

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: Monday-Friday 8am-4pm

Office Number: 507-923-7956

Office Address: 1825 7th 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) Brady Mitchiel Date: 9-2-20

Address: (Street Address) 1224 Oakview Dr (Apt./Unit #) 2

(City) St. Charles (State) MN (ZIP Code) 55972

Phone: (507) 319-4581 Email: mitchielbrady10@gmail.com

Social Security No. 474-17-4538 Date Available: 9-7-20

Position Applied for: 3 Shift sanitation Desired Salary: 13.00

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	studio academy	rochester MN	4	Diploma
College	rctc	rochester MN	1 1/2	
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 *Mitchell Bell* Date: 9-2-20

Rochester Meat Company

Start Date: Tuesday, September 8, 2020

Title: Full Time Sanitation Worker
Department: Clean Up Night
Supervisor: Bob Franke
Wage: \$12.00 / Hour plus 1.50 shift differential
Skill Level: 3

Schedule for First Week - 3rd Shift

Tuesday 1:00pm to 4:00pm Orientation

Wednesday 10:00pm to 6:00am Work/Orientation

Thursday: Work Regular Schedule 10:00pm - 6:00am

Friday: Work Regular Schedule 10:00pm - 6:00am

Misc Items:

Please park in the employee parking lot behind the plant.

Dress warm and dress in layers, wear long pants and closed toed shoes

A locker will be provided, bring your own padlock

Mitchiel Brady

Rochester, MN
mitchielbrady6_nev@indeedemail.com
5073194581

Authorized to work in the US for any employer

Work Experience

Donut Maker

Casey's General Store - Stewartville, MN
March 2017 to Present

Open Store, Make Donuts, Make Pizzas, Customer Service.

Unloaded Truck, Cashier, Stocked Floor

Fareway Food Stores - Rochester, MN
April 2013 to April 2016

Customer Service, Truck, Cashier, Bagged Groceries/ Helped carry to vehicles, Stocked Shelves/ Faced Store, Cleaned,

Customer Service Manager

Cold Stone Creamery - Rochester, MN
October 2007 to April 2013

Cashiered, Helped Customers, Opened/Closed Store, Truck Unload, Cleaned/ Organized Store.

Education

Generals

Rochester Community and Technical College - Rochester, MN
August 2007 to August 2008

High School Diploma

Studio Academy - Rochester, MN
August 2004 to May 2007

~~- Anytime Start date~~
~~- Anytime for drug test~~

Sanitation
can start +
9/8/2020

Criminal/Traffic/Petty Case Records Search Results

Record Count: 2

Search By: Defendant Exact Name: on Party Search Mode: Name Last Name: brady First Name: mitchiel All/All Sort By: Filed Date

Case Number	Citation Number	Defendant Info	Filed/Location/Judicial Officer	Type/Status	Charge(s)	Disposition/Level of Sentence
<u>66-CR-16-1794</u>		Brady, Mitchiel David 09/30/1988	08/02/2016 Rice Long, Christine Anne	Crim/Traf Mandatory Closed	Interfere with Emergency Call (Not applicable - GOC) Domestic Assault by Strangulation (Not applicable - GOC)	Convicted Convicted of a Gross Misdemeanor Dismissed
<u>66-CR-16-2585</u>	660216900842	Brady, Mitchiel David 09/30/1988	11/07/2016 Rice	Crim/Traf Mandatory Closed	DOMEST-DOMESTIC ABUSE- VIOLATE NO CONTACT O	Convicted Convicted of a Misdemeanor

Pre-Employment Testing Policy

It is the policy of Rochester Meat Company to hire persons who, at the time of application have shown themselves to be free from the use of illegal drugs. Rochester Meat Company will test for illegal drug use as a condition of employment. This will be assessed by using a urine drug screen, the results of which must be negative unless the substance found is being currently prescribed by a licensed physician for a legitimate medical condition.

This policy applies to all new hires, regardless of job level or potential work station, and will include all full-time benefit, other benefit, non-benefit, temporary and contract employees.

Mitchell Beley

Employee Signature

8-26-2020

Date

Ph#
11604538

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

Branding Iron Holdings - Rochester Meat ("the Company") may obtain information about you for employment/volunteer or contractor purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon proper request to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the consumer report" and/or "investigative consumer report" will be conducted by Aurico Reports Inc., 116 W. Eastman St., Arlington Heights, Illinois, 60004, (844) 220-6741, www.aurico.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Signature: Mitchell Blum

Date: 8-26-2020

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Aurico Reports Inc., 116 W. Eastman St., Arlington Heights, Illinois, 60004, (844) 220-6741, www.aurico.com, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

<p>New York and Maine applicants, volunteers, contractors or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.</p>
<p>New York applicants, volunteers, contractors or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p>Oregon applicants, volunteers, contractors or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.</p>
<p>Washington State applicants, volunteers, contractors or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>
<p>Minnesota and Oklahoma applicants, volunteers, contractors or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
<p>California applicants, volunteers, contractors or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/></p>

Signature: *Mitchell Berry* Date: 8-26-2020

CONDITIONAL OFFER OF EMPLOYMENT
AND
EMPLOYEE ACKNOWLEDGEMENT

ROCHESTER MEAT CO. is extending you a conditional offer of at-will employment. Until the information you have provided on your application or referral can be checked for accuracy and your references can be satisfactorily confirmed, your offer is conditional. Once the information you have provided is satisfactorily confirmed, your offer of at-will employment will be considered unconditional.

Since these confirmation procedures take time, you may be put to work prior to their completion. If your references are not satisfactory or there were inaccuracies or significant items omitted from your application or referral information, your employment offer will be withdrawn, even if you have already begun work. In addition, if you were formerly employed by ROCHESTER MEAT CO. and for any reason are not eligible for rehire, your employment offer will be withdrawn, even if you have already inadvertently been hired or already begun work.

Employment at ROCHESTER MEAT CO. is at all times at-will employment. This means that you or ROCHESTER MEAT CO. may terminate the employment relationship at any time, for any reason, with or without notice, cause or prior discipline or warning.

ACKNOWLEDGMENT AND ACCEPTANCE

I have read ROCHESTER MEAT CO.'s Policy on Conditional Offers of At-Will Employment and understand that my employment with ROCHESTER MEAT CO., if this conditional offer is confirmed, will be at-will employment. I give my consent for ROCHESTER MEAT CO., as well as its agents and employees, to confirm the information I have provided in connection with my application and references and agree to submit to any required physical examination, including drug and/or alcohol tests and medical history. I also agree to hold ROCHESTER MEAT CO., its agents and employees, and any former or present employers or other sources of confirming information harmless from any liability in connection with these reference and confirmation procedures and any work observation in which I participate. I am providing my social security number and date of birth to confirm all reference and application information.

Date: 8-26-2020

Signed: Mitchell Brady

Mitchiel Brady

(Print Name in Full)

474-17-4538

Social Security Number

9-30-1988

Date of Birth

Witness: SL

BACKGROUND INVESTIGATION

PLEASE PRINT NEATLY AND MAKE SURE THE PRINTING IS LEGIBLE

First Name:

Middle Name:

Last Name:

Mitchiel

David

Brady

Maiden Name:

Date Changed:

Other last names used:

Date Changed:

Other last names used:

Date Changed:

Other last names used:

Date Changed:

List all cities and states where you have lived for the past 7 years - Attach additional sheet if necessary

Street

City

County

State

ZIP

How Long?

Current: 1224 St. Charles Winona MN 55972

2: 1224 Oakview Dr #2

3:

4:

Present Phone Number (with area code):

(507) 319-4581

Social Security Number:

474-17-4539

Date of Birth* (MM/DD/YYYY):

09 30 1988

Driver's License Number:

Driver's License State:

*This information will be used for background screening purposes only and will not be used as hiring criteria.

8/15/2019

ASAP
Semination

Interview Questionnaire

Applicant's Name: Mitchiel Brady

Date: 8/25/2020 Interview Time: 11am

Manager Interview/Plant Walk Through: NA

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

Indeed, likes cleaning, like overnight hours

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

Kwik Trip - kitchen, cashier Oct 2019 - June 2020 - let go
Caseys - made donuts - 2017 - 2019, let go
Fammy - 2013-16 - closed
Cold Stone - better job

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

loved learning new things, good with customers, gets the job

4. What do/did you like least about your present/past job?

Kwik Trip - co workers

5. Why did you leave your last job?

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

Talked to the manager

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

Paul - Caseys - hours

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 someone to explain, to understand

Test Reference Number _____

Name of Collector _____

Jennifer Coffman

COMPANY INFORMATION

Company Name

CMG

Phone _____

Fax _____

Address _____

City Spencer

State/Province MA

Zip/Postal Code _____

DONOR INFORMATION

Employee ID: _____

Last Name

Brady

First Name

Mitchell

Type of Identification Provided:

Driver's License

Employee Photo ID

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.

Mitchell Brady

Donor signature

9-2-20

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.

Collector signature

Jennifer Coffman
N/A

9-2-2020

Date/Time

Laboratory signature

N/A

Date/Time received

TEST RESULTS

Date/Time Collected

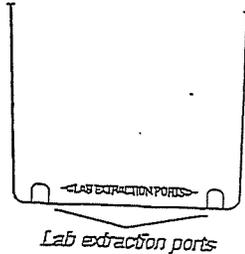
9/2/2020 10:12am

Time Interpreted

9/2/2020 10:26am

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 checked="" 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"/>
Moradone	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"/>

Notes / Comments _____

**EMPLOYER SOLUTIONS STAFFING GROUP
BACKGROUND CHECK AUTHORIZATION**

Employee Name: Mitchiel David Brady
(First) (Middle) (Last)

Social Security Number: 474-17-4539 DOB: 9-30-1988

The information contained in this application is correct to the best of my knowledge.

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, county 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 applicant's personal information, including, but not limited to, addresses, social security numbers and dates of birth.

Signature: Mitchiel Brady Date: 9-2-20



Criminal Background Check Acknowledgement

Part of the selection process at Corporate Management Group includes a background check. The background check includes the applicant's criminal history. As part of this interview, we ask if the applicant has been convicted of any crime. Whether or not an applicant has been convicted of a crime does not determine applicant's eligibility for this position.

Applicant Name: Mitchell

Date of Interview: 8-25-20

Recruiter Name: Sam

Have you ever been convicted of any crime, felony, misdemeanor, not including expunged records?

Yes No

If yes, when, where and what was the nature of this offense.

You will not be denied employment solely because you answered "Yes" above or because you have been convicted of a crime, felony or misdemeanor. The company considers many individualized factors in evaluating a job candidate, including but not limited to, with respect to criminal history, the nature and date of any offense, the surrounding circumstances, and the nature of the position for which you apply.

By my signature below, I certify that the information provided above is true and complete that I have discussed the above with my interviewer as disclosed. I understand and agree that any misrepresentation by me will be sufficient cause to eliminate me from consideration for employment and/or terminate employment at any time if I have been employed.

Applicant Signature: Mitchell Bley Date: 9-2-20

HR Manager Signature: _____ Eligible: Ineligible: Date: _____

EMERGENCY CONTACT INFORMATION

EMPLOYER SOLUTIONS STAFFING GROUP
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Employee Name: Mitchiel Brady

Address: 18224 oakview Dr apt #2

Home Phone: (507) 319-4581

EMERGENCY CONTACTS

Please list two people (in priority order) who could be contacted in case of an emergency

Contact #1	Home Phone:
Name: <u>ariel</u>	Cell Phone: <u>(507) 272-2221</u>
Relationship: <u>roommate</u>	Work Phone:
Contact #2	Home Phone:
Name: <u>Julienne Brady</u>	Cell Phone: <u>(507) 319-6646</u>
Relationship: <u>MOM</u>	Work Phone:

Additional information you want Employer Solutions Staffing Group and our clients to know in the event of an emergency:



employer solutions staffing group^{uc}

Leveraging Resources in a Changing Market

Notification of Minnesota Law Requirement – Unemployment Acknowledgement

According to Minnesota Statute section 268.095, subdivision 2, paragraph (d), an applicant who, within five calendar days after completion of a suitable job assignment from a staffing service, (1) fails without good cause to affirmatively request an additional suitable job assignment, (2) refuses without good cause an additional suitable job assignment offered, or (3) accepts employment with the client of the staffing service, is considered to have quit employment.

It is your responsibility to contact ESSG (for instance, by calling (320) 281.5617 or using any other form of contact) for additional assignments. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact ESSG within 5 calendar days once an assignment ends. I also acknowledge that I have received a separate copy of this form. MB (Initial)

Mitchell Brady

Employee Signature:

9-2-20

Date:

Mitchell Brady

Employee (please print your name here)

ROCHESTER

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.

Essential Function <input type="checkbox"/> = yes	DUTIES AND RESPONSIBILITIES
<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.
	MISCELLANEOUS DUTIES and RESPONSIBILITIES
<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.

Rochester Meat Company

Start Date: Tuesday, September 8, 2020

Title: Full Time Sanitation Worker
Department: Clean Up Night
Supervisor: Bob Franke
Wage: \$12.00 / Hour plus 1.50 shift differential
Skill Level: 3

Schedule for First Week - 3rd Shift

Tuesday 1:00pm to 4:00pm Orientation
Wednesday 10:00pm to 6:00am Work/Orientation
Thursday: Work Regular Schedule 10:00pm - 6:00am
Friday: Work Regular Schedule 10:00pm - 6:00am

Misc Items:

Please park in the employee parking lot behind the plant.
Dress warm and dress in layers, wear long pants and closed toed shoes
A locker will be provided, bring your own padlock



RECEIVE YOUR PAY WITHOUT DELAY



For you to continue to receive your pay each week without delay we are encouraging all employees to use **direct deposit or a Money Network card**. It is becoming more and more difficult for employees to cash checks without fees or delay due to increased security at all banks. Also, if your check is lost or stolen you will have to wait 3 days for another check.

Money Network Card

If you don't have a bank account, computer access or don't want to use direct deposit you can use Money Network Card which works like a Visa.

- There are **NO FEES** if you use the card at an in-network ATM or if you use it like a credit card (not debit) to make individual signature purchases.
- Visit www.bankofamerica.com/moneynetwork to locate in-network locations or download the Money Network Mobile App.
- You may call Customer Service 24 hours a day, 7 days a week, 365 days a year at 1-800-845-8683 for balance inquiries or other questions.
- You can pay bills with the Money Network Card (by phone/internet/in person). You can also set up your online account to make automatic payments.
- In the event you lose your pay card please contact the customer support number listed above and request for a new card to be sent out.



Employee Incident Report

PLEASE COMPLETE ALL INFORMATION (To be completed by Supervisor with employee)

Your Name (please print): Mitchie Brady Today's Date: 11-6-2020

Date Accident Occurred: 10-29-2020 Time Accident Occurred: 3:35 a.m. _____ p.m.

Time you started working: _____ a.m. 10:00 p.m. Were you working overtime? Yes ___ No

Your regular department: Sanitation Shift: _____ 1st _____ 2nd 3rd

Date of birth: 9-30-88 Date of hire: Sept. 7th?

Were you performing your regular job? Yes ___ No If not, where were you working? _____

Please describe in complete detail what happened and list equipment, tools, or machines that were involved.

Employee/Witness Statement:
The plate was on the plate rack and it tilted sideways onto my foot and I have a bruise and swollen foot.

Please check all appropriate boxes below: Part of Body Affected

Head	Upper Extremities	Trunk	Lower Extremities
<input type="checkbox"/> Ear ___ right ___ left	<input type="checkbox"/> Elbow ___ right ___ left	<input type="checkbox"/> Back (Middle)	<input type="checkbox"/> Ankle ___ right ___ left
<input type="checkbox"/> Eye ___ right ___ left	<input type="checkbox"/> Upper arm ___ right ___ left	<input type="checkbox"/> Back (Lower)	<input type="checkbox"/> Hip ___ right ___ left
<input type="checkbox"/> Nose	<input type="checkbox"/> Wrist ___ right ___ left	<input type="checkbox"/> Back (Upper)	<input type="checkbox"/> Knee ___ right ___ left
<input type="checkbox"/> Skull	<input type="checkbox"/> Hand ___ right ___ left	<input type="checkbox"/> Tailbone	<input type="checkbox"/> Upper leg ___ right ___ left
<input type="checkbox"/> Teeth	<input type="checkbox"/> Shoulder ___ right ___ left	<input type="checkbox"/> Chest	<input type="checkbox"/> Lower leg ___ right ___ left
<input type="checkbox"/> Face	<input type="checkbox"/> Forearm ___ right ___ left	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Foot ___ right <input checked="" type="checkbox"/> left
	<input type="checkbox"/> Thumb ___ right ___ left		<input type="checkbox"/> Toe(s) ___ right ___ left
	<input type="checkbox"/> Fingers ___ right ___ left		

Nature of Specific Injury

<input type="checkbox"/> Abrasion (scratch)	<input type="checkbox"/> Burn (thermal)	<input type="checkbox"/> Laceration (cut)
<input type="checkbox"/> Burn (chemical)	<input checked="" type="checkbox"/> Contusion (bruise)	<input type="checkbox"/> Puncture
<input type="checkbox"/> Electrical shock	<input type="checkbox"/> Strain, Sprain	<input type="checkbox"/> Foreign body in eye

Type of Accident

<input type="checkbox"/> Caught in/on/between	<input type="checkbox"/> Fall (different level)	<input type="checkbox"/> Cumulative trauma (repetitive)
<input type="checkbox"/> Contact w/electric current	<input type="checkbox"/> Inhalation, absorption	<input type="checkbox"/> Struck against or struck by object
<input type="checkbox"/> Collision (vehicle)	<input type="checkbox"/> Ingestion	<input type="checkbox"/> Other (please explain)
<input type="checkbox"/> Fall (floor level)	<input type="checkbox"/> Infection	

Did anyone else see this happen? Yes* No *If yes, indicate names _____

Did you see the Company nurse? Yes No

Did you go to the Emergency Room? Yes ___ No Name of Hospital: Olmsted Medical

Did you see a Physician? Yes ___ No Physician Name and Phone: unknown

*request statement/incident report from witnesses

This is an accurate report of my injury or near miss.

Employee Signature: Mitchie Brady Date: 11-6-20

Investigating Supervisor Signature: Katon Spalderson Date: 11-6-20

October 30, 2020



Patient:	Mitchiel D Brady	Department	OMC HOSPITAL
Date of Birth:	9/30/1988	Information:	OMC HOSPITAL
Date of Visit:	10/30/2020		EMERGENCY ROOM
			1650 4TH ST SE
			ROCHESTER MN
			55904-4717
			507-529-6600

To Whom It May Concern:

Date of Injury/Illness: 10/30/2020
Injury reported to Employer: Yes
Employer Name: Rochester Meats

Return to work date: 10/30/2020

Worker's Compensation

It is my medical opinion that Mitchiel D Brady may work with the following:

Activity guidance/limitations/restrictions: No restrictions.

Treatment(s) and Medication(s): Apply ice to the painful area and elevate the left foot as needed.

Diagnosis(es): Contusion to Left Foot

Disposition/Follow-up: Follow up in Occupational Medicine if not improving in the next week.

Mary Call, PA-C

MINNESOTA
DRIVER'S LICENSE



MITCHIEL DAVID BRADY
915 41ST ST NW #219
ROCHESTER, MN 55901

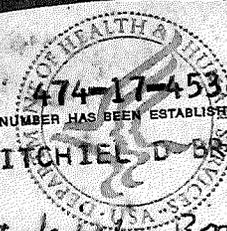
Date of Birth 09-30-1980
Sex M Eyes BLU Class D
Height 5-5 Weight 115

ISSUED 04-2018 EXPIRES 09-30-2021

Mitchiel Brady

Y015266306206

SOCIAL SECURITY



474-17-4538
THIS NUMBER HAS BEEN ESTABLISHED FOR
MITCHIEL D BRADY

Mitchiel Brady
SIGNATURE



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: _____

Login Password: _____

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: Michelle Buecy

Date: 9-2-20

Pay Information

Payday is every Friday

Name: Mitchiel Brady

Last 4 of SSN: 4538

Please mark what option you choose

Direct Deposit

Bank Name wells fargo

Account Number 7408989801

Circle One

Checking Savings

Routing Number 091000019

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 MB

Bank of America Money Network Card

↓ Office Use Only ↓

Account Number _____

Routing Number _____



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)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any) N/A	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address N/A		Employee's Telephone Number	

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>)	
<p><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></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee <i>Mitchell Beuey</i>	Today's Date (mm/dd/yyyy) <i>09-07-2020</i>
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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

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

MITCHEL BRADY 03/17
803 BERG BLVD SE
STEWARTVILLE, MN 55976-1453

1002

7-1/910 3592

Pay to the
Order of

Date

\$

Dollars



Wells Fargo Bank N.A.
Minnesota
wellsfargo.com



For

⑆091000019⑆ 7408889801⑆ 01002

Harland Clarke

ISLAND BREEZES