

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: Monday-Friday 8am-4pm

Office Number: ~~507-525-7956~~ 507-838-5994 (Jen)

Office Address: 1825 7th St NW Rochester, Mn 55901

10am
9/21/2020



Your workforce management & staffing experts

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) Mabor, Mabor Date: 9/17/2020

Address: (Street Address) 4503 3rd St. NW (Apt. /Unit #) _____

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

Phone: 507-577-9139 Email: mabormmabor@gmail.com

Social Security No. 473-45-4886 Date Available: 9/21/2020

Position Applied for: _____ Desired Salary: \$ 13.50

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? Walk in Referral Name: _____

If under 18, please list age: _____

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

Education

Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	<u>John Marshall</u>		<u>3</u>	<u>Diploma</u>
College				
Bus. Or Trade School				
Professional School				

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



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.

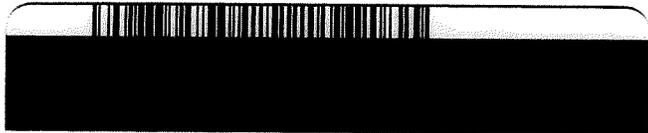
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by 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 Melba Uy Date: 9/17/2022



CLASS: D-Single Veh or combination up to 26,000 lbs. GVWR/GCWR
END: None
RESTR: None



32F2S
PP

SUDAN

SIGNATURE OF: stat. Dept
 AND STAMP OF: [Stamp]
 SIGNATURE: [Signature]
 DATE: 11/16/92

12000

MARTIN

CHRISTIAN

11-10-92

EMERGENCY



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 X
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 X
3. Have you traveled anywhere in the previous 14 days to anywhere designated by the CDC as having widespread ongoing transmission? YES _____ NO X
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 X
5. Do you have any of the symptoms listed below? YES _____ NO X
 - 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 X
7. Do you have a pending Covid-19 Test? YES _____ NO X

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: 9/21/2020

Printed Name: Mabor Mabor

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: Mabor Mabor

Date: 9/21/2020

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 Mabor Mabor

Interviewer Signature _____

A Great Place to Work!



Rochester Meat Company

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.

Rochester Meat Company ("Rochester Meat") is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state, or local law, including race, color, creed, religion, age, sex, affectional preference or sexual orientation, national origin, ancestry, marital status, disability, including those related to pregnancy or childbirth, membership or activity in any local commission, status regarding public assistance, membership or non-membership in any labor organization, or any other characteristic protected under federal, state or local law. None of the questions in this application are intended to elicit information regarding any protected characteristics, nor imply any limitation, illegal preferences, or discrimination based upon non-job-related information or protected characteristics.

If you are hired by Rochester Meat Company you will be employed on an at-will basis. As an at-will employee, you may terminate your employment at any time, for any reason, without notice. Similarly, if you are hired, Rochester Meat Company will have the right to terminate your employment at any time, for any reason, without prior notice. No Rochester Meat Company supervisor or manager has the authority to offer or promise anything other than at-will employment, and no subsequent transfer, promotion or change in your employment will affect your at-will employment status.

Answer ALL Questions Completely - Please Print - Be Sure to Complete All Applicable Pages!

Name Mabor Mabor Date 02/20/20
First Middle Last

Have you ever been known by another name or by an alias? Yes No If yes, what? _____

Present Address 4503 3rd St. NW

City, State & Zipcode Rochester, MN 55901

Permanent Address 4503 3rd St. NW

Home Phone No. 507-202-8485 Other phone at which you can be reached (Present Work): _____

If hired, can you furnish proof that you are 18 years of age, or older? Yes No If no, explain: _____

If hired, can you furnish proof that you are eligible to work in the United States? Yes No If no, explain: _____

Have you worked for Rochester Meat Company before? Yes No Where and When? _____

Reason for leaving Rochester Meat Company if applicable? _____

Are you available to work at any time of the day or week as needed? Yes No

Test Reference Number _____

Name of Collector _____

Jennifer Ceffman

COMPANY INFORMATION

Company Name

CMG Rochester Meats

Phone _____

Fax _____

Address _____

City Rochester

State/Province NY

Zip/Postal Code _____

DONOR INFORMATION

Employee I.D. _____

Last Name

Mabor

First Name

Mabor

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

Mabor M

Date/Time

9/24/2020

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 Ceffman
N/A

Date/Time

9/24/2020 10:03am

Laboratory signature

N/A

TEST RESULTS

Date/Time Collected

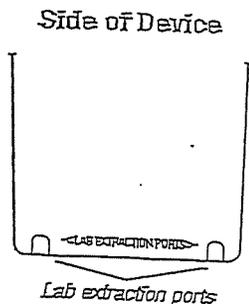
9/24/2020 10:03am

Time Interpreted

10:13am

Drug Name	Synonym	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"/>
Metadone	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"/>

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.



Cut out this panel to copy/scan results

Notes / Comments _____

Minnesota/Federal W-4 Information

(This information will be inputted onto the online NHO form – you will be provided the login information during your interview)

Minnesota W-4 Information-

Choose your filing status (mark one):

- Single; Married, but legally separated; or Spouse is a nonresident alien
 Married
 Married but withhold at higher Single rate

Exempt? Yes No

Total Number of Minnesota allowances: 1

I certify that all information provided above is correct. I understand there is a \$500 penalty for filling or false withholding allowance/exemption certificate.

I have read and agree MM (initial)

Federal W-4 Information-

Exempt? Yes No

Choose your filing status (mark one):

- Single or Married filing separately
 Married filing jointly (or qualifying widow(er))
 Head of Household (check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Total Number of Federal allowances: 1

If you would like to fill out the complete Minnesota or Federal W-4 form, please let your interviewer know.

Would you like to receive your W-2 statement electronically via email? If so, please list your email below, if not, leave blank.

Email: mabornmabor@gmail.com



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>Mabor</i>		First Name (Given Name) <i>Mabor</i>		Middle Initial <i>M</i>	Other Last Names Used (if any) N/A
Address (Street Number and Name) <i>4503 3rd St. 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>05/31/1996</i>	U.S. Social Security Number <i>423-45-4886</i>	Employee's E-mail Address N/A		Employee's Telephone Number <i>507-577-9139</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 (See instructions)	
<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. (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.</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>Mabor M</i>	Today's Date (mm/dd/yyyy) <i>09/24/2020</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

CMG/Rochester Meat Company

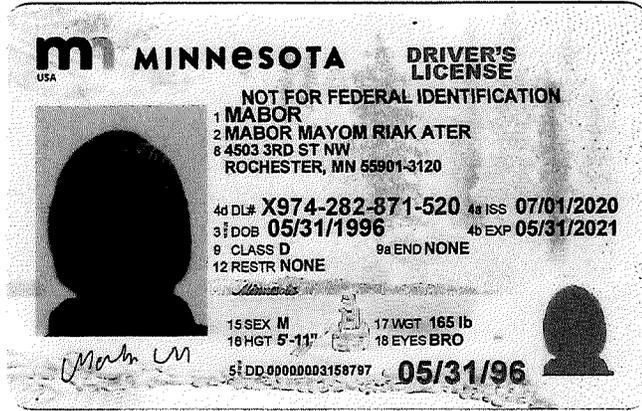
Name: Mabor Mabor
Start Date: October 5, 2020
Title: Full Time Cutter
Department: Portion Day
Supervisor: Nisvet Ribo
Wage: \$13.50 / Hour
Skill Level: 3

Orientation Schedule - 1st Shift

Monday: 8:30am to 2:30 pm Work
Tuesday: 8:30am to 2:30 pm Work
Wednesday: 8:30am to 1:00pm Job Shadow, 1:00pm to 4:00pm Orientation
Thursday: 8:30am to 1:00pm Job Shadow, 1:00pm to 4:00pm Orientation
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.



مكتب تسجيل عام المواليد والوفيات
BIRTHS AND DEATHS REGISTRATION FORM NO. 3

جمهورية السودان
وزارة المالية والاقتصاد
الجهاز المركزي للإحصاء

مستخرج رسمي من سجل المواليد العمومي

35798

OFFICIAL EXTRACT FROM THE GENERAL BIRTH REGISTER

MATERNITY HOSPITAL

الرسوم

15000

No 104941 AA

Province WHARTOUM Council OMDURMAN Sh. sh. Ormed OMDURMAN
 Number in Register 5136 رقم القيد بالسجل Page 349364 صفحة
 Date of Birth in Figures 31-5-1996 تاريخ الميلاد بالارقام
 Date of Birth in Block Letters 31ST OF MAY NINE TEEN NINETY SIX تاريخ الميلاد بالكلمات
 Sex Male النوع (ذكر/انثى) Name of Child MABOR اسم المولود
 Father's Full Name MAYOM RIAK ATER اسم الوالد ولقبه
 Father's Religion CHRISTIAN دينه Father's Nationality SUDANESE جنسية الوالد
 Father's Residence OMDURMAN محل اقامة الوالد
 Mother's Residence AKUOC JANG ATER محل اقامتها
 Place of Birth OMDURMAN محل الميلاد
 Date of Issue 11-10-1999 تاريخ تحرير الشهادة
 Signature E. M. A. Khos توقيع محرر الشهادة

Registrar General,
Director Department of Statistics,
Ministry of Statistics,
Khartoum, Sudan
M-110-99

السجل العام
مكتب الإحصاء
الجهاز المركزي للإحصاء
Khartoum, Sudan

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: Mahn M Date: 9/24/2020

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: MM (initial)

Pay Information

Payday is every Friday

Name: Mabor Mabor

Last 4 of SSN: 4886

Please mark what option you choose

Direct Deposit

Bank Name Sutton Bank

Account Number 20 792 1109 9801
20 792 1109 9801

Circle One

Checking Savings

Routing Number 041 215 663
041 215 663

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 MM

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? 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?)

Have you received SSI (Social Security Income) benefits in the last 90 days? YES / NO / NOT SURE

Have you received vocational rehabilitation services? YES / NO / NOT SURE

- If you marked yes, what rehabilitation service did you received?

STATE AGENCY / VETERANS ADMINISTRATION / TICKET TO WORK

Have you been unemployed for at least 27 weeks in a row, during which you received some unemployment compensation? YES / NO / NOT SURE

- If you marked yes, when were you unemployed?

From (MM/DD/YYYY) to (MM/DD/YYYY)

What state in which you received compensation? (STATE?)

Were you convicted of a felony or released from prison for a felony in the past year? YES / NO / NOT SURE

What was your conviction date? MM/DD/YYYY

What was your release date? MM/DD/YYYY

What state was your conviction in? (STATE)

What it a Federal or State Conviction? FEDERAL / STATE

Did you receive deferred adjudication? YES / NO / NOT SURE

Have you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit? YES / NO / NOT SURE



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: ~~5075779139~~ 5075779139

Login Password: Mm @ 4886

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: Mahn M

Date: 9/24/2020