services
- Were convicted of a felony

YES / NOT SURE /  NO

If you marked yes or not sure, please answer the following questions:

Are you under age 40?  YES / NO

What is your date of Birth? (MM/DD/YYYY) 11/07/1991

Have you previously worked for Employer Solutions Group? YES /  NO

### Please Select your answers to the following questions:

Have you received or have been approved to receive unemployment compensation in the last 90 days? YES /  NO / NOT SURE

Have you served in the U.S. Military? YES /  NO / NOT SURE

- If you marked yes or not sure, please answer the following questions:

Were you unemployed for at least 6 months in the past year? YES /  NO / NOT SURE

Have you received SNAP (Food Stamps) in the past 15 months? YES /  NO / NOT SURE

Are you entitled to compensation for a service-related disability? YES /  NO / NOT SURE

Were you discharged or released from active duty in the past year? YES /  NO / NOT SURE

If discharged or released, in what year were you discharged from active duty? (YYYY)

Branch of Service?

AIR FORCE / ARMY / COAST GUARD / MARINE CORPS / NATL' GUARD / NAVY

Have you or a household member received SNAP (Food Stamps) in the past 6 months?

YES /  NO / NOT SURE

Have you or someone in your household received or stopped receiving TANF (Welfare), childcare, housing, or transportation assistance in the past 2 years? YES / NO / NOT SURE

- If you marked yes or not sure, please answer the following questions:

Did you or your household member receive assistance at least 9 months in the past 18 months?

YES /  NO / NOT SURE

Did you or your household member receive assistance for at least the past 18 months?

YES /  NO / NOT SURE

Did you or your household member receive assistance at least 18 months between August 1997 and August 2018? YES /  NO / NOT SURE

Did you or a household member stop receiving assistance in the past 2 years because it exceeded the time limitation? YES /  NO / NOT SURE

What was the state in which you received your TANF (Welfare) benefit? (STATE?)

Have you received SSI (Social Security Income) benefits in the last 90 days?

YES /  NO / NOT SURE

Have you received vocational rehabilitation services? YES /  NO / NOT SURE

- If you marked yes, what rehabilitation service did you received?

STATE AGENCY / VETERANS ADMINISTRATION / TICKET TO WORK

Have you been unemployed for at least 27 weeks in a row, during which you received some unemployment compensation? YES /  NO / NOT SURE

- If you marked yes, when were you unemployed?

From (MM/DD/YYYY) to (MM/DD/YYYY)

What state in which you received compensation? (STATE?)

Were you convicted of a felony or released from prison for a felony in the past year?

YES /  NO / NOT SURE

What was your conviction date? MM/DD/YYYY

What was your release date? MM/DD/YYYY

What state was your conviction in? (STATE)

What it a Federal or State Conviction? FEDERAL / STATE

Did you receive deferred adjudication? YES / NO / NOT SURE

Have you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit? YES / NO / NOT SURE



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name) <i>Wagner</i>		First Name (Given Name) <i>Hanale</i>		Middle Initial <i>W</i>	Other Last Names Used (if any) N/A	
Address (Street Number and Name) <i>524 E. Center ST</i>			Apt. Number <i>4</i>	City or Town <i>ROCHESTER</i>		State <i>MN</i>
Date of Birth (mm/dd/yyyy) <i>11/07/1991</i>		U.S. Social Security Number <i>575 - 5A - 11641</i>		Employee's E-mail Address N/A		Employee's Telephone Number <i>808-359-4519</i>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>  <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:        An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>  1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____  Country of Issuance: _____



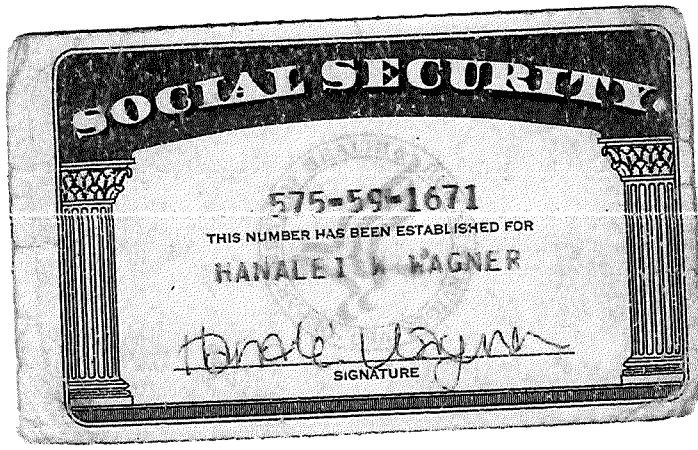
Signature of Employee <i>[Signature]</i>	Today's Date (mm/dd/yyyy) <i>10-21-20</i>
--	---

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State    ZIP Code

**STOP!**    Employer Completes Next Page    **STOP!**



**SOCIAL SECURITY**

575-59-1671

THIS NUMBER HAS BEEN ESTABLISHED FOR

HANALEI W. WAGNER

*Hanalei Wagner*

SIGNATURE

**ACCOUNT INFORMATION SLIP/VOLANTE DE INFORMACIÓN DE CUENTA**

**STEP 1/PASO 1:**

Complete the following information/Completa los siguientes datos

First Name/Nombre:

Last Name/APELLIDO:

Employee ID Number/Número de Empleado:

Social Security Number (optional)/ Número de Seguro Social (opcional)

-   -

**STEP 2/PASO 2:**

Detach this slip and provide it to your employer. You will not need this information, again.

Desprende este volante y entrégaselo a tu patrono o empleador. No necesitarás usar esta información nuevamente.

**FOR EMPLOYER USE ONLY**  
**PARA USO DEL PATRONO O EMPLEADOR SOLAMENTE**  
**ROUTING NUMBER: 084003997**  
**ACCOUNT NUMBER: 7277631800186523**

Money Network® Checks and Money Network Cards are issued by MetaBank®, Member FDIC.

*Flanader Wagner*



## 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 Handbook**

**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: ~~H Wagner 1991~~ 8083594519

Login Password: ~~H Wagner 1991~~ HwaD1671

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: 10-21-20

# TEMPORARY CREDENTIAL



Minnesota Department of Public Safety  
Driver and Vehicle Services Division  
445 Minnesota Street, Suite 175, Saint Paul, Minnesota 55101  
Phone: 651-297-3298 TTY: 651-282-6555  
[dvs.dps.mn.gov](http://dvs.dps.mn.gov)



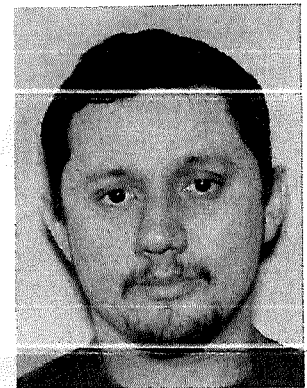
DL/ID #: **C000-036-609-500**  
TEMPORARY CREDENTIAL EXPIRATION  
**09-Jan-2021**  
DATE OF BIRTH  
**07-Nov-1991**

## APPLICANT INFORMATION

APPLICATION DATE 11-Sep-2020  
APPLICATION NAME WAGNER, HANAIEI WESS

## CREDENTIAL INFORMATION

Name	WAGNER, HANAIEI WESS	Date of Birth	07-Nov-1991
DL/ID Number	C000-036-609-500	Height	5ft 5in
Residence Address	524 E CENTER ST APT 4 ROCHESTER MN 55904-4690	Eye Color	Hazel
Card Mailed To	524 E CENTER ST APT 4 ROCHESTER MN 55904-4690	Sex	Male
Station Location	Rochester (655)	Weight	160 lbs.
Credential Type	Standard ID	Organ Donor	No
Card Type	State ID	Veteran	No
Endorsements	None		
Restrictions	None		
License Indicators	None		



**THIS DOCUMENT IS FOR THE TYPE OF CARD  
INDICATED UNTIL THE EXPIRATION DATE  
LISTED ABOVE.**

- This document is void if the applicant is not in compliance with all restrictions indicated on the record.

**THIS IS NOT A STAND-ALONE IDENTIFICATION  
DOCUMENT**

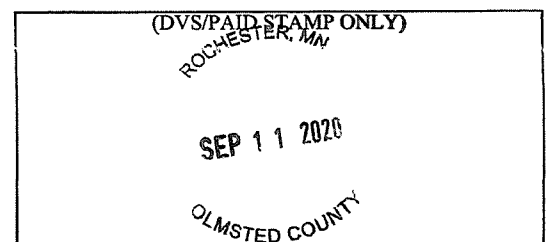
**VALID FOR DRIVING PRIVILEGES IF THE  
RECORD INDICATES**

## CONTACT US

Visit [dvs.dps.mn.gov](http://dvs.dps.mn.gov) to:

- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions	651-297-3298
License Status, available 24/7	651-284-1234
DVS Locations	651-297-2126
Motor Vehicle Questions	651-297-2126
TDD/TYY	651-282-6555



Test Reference Number \_\_\_\_\_ Name of Collector \_\_\_\_\_

**COMPANY INFORMATION**

Company Name CMG Rochester Meats Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_ City Rochester State/Province NY Zip/Postal Code \_\_\_\_\_

**DONOR INFORMATION**

Last Name Wagner Employee ID \_\_\_\_\_  
 First Name Hanatei  
 Type of Identification Provided:  Driver's License  Employee Photo I.D.  Other \_\_\_\_\_  
 Reason for test:  Pre-employment  Random  Reasonable cause  Post-accident  Other \_\_\_\_\_

**CERTIFICATION**

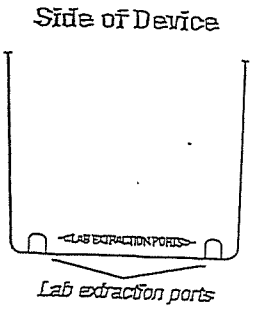
I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and alcohol.

Donor signature \_\_\_\_\_ Date/Time 10-21  
 I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated in the best of my knowledge.  
 Collector signature [Signature] Date/Time 10-21-2020  
 Laboratory signature \_\_\_\_\_ Date/Time received N/A

**TEST RESULTS**

Date/Time Collected 10-21-2020 12:30 pm  
 Time Interpreted 10-21-2020 12:40 pm

NOTE: Lab personnel obtain specimen samples by puncturing the lab extraction ports on the side of device with a needle and syringe and drawing out the sample.



Cut out this panel to copy/scan results

Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amphetamine	AMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	THC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mefenadone	MTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MEI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes / Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Pay Information

Payday is every Friday

Name: Hannah Wagner

Last 4 of SSN: 1671

Please mark what option you choose

**Direct Deposit**

Bank Name \_\_\_\_\_

**Circle One**

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

Checking -or- Savings

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

*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 \_\_\_\_\_

**Bank of America Money Network Card**

↓ Office Use Only ↓

Account Number ~~0400000000~~ 7277631800186523

Routing Number 084003997



Branding Iron Holdings Covid-19 Certification for Property Access

Access will be granted to those that sign this document and do not answer yes to any of the questions. If a visitor answers "yes" to any of these questions do not admit the person into the facility.

- 1. Have you, someone living in your household, a significant other, or someone you are caring for been diagnosed with COVID-19 (Coronavirus) or had any contact with a confirmed case of COVID-19 in the previous 14 days? YES \_\_\_\_\_ NO ✓
- 2. Have you had contact with anyone in the previous 14 days either diagnosed or who has been in close contact with someone diagnosed with Covid-19? YES \_\_\_\_\_ NO ✓
- 3. Have you traveled anywhere in the previous 14 days to anywhere designated by the CDC as having widespread ongoing transmission? YES \_\_\_\_\_ NO ✓
- 4. Do you currently have, or have had within the last 24 hours, any cold or flu symptoms including fever greater than 100? (Fever will be taken at arrival). YES \_\_\_\_\_ NO ✓
- 5. Do you have any of the symptoms listed below? YES \_\_\_\_\_ NO ✓
  - Cough; Shortness of breath or difficulty breathing

*Or at least two of these symptoms:*

  - Fever; chills; repeated shaking with chills; muscle pain; headache; sore throat; new loss of taste or smell
- 6. Do you have a current Covid-19 diagnosis or are you under quarantine for Covid- 19? YES \_\_\_\_\_ NO ✓
- 7. Do you have a pending Covid-19 Test? YES \_\_\_\_\_ NO ✓

By signing below, I agree to hold harmless Branding Iron Holdings from and against any and all losses arising out of or otherwise in respect of, any misrepresentation, inaccuracy in, or breach of any of the certifications contained herein. By signing this I also agree to contact Branding Iron if I become aware of any of the above within 14 days of my visit.

Date: 10-20-20  
 Printed Name: Hannah Wagner  
 Signature: [Handwritten Signature]

This questionnaire is to be emailed to visitors, if possible, prior to visit. The term "Visitor" includes all non-Branding Iron team members and Branding Iron team members visiting from another Branding Iron facility or location

## 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 HW (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 HW (initial)

# CMG Preliminary Questions

Name: Hahalepi Vankar

Date: 10-21-20

### Please Mark Yes or No

1. If hired are you willing to take a drug test?  Yes  No

2. Are you able to work with pork and beef?  Yes  No

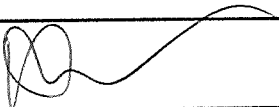
### Please Mark Your Preferred Position

3. What shift to you prefer?      1st     2nd    3rd

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

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

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

Employee Signature 

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