

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

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) Frank Martinez-Colon Date: 09 Oct 20

Address: (Street Address) 2015 91st St NW (Apt./Unit #) G35

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

Phone: 507 244 0623 Email: Frank99mc@gmail.com

Social Security No. 599-60-3070 Date Available: ASAP

Position Applied for: Meat cutting Desired Wage: 13

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 | RALC | N/A | 12 | High school 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: _____

Pay Information

Payday is every Friday

Name: Frank Martinez-Colon

Last 4 of SSN: 3070

Please mark what option you choose

Direct Deposit

Bank Name Premier Bank

Account Number 221543324

Circle One

Checking or Savings

Routing Number 091905664

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 FMC

Bank of America Money Network Card

↓ Office Use Only ↓

Account Number _____

Routing Number _____



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: 09 OCT 20

Printed Name: Frank Martinez-Coleman

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

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

Employee ID _____
 Last Name _____ First Name _____
 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 [Signature] Date/Time 090ct 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 10-9-2020

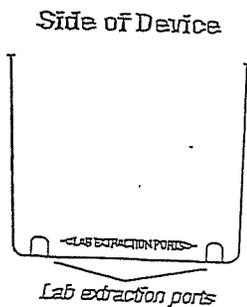
Laboratory signature _____ Date/Time received NA

TEST RESULTS

Date/Time Collected 10-9-2020 11:30am

Time Interpreted 10-9-2020 11:40am

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

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

Notes / Comments _____

CMG Preliminary Questions

Name: Frank Martinez-cobn

Date: 09 Oct 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

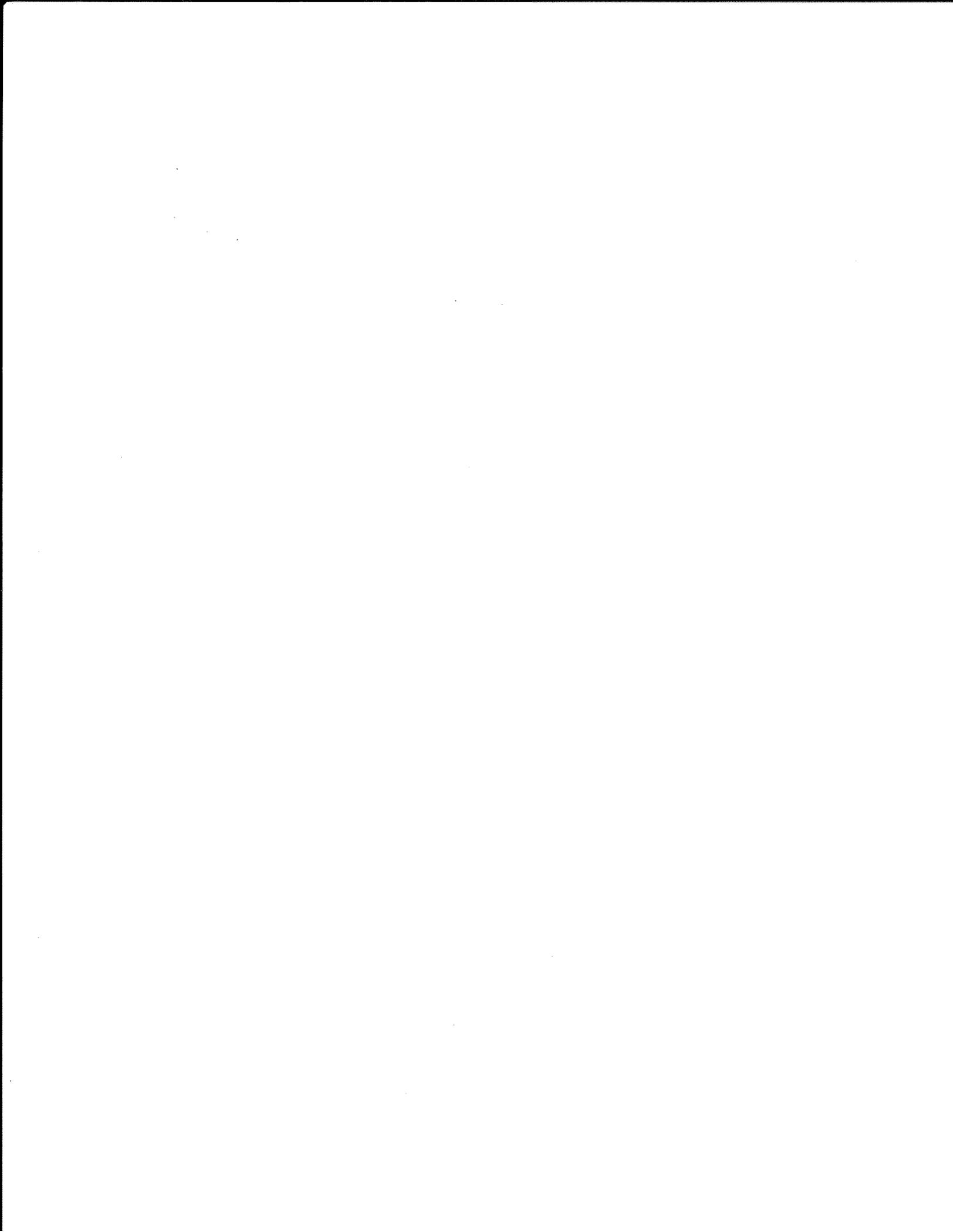
Have you ever been convicted of a crime? Yes ___ No

Explain

Incident _____

Employee Signature 

Interviewer Signature _____





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) Martinez, Colon | | First Name (Given Name) Frank | | Middle Initial M | Other Last Names Used (if any) N/A | |
| Address (Street Number and Name) 205 41st St NW | | Apt. Number 636 | | City or Town Rochester | | State MN |
| ZIP Code 55901 | | Date of Birth (mm/dd/yyyy) 10/09/2020 | | U.S. Social Security Number 599 - 60 - 3870 | | Employee's E-mail Address N/A |
| Employee's Telephone Number (507)244-0623 | | | | | | |

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):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (See instructions)
- 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
- 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)
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: _____

| | |
|---|---|
| Signature of Employee <i>[Handwritten Signature]</i> | Today's Date (mm/dd/yyyy) 10/09/2020 |
|---|---|

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



MINNESOTA

DRIVER'S
LICENSE

NOT FOR FEDERAL IDENTIFICATION



1 MARTINEZ COLON
2 FRANK WILLIAMS

8 2015 41ST ST NW
APT G36
ROCHESTER, MN 55901-1967

4d DL# T980-264-786-917 4a ISS 10/05/2020

3f DOB 05/27/1999 4b EXP 05/27/2024

9 CLASS D 9a END NONE

12 RESTR NONE

Minnesota

15 SEX M 17 WGT 180 lb
16 HGT 5-05" 18 EYES BRO

5 DD 0000003894365

05/27/99



Frank Williams

United States Government **MAY2022**



Affiliation
Uniformed Services

Agency/Department
Army

Expires
2022MAY31

**MARTINEZ COLON,
FRANK WILLIAM** (W)




Pay Grade Rank
E3 PFC



Geneva Conventions Identification Card

m MINNESOTA
USA

DRIVER'S LICENSE

NOT FOR FEDERAL IDENTIFICATION



4d DL#
T980-264-786-917

4a ISS **07/15/2019**

4b EXP **05/27/2020**

3i DOB
05/27/1999

9 CLASS **D**

9a END **NONE**

12 RESTR
NONE

15 SEX **M** 16 EYES **BRO**

16 HGT **5'-05"**

17 WGT **180 lb**

Frank Williams

1 **MARTINEZ COLON**

2 **FRANK WILLIAMS**

8 **2015 41ST ST NW**
APT G36
ROCHESTER, MN 55901-1967

05/27/99



5i DD 00000001814156

SOCIAL SECURITY

599-60-3070

THIS NUMBER HAS BEEN ESTABLISHED FOR
**FRANK WILLIAMS
MARTINEZ COLON**

Frank Williams Colon
SIGNATURE

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: 09oct20

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: FMC (initial)



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: 5072440623

Login Password: Fma23070

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:

A handwritten signature in black ink, appearing to be 'S. Miller', written over a horizontal line.

Date:

09 OCT 20