

# CORPORATE MANAGEMENT GROUP

## Employment Application

Office Hours: Monday-Friday 8am-4pm

Office Number: 507-923-7956

Office Address: 1825 7<sup>th</sup> 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) Kelly Scott Date: 8-20-2020  
 Address: (Street Address) 811 center ave south (Apt. /Unit #) 14  
 (City) Hayfield (State) MN (ZIP Code) 55940  
 Phone: (209) 770-8693 Email: Bellam thanitos 1989@gmail.com  
 Social Security No. 625-30-7056 Date Available: 19  
 Position Applied for: meat cutter Desired Salary: \$14.00  
 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	gold rush charter	sonora C.A.	4	
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: Scott Kelly Date: 8-20-2020





## 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 / Reichel Foods Handbook**

**Healthcare Notice of Exchange and Website for Enrollment**

**Safety Policy**

**Drug and Alcohol Testing Policy**

**View Paystubs**

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

Login Name: (209) 770-8693

Login Password: SK@7056

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: 8-20-2020



**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>Kelly</i>		First Name (Given Name) <i>Scott</i>		Middle Initial <i>T</i>	Other Last Names Used (if any)	
Address (Street Number and Name) <i>811 center ave south</i>			Apt. Number <i>14</i>	City or Town <i>Hayfield</i>		State <i>MN</i>
Date of Birth (mm/dd/yyyy) <i>09-18-1989</i>		U.S. Social Security Number <i>625-30-7996</i>		Employee's E-mail Address <i>Bellumthanitos1989@gmail.com</i>		Employee's Telephone Number <i>(209) 770-8693</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>	
<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: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____</p> <p>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>Scott Kelly</i>	Today's Date (mm/dd/yyyy) <i>08-20-2020</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!

# Pay Information

Payday is every Friday

Name: Scott Kelly

Last 4 of SSN: 7056

Please mark what option you choose

**Direct Deposit**

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

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

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

Circle One

Checking -or- Savings

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 SK

**Bank of America Money Network Card**

↓ Office Use Only ↓

Account Number 7277631800186895

Routing Number 084003997



**Case Verification Number: 2020234192401ML**

Report prepared: 08/21/2020

**Company Information**

Company ID: 1284996

Client Company ID: 1284996

**Employee Information**

Name: Scott Kelly

U.S. Social Security Number: \*\*\*-\*\*-7056

Citizenship Status: U.S. Citizen

**Document Information**

List A Document: U.S. Passport or Passport Card

Document Number: 578567746

**Case Information**

Case Status: Closed

Current Case Result: Employment Authorized

Company Name: ESSG - Corporate Management Group

Client Company Name: ESSG - Corporate Management Group

Date of Birth: 09/18/1989

Employee's First Day of Employment: 08/21/2020

Expiration Date: 02/11/2028

Case Submitted By: Kelsey Silkkink

Reason for Closure: Employment Authorized Auto Close

## 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: Scott Kelly Date: 8-20-2020

## 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: SK (initial)

## CMG Preliminary Questions

Name: Scott Kelug

Date: 08-20-2020

Please Mark Yes or No

1. If hired are you willing to take a drug test?  Yes  No
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? Yes  No
3. Are you able to work with pork?  Yes  No

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

Have you ever been convicted of a crime? Yes  No

Explain

Incident Dui over 5 yrs ago

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Employee Signature Scott Kelug

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