

# 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) DOV MEACH Date: 08.20.20

Address: (Street Address) 5233 DIWALLST NW (Apt./Unit #) \_\_\_\_\_

(City) ROCHESTER (State) MA (ZIP Code) 55901

Phone: 507-319-1632 Email: \_\_\_\_\_

Social Security No. 470-42-2321 Date Available: OPEN

Position Applied for: CUTTER Desired Salary: 15.90

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? Friend Referral Name: ~~PHILIP~~ Phillip Henry

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				
College				
Bus. Or Trade School				
Professional School				

**m**  
USA

**MINNESOTA**

**DRIVER'S  
LICENSE**

NOT FOR FEDERAL IDENTIFICATION

1 **MEACH**

2 **POV**

8 **5233 DUVALL ST NW**

**ROCHESTER, MN 55901-3832**

4d **DL# M963-145-536-918** 4a **ISS 03/13/2019**

3 **DOB 09/09/1979** 4b **EXP 09/09/2022**

9 **CLASS D**

12 **RESTR NONE**

9a **END NONE**

*Minnesota*

**M**

15 **SEX M**

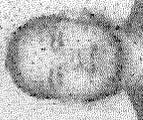
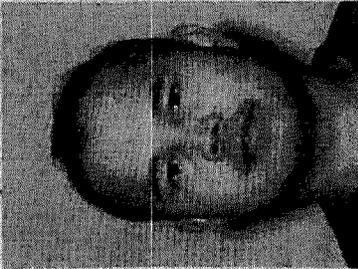
16 **HGT 5'-05"**

17 **WGT 130 lb**

18 **EYES BRO**

5i **DOB 0000000723669**

**09/09/79**



*POV Meach*



**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>MEACH</i>		First Name (Given Name) <i>POV</i>		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name) <i>5233 DUNWALL ST NW</i>			Apt. Number	City or Town <i>ROCHESTER</i>	State <i>MINN</i>	ZIP Code <i>55901</i>
Date of Birth (mm/dd/yyyy) <i>09-09-1979</i>	U.S. Social Security Number <i>470-47-2321</i>		Employee's E-mail Address		Employee's Telephone Number <i>507-319-1632</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 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> )	
<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: _____          OR          2. Form I-94 Admission Number: _____          OR          3. Foreign Passport Number: _____          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>POV Meach</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



*Employer Completes Next Page*



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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

*Donna Peach*

Date: 08.20.2020

# CMG Preliminary Questions

Name: POV Meach

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature POV Meach

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

# Pay Information

Payday is every Friday

FB

Name: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_

Please mark what option you choose

**Direct Deposit**

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

**Circle One**

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

Checking -or- Savings

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

*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 \_\_\_\_\_

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**Bank of America Money Network Card**

↓ Office Use Only ↓

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

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

## 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 PM (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 PM (initial)

# Case Verification Number: 2020238004024JB

Report prepared: 08/24/2020  
Company Information

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**Company ID:** 1284996  
**Company Name:** ESSG - Corporate Management Group  
**Client Company ID:** 1284996  
**Client Company Name:** ESSG - Corporate Management Group

## Employee Information

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**Name:** Pov Meach  
**Date of Birth:** 09/09/1979  
**U.S. Social Security Number:** \*\*\*-\*\*-2123  
**Employee's First Day of Employment:** 08/24/2020  
**Citizenship Status:** U.S. Citizen

## Document Information

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**List B Document:** Driver's license or ID card issued by a U.S. state or outlying possession  
**Document Subtype:** Driver's License  
**Document Number:** \*\*\*\*\*6918  
**Expiration Date:** 09/09/2022  
**State:** Minnesota  
**List C Document:** Social Security Card

## Case Information

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**Case Status:** Closed  
**Case Submitted By:** Kelsey Sikkink  
**Current Case Result:** Employment Authorized  
**Reason for Closure:** Employment Authorized Auto Close



## 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/cm>

Login Name: 507.319 1632

Login Password: Pm@2123

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: Pov Meach Date: 08.20.20

✓  
617

To: All Employees  
From: Controllers Office  
Re: Direct Deposit  
Date:

Direct Deposit is now available for all employees. With Direct Deposit you can automatically deposit all or part of your pay in up to three different accounts (including checking, savings and IRA) at the financial institution of your choice. By having your pay automatically deposited you:

1. Have your pay in your account on payday, without going to the bank.
2. Stop the possibility of lost, stolen or destroyed checks.
3. Save time making trips to the bank to cash or deposit your check.
4. Will still receive a pay statement displaying your earnings and deductions.

If you would like to sign-up for Direct Deposit, please return the bottom portion of this form, along with a voided check or bank spec for the account(s) you wish to deposit your money. (Note: no deposit slips)

Authorization Agreement for Automatic Direct Deposit

I hereby authorize Rochester Meats hereinafter referred to as "Company" to initiate credit entries for sums to and payable to me to my checking, savings or other account indicated below and the Financial Institution named below, hereafter referred to as "Depository" to credit the same to such account. I also authorize Company to initiate debits for sums due to the Company for erroneous deposit or deposits at the Depository.

Bank Name Affinity Plus

Bank Transit ABA No. 296076301 (Routing)

Bank Account No. 8110372930

Amount or Percentage

Checking: ✓ 100%  
 Savings: \_\_\_\_\_  
 Debit Card: \_\_\_\_\_  
 Other: \_\_\_\_\_

This authorization is to remain in full force and effect until Company has received notification from me of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on notification or until such time as Company terminated this agreement.

Employee Name: (Please print) POV Meach

Employee Signature: POV Meach Date: 08/12/20

POV MEACH  
KUNTHEA HENG MEACH  
5233 DUVALL STREET NW  
ROCHESTER, MN 55901

306  
22-7630/296

Date 

Pay to the Order of VIOD \$           

Dollars  Photo Safe Deposit Details on back

 AFFINITY PLUS  
FEDERAL CREDIT UNION  
(651) 291-3700 (800) 322-7228  
www.affinityplus.org

For \_\_\_\_\_ MP

⑆29607630⑆ 8110372930⑈ 03067

Harold Clarke