

# 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) Wilkins Curtis Date: Sept 3, 2020

Address: (Street Address) 1603 Timberland Heights (Apt./Unit #) 15  
 (City) Rochester (State) MN (ZIP Code) 55901

Phone: 773-425-1380 Email: cashew.wilkins9187@gmail.com

Social Security No. 324-86-6813 Date Available: Immediately

Position Applied for: Sondection Desired Salary: 13

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? Previous employer 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>Hope Park Academy</u>	<u>Chicago</u>	<u>4</u>	<u>Business</u>
College	<u>Chicago State</u> <u>Purdue</u>	<u>Chicago</u>	<u>1 each</u>	<u>Business</u>
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: 9-3-2020



## 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: 7734251380

Login Password: Cw@6813

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: 9-3-2020

# EMERGENCY CONTACT INFORMATION

Employer Solutions Staffing Group In-Case of an Emergency – Notification Information

Employee Name: Curtis Wilkins  
Employee Phone Number: 773-425-1380  
Employee Address: \_\_\_\_\_

Emergency Contact – **Please list at least one person with one working phone number.**

We will only contact the name(s) listed below if we are unable to get ahold of you or if there is an emergency.

**Contact # 1:**

Name: Larry  
Relationship: Father  
Phone Number: 312-989-4687

**Contact # 2**

Name: Felicia  
Relationship: Auntie  
Phone Number: 773-671-1588

Additional information you want ESSG and our client to know in the event of an emergency:

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This information will remain confidential and will only be used in the case of an emergency.

Test Reference Number \_\_\_\_\_

Name of Collector \_\_\_\_\_

Jennife leftman

### COMPANY INFORMATION

Company Name \_\_\_\_\_

AMIG CMC

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Address \_\_\_\_\_

City Leicester

State/Province MA

Zip/Postal Code \_\_\_\_\_

### DONOR INFORMATION

Employee ID: \_\_\_\_\_

Last Name \_\_\_\_\_

Wilkins

First Name \_\_\_\_\_

Curtis L.

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.

*Curtis L. Wilkins*  
Donor signature

9-3-2020  
Date/Time

I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.

*Jennife leftman*  
Collector signature

9-3-2020  
Date/Time

Laboratory signature \_\_\_\_\_

N/A  
Date/Time received

### TEST RESULTS

Date/Time Collected \_\_\_\_\_

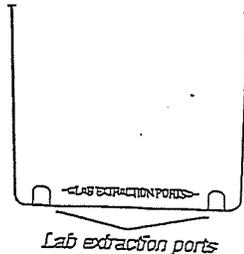
~~9-3-2020~~ 9-3-2020 1:35pm

Time Interpreted \_\_\_\_\_

9-3-2020 1:53pm

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.

Side of Device



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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	THC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meperidine	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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**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) <b>WILKINS</b>		First Name (Given Name) <b>CURTIS</b>		Middle Initial <b>L</b>	Other Last Names Used (if any) N/A	
Address (Street Number and Name) <b>1603 Timber Heights</b>			Apt. Number <b>15</b>	City or Town <b>Rocketer</b>		State <b>MO</b>
Date of Birth (mm/dd/yyyy) <b>01/04/1991</b>		U.S. Social Security Number <b>324-86-6813</b>		Employee's E-mail Address N/A		Employee's Telephone Number <b>73425-1380</b>

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 (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input checked="" 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. (See instructions)

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.

1. Alien Registration Number/USCIS Number: \_\_\_\_\_  
 OR  
 2. Form I-94 Admission Number: \_\_\_\_\_  
 OR  
 3. Foreign Passport Number: \_\_\_\_\_  
 Country of Issuance: \_\_\_\_\_

QR Code - Section 1  
 Do Not Write In This Space  


Signature of Employee 	Today's Date (mm/dd/yyyy) <b>9-3-2020</b>
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**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



Employer Completes Next Page



# ROCHESTER

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## Meat Company

**JOB TITLE:** Sanitation Worker  
**SKILL LEVEL:** 2  
**DEPARTMENT:** Clean-up Night  
**REPORTS TO:** Sanitation Manager or Lead  
**FLSA STATUS:** Nonexempt  
**EFFECTIVE DATE:** June 1999  
**REVISED DATE:** August 6, 2010

**MISSION STATEMENT:** *In our pursuit of excellence, Rochester Meat Company will strive to be problem-free in every area of our business. We are committed to the highest standard of ethics in all that we do.*

**JOB OBJECTIVE:** To clean and sanitize equipment and work area used in production.

**QUALIFICATIONS (based on essential functions):**

- Related experience preferred.
- Must be able to understand instructions and directions in the English language.
- Possess basic mathematics skills.

**JOB FUNCTIONS:** Every effort as been made to identify the essential functions of this positions, however, It in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or an essential function.

<b>Essential Function</b> <input type="checkbox"/> = yes	<b>DUTIES AND RESPONSIBILITIES</b>
<input type="checkbox"/>	1. Wash, rinse, sanitize and set-up equipment for next shift.
<input type="checkbox"/>	2. Dry floors and ceilings.
<input type="checkbox"/>	3. Empty trash barrels
<input type="checkbox"/>	4. Perform and assist in other related duties as required.
	<b>MISCELLANEOUS DUTIES and RESPONSIBILITIES</b>
<input type="checkbox"/>	1. Work effectively with others both within and outside the department. Work as a team with others.
<input type="checkbox"/>	2. Report to work on time. Leave and return from breaks on time.
<input type="checkbox"/>	3. Follow safety rules, conduct rules, HACCP, GMP, Quality Standards & other regulations.

# 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)

01/01/1991

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

# Curtis Wilkins

Rochester, MN  
curtiswilkins89\_pm9@indeedemail.com  
7734251380

#readytowork

Authorized to work in the US 1

## Work Experience

### **Courier Driver**

DoorDash - Rochester, MN  
April 2019 to Present

Receive orders from my mobile device and deliver the food in a timely manner. I am trained and certified by the company.

Holiday Inn - Rochester, MN  
May 2017 to April 2018

Clean hotel by performing housekeeping duties such as mopping sweeping vacuuming and using sanitation chemicals to ensure the cleanliness of the hotel

### **Dishwasher and Dietary Aide**

Sacred Heart Home - Chicago, IL  
December 2011 to December 2016

Cleaned up spoiled food, drinks, broken dishes, removed empty items, emptied trash and prepared various food for cooking and serving.

## Education

### **High school diploma in Business**

Purdue University Online - Davenport, IA  
May 2017 to June 2019

Hyde Park Academy High School - Chicago, IL  
2005 to 2009

## Skills

- Microsoft office (3 years)
- Houseman
- Handyman
- Cleaning
- Housekeeping

Sanitation  
Start on  
9-8-2020

## **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**   CW   (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**   CW   (initial)

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

**ILLINOIS** Jesse White - Secretary of State **DRIVER'S LICENSE** USA



4a LIC NO: W425-1129-1004  
3 DOB: 01/04/1991  
4b EXP: 01/04/2021  
4a ISS: 01/09/2017  
1 WILKINS  
2 CURTIS L  
3 9528 S COLFAX AVE  
4 CHICAGO, IL 60617  
5 CLASS: D 6a END: NONE  
12 REST: NONE  
10 SEX: M 11 HGT: 5'-06"  
17 WGT: 180 lbs 18 EYES: BRN TYPE: ORG  
5 DD 20170109302CS9052

*Curtis Wilkins*

**SOCIAL SECURITY**

324-86-6813

THIS NUMBER HAS BEEN ESTABLISHED FOR  
**CURTIS LAMAR  
WILKINS**

*Curtis Wilkins*

SIGNATURE 08/10/2017



## Case Verification Number: 2020248142012BK

Report prepared: 09/04/2020

### 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: Curtis Wilkins

Date of Birth: 01/04/1991

U.S. Social Security Number: \*\*\*-\*\*-6813

Employee's First Day of Employment: 09/04/2020

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: \*\*\*\*\*1004

Expiration Date: 01/04/2021

State: Illinois

List C Document: Social Security Card

### Case Information

Case Status: Closed

Case Submitted By: Kelsey Sikkink

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close

**From:** LeAnn Haack  
**Sent:** Tuesday, September 15, 2020 6:12 AM  
**To:** Hugh Fendry  
**Cc:** Jennifer Coffman  
**Subject:** FW: Curtis Wilkins

FYI

LeAnn Haack – Human Resources Manager  
Phone: (507) 529- 4727  
Cell: (507) 450-5125



[lhaack@bih-us.com](mailto:lhaack@bih-us.com)

**From:** Bob Franke <[BFranke@bih-us.com](mailto:BFranke@bih-us.com)>  
**Sent:** Tuesday, September 15, 2020 4:17 AM  
**To:** LeAnn Haack <[LHaack@bih-us.com](mailto:LHaack@bih-us.com)>  
**Cc:** Jennifer Coffman <[Jennifer@corpimgmtgroup.com](mailto:Jennifer@corpimgmtgroup.com)>  
**Subject:** Curtis Wilkins

Hi LeAnn:

Curtis came back to work at 3:20 AM – I told him he was terminated for leaving the company grounds – At which point Curtis became extremely unhappy  
He tried to say nobody told him he couldn't leave or do whatever he wanted to on his break. The more I talked to him about the whole situation – The more  
Unhappy and belligerent he became – I told him he had to leave and could talk to HR tomorrow about the whole issue. Unless he calms down your going to  
Have your hands full – He started playing the racist card as well.

All this happened in the break room – Katou Syhakhoun was there the whole time as well – So he can tell you exactly the same story.

I'm hoping your coming in early today for the flu shots and I can talk to you more.  
Bob

**From:** Bob Franke  
**Sent:** Tuesday, September 15, 2020 4:17 AM  
**To:** LeAnn Haack  
**Cc:** Jennifer Coffman  
**Subject:** Curtis Wilkins

Hi LeAnn:

Curtis came back to work at 3:20 AM – I told him he was terminated for leaving the company grounds – At which point Curtis became extremely unhappy

He tried to say nobody told him he couldn't leave or do whatever he wanted to on his break. The more I talked to him about the whole situation – The more

Unhappy and belligerent he became – I told him he had to leave and could talk to HR tomorrow about the whole issue. Unless he calms down your going to

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