

**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) English Gerald Date: 9/3/20

Address: (Street Address) 864 16 Ave SE (Apt. /Unit #) \_\_\_\_\_

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

Phone: (608) 406-7784 Email: \_\_\_\_\_

Social Security No. 325-76-1326 Date Available: 9/21/20

Position Applied for: puchen Desired Salary: 13.50

Shift Available to work:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> Employment desired:  Full-Time  Part-Time

Are you authorized to work in the U.S?  Yes  No

How did you hear about us? 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	Austin HS	Chicago IL	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:

9/3/20

**Rochester Meat Company**

**Start Date:** Monday September ~~21~~<sup>21</sup>, 2020  
**Title:** Full Time Cutter  
**Department:** Portion Day  
**Supervisor:** Nisvet Ribo ✱  
**Wage:** \$13.50 / Hour  
**Skill Level:** 3

**Orientation Schedule - 1st Shift**

Monday: <sup>8:30 HR office</sup> ~~8:00~~am to 1:00pm Job Shadow, 1:00pm to 4:00pm Orientation  
Tuesday: <sup>8:30</sup> ~~8:00~~am to 1:00pm Job Shadow, 1:00pm to 4:00pm Orientation  
Wednesday: Work Regular Schedule 6:00am - 2:30pm  
Thursday: Work Regular Schedule 6:00am - 2:30pm  
Friday: Work Regular Schedule 6:00am - 2:30pm

Misc Items:

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

## **Rochester Meat Company**

**Start Date:** Tuesday, September 8, 2020  
**Title:** Full Time Cutter  
**Department:** Portion Day  
**Supervisor:** Nisvet Ribo  
**Wage:** \$13.50 / Hour  
**Skill Level:** 3

### **Orientation Schedule - 1st Shift**

Tuesday: 8:00am to 1:00pm Work, 1:00pm to 4:00pm Orientation

Wednesday: 8:00am to 1:00pm Work, 1:00pm to 4:00pm Orientation

Thursday: Work Regular Schedule 6:00am - 2:30pm

Friday: Work Regular Schedule 6:00am - 2:30pm

### **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



## 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: ~~325961324~~ 6084067784

Login Password: Ge@1324

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: 9/3/20

# EMERGENCY CONTACT INFORMATION

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

Employee Name: Gerald J English III  
Employee Phone Number: (608) 406-7784  
Employee Address: 864 16th Ave SE

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: Latoya White  
Relationship: Friend  
Phone Number: (1763) 438-7088

**Contact # 2**

Name: Annie Brewer  
Relationship: Grand mother  
Phone Number: (1312) 576-7271

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.

<b>MISCELLANEOUS DUTIES and RESPONSIBILITIES</b>	
	1. Work effectively with others, both within and outside the department. Work as a team with others.
	2. Report to work on time. Leave and return from breaks on time.
	3. Follow safety rules, conduct rules, HACCP, GMP, Quality Standards and other regulations.
	4. Be able and willing to do new or different jobs as required.
	5. Take care of and properly maintain the equipment used in this job (knife, glove, etc.).

**MACHINERY:** Conveyor, tape machine, bar-coder, packaging machine, needler, cutting machine, computer and electronic scale, Sanova line, Cryovac, Skinner

**EQUIPMENT:** Hand pallet jack, combo, table, knives, luggers, carts, PPE.

**CHEMICALS:** Bleach.

**WORK ENVIRONMENT:** Standing on cement floor. Moderate to high level of noise. Temperature ranges from 30-50 degrees Fahrenheit (-10 degrees in blast freezer).

**PHYSICAL REQUIREMENTS (with or without reasonable accommodation):** Ability to lift/move 10-50 pounds continuously. Requires varying degrees of pushing, pulling, bending and lifting to move boxes. Must be able to continuously perform simple repetitive and manipulative tasks such as cutting steaks. Able to perform tasks requiring action of muscles or group of muscles such as walking and stooping. Able to stand for prolonged periods (eight-hour shift).

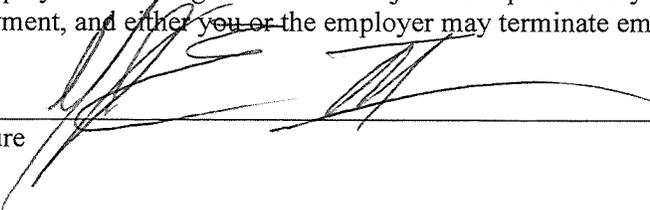
**MENTAL REQUIREMENTS (with or without reasonable accommodation):** Able to concentrate on minimal details with little interruption. Must be able to attend to task/function for 60 minutes at a time. Able to remember verbal and/or written task/assignment for an eight-hour shift. Must be able to read and use a pound percentage scale.

**WORK HOURS:** As required, Monday through Friday workweek. Will be required to work some Saturdays.

**SUPERVISION (given and received):** *Given:* None. *Received:* Direct supervision from Lead (green hat) and general supervision from Supervisor or Manager (blue hat).

This job description does not list all the duties of the job. You may be asked by your supervisor, manager or Executive Committee to perform other duties. You will be evaluated in part based upon your performance of the tasks listed in this job description.

The employer has the right to revise this job description at any time. The job description is not a contract for employment, and either you or the employer may terminate employment at any time, for any reason.

Signature  Date 9/3/20

Approved by Human Resources \_\_\_\_\_ Dated \_\_\_\_\_ ROC-HR-1035-01  
 Authorized by \_\_\_\_\_ Dated \_\_\_\_\_ JD Rev 001  
 Page 2 of 2

# Gerald J English III

Rochester, MN  
gjesmallworld3\_hxx@indeedemail.com  
6084067784

Willing to relocate: Anywhere  
Authorized to work in the US for any employer

## Work Experience

### Cook/Prep

Hy-Vee, Inc. - Rochester, MN  
October 2019 to Present  
Cook at the Market Grille

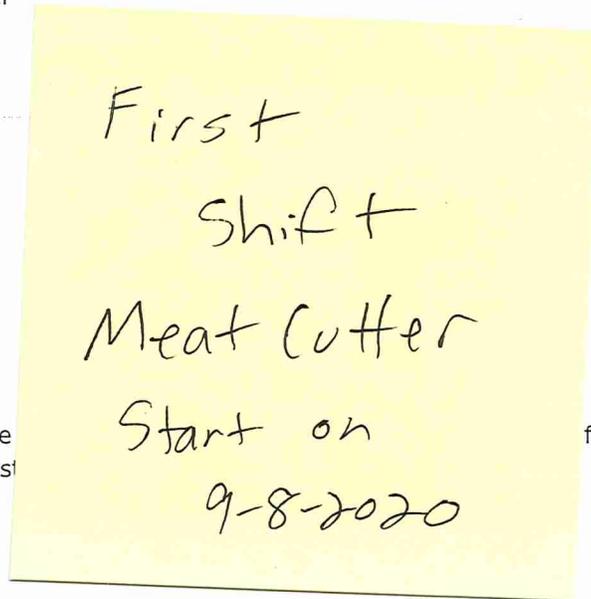
### Cook/Prep

Red Lobster - Onalaska, WI  
December 2017 to Present

My job I work Grill, Sauté , Fry , I have to make  
and make sure quality of food is iss at the best

### Fashion Consultant

Pyramid Child Apparel - La Crosse, WI  
November 2017 to Present  
Design custom apparel for customers



fashion

## Education

### High school diploma in Science

Moorish Science Temple of America - Chicago, IL  
August 2000 to June 2004

### High school or equivalent

## Skills

- Food Prep
- Kitchen Staff
- Food Service
- Grill

## Certifications and Licenses

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

Name of Collector Jennifer Coffman

### COMPANY INFORMATION

Company Name CMG

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Address \_\_\_\_\_

City Sydney

State/Province NSW

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

### DONOR INFORMATION

Employee ID# \_\_\_\_\_

Last Name English III

First Name Gerald

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.

Donor signature \_\_\_\_\_

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

9-3-20 1:30pm

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 \_\_\_\_\_

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

9-3-2020 1:44pm

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

Date/Time received \_\_\_\_\_

N/A

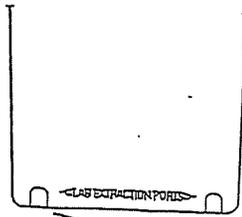
### TEST RESULTS

Date/Time Collected 9-3-20 1:30

Time Interpreted 1:44pm

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 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"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

# Authorization to Enter New Hire Information

By signing below, I authorize a member of Corporate Management Group – Rochester Office – to enter my new hire paperwork into the online Zenopole (NHO) site. I understand that I will be provided access via login name and password to view the forms that they have completed on my behalf.

Employee Signature: \_\_\_\_\_



Date: \_\_\_\_\_

9/3/20

## Insurance Information

I understand that the CMG Staff defaults to decline insurance when entering my new hire paperwork unless specified otherwise during my interview.

I understand that I have 30 days after my employment starts to apply for insurance through ESSG via the login information provided to me.

I agree: \_\_\_\_\_

GE

(initial)

# 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)

08/19/1985

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?) MN

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?) MN

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

5/7/13

What was your release date? MM/DD/YYYY

5/7/14

What state was your conviction in? (STATE) Wisconsin

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>English III</i>		First Name (Given Name) <i>Gerald</i>		Middle Initial <i>J</i>	Other Last Names Used (if any) N/A	
Address (Street Number and Name) <i>864 16<sup>th</sup> AVE</i>			Apt. Number	City or Town <i>Rochester</i>	State <i>MA</i>	ZIP Code <i>55904</i>
Date of Birth (mm/dd/yyyy) <i>08/19/1985</i>	U.S. Social Security Number <i>325 - 96 - 1326</i> (N/A)		Employee's E-mail Address		Employee's Telephone Number <i>(608) 406-7784</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> )

*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 <i>[Handwritten Signature]</i>	Today's Date (mm/dd/yyyy) <i>9/3/20</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

