



New Employee Acknowledgement Form

Welcome to CMG and ~~Rochester Meats~~ ^{Rochester Meats}

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

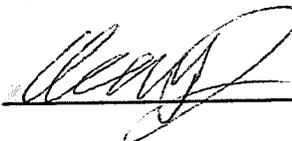
View Paystubs

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

Login Name: 5075170610

Login Password: Adw⁸⁹³⁶~~8936~~

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:** 10-27-20



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>Dominquez</i>		First Name (Given Name) <i>Alan</i>		Middle Initial <i>J</i>	Other Last Names Used (if any) N/A	
Address (Street Number and Name) <i>819 34th Ave Ct NW</i>			Apt. Number	City or Town <i>Rochester</i>	State <i>MN</i>	ZIP Code <i>55901</i>
Date of Birth (mm/dd/yyyy) <i>8-13-1996</i>	U.S. Social Security Number <i>627-54-8936</i>		Employee's E-mail Address N/A <i>alanDomi96@gmail</i>		Employee's Telephone Number <i>507-517-0610</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	QR Code - Section 1 Do Not Write In This Space 
<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 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. (<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>10-21-1996 2020</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!



TEMPORARY LICENSE



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



DL ID #:

Q807-164-449-915

TEMPORARY CREDENTIAL EXPIRATION

06-Jan-2021

DATE OF BIRTH

15-Aug-1996

APPLICANT INFORMATION

APPLICATION DATE 08-Sep-2020

APPLICATION NAME DOMINGUEZ, ALAN JAVIER

CREDENTIAL INFORMATION

Name	DOMINGUEZ, ALAN JAVIER		
DL ID Number	Q807-164-449-915	Date of Birth	15-Aug-1996
Residence Address	819 34TH AVENUE CT NW ROCHESTER MN 55901-6633	Height	5ft 11in
Card Mailed To	819 34TH AVENUE CT NW ROCHESTER MN 55901-6633	Eye Color	Brown
Station Location	Rochester (771)	Sex	Male
Credential Type	Standard ID	Weight	300 lbs.
Card Type	DL Class D	Organ Donor	No
Endorsements	None	Vetran	No
Restrictions	Corrective Lenses		
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 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/TTY	651-282-6555

(DVS/PAID STAMP ONLY)



DEPARTMENT OF PUBLIC SAFETY-DRIVER LICENSE

Pay Information

Payday is every Friday

Name: Alan Dominguez

Last 4 of SSN: 8936

Please mark what option you choose

Direct Deposit

Bank Name CES Bank

Account Number 104786242784

Circle One

Checking -or- Savings

Routing Number 091000022

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 AD

Bank of America Money Network Card

↓ Office Use Only ↓

Account Number _____

Routing Number _____

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)

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?	<u>YES</u> / 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

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 AD (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 AD (initial)

10am - 10/27/2020

2nd shift Cutter
~~Scanner~~



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

3pm ~~3pm~~ w/ Vandee

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) Dominguez Alan Date: 10-21-20

Address: (Street Address) 719 34th Ave NW (Apt./Unit #) _____

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

Phone: 507-517-0610 Email: AlanDomi96@gmail.com

Social Security No. 627-54-8936 Date Available: Any

Position Applied for: any Desired Wage: Min. ~\$15

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? Sign outside Referral Name: N/A

If under 18, please list age: _____

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? No Yes

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	<u>Four Direction Charter School</u>	<u>Minneapolis MN</u>	<u>12th</u>	<u>General</u>
College	<u>N/A</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Bus. Or Trade School	<u>N/A</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
Professional School	<u>N/A</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>

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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:

10-21-20



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: 10-27-20

Printed Name: Alan Dominguez

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

CMG Preliminary Questions

Name: Alan Dominguez

Date: 10-27-20

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 _____



New Employee Acknowledgement Form

Welcome to CMG and ^{Rochester Meats}~~Rochester Meats~~!

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View Paystubs

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

Login Name: 5075170610

Login Password: Ad@8396

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: 10-27-20

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 Dominquez Employee ID: _____
 First Name Alan
 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 10-27-20

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.

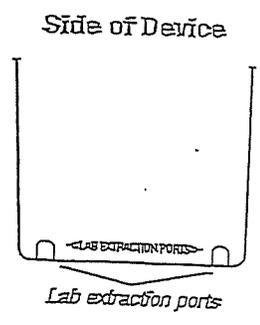
Collector signature [Signature] Date/Time 10-27-2020

Laboratory signature _____ Date/Time received NA

TEST RESULTS

Date/Time Collected 10-27-2020 10:08am
 Time Interpreted 10-27-2020 10:34am

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.



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"/>
Moradone	MTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MEF	<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"/>

Cut out this panel to copy/scan results

Notes / Comments _____

