

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) Perez, Diego Date: 9/24/20
 Address: (Street Address) 11 2nd ave sw (Apt./Unit #) upper Unit
 (City) Byron (State) MN (ZIP Code) 55920
 Phone: 507-310-8231 Email: d.perez12@hotmail.com
 Social Security No. 611-96-1970 Date Available: 9/29/20
 Position Applied for: Meat Grnder Desired Wage: \$15.00
 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? Indeed Referral Name: N/A
 If under 18, please list age: N/A
 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>Kasson Monticello Highschool</u>	<u>Kasson/MN</u>	<u>4 Years</u>	
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: Brosgett Roofing Phone: 507-271-5704

Address: Dodge Center, MN Supervisor: Don

Job Title: Roofer Starting Wage: \$20.00 Ending Wage: \$ N/A

Responsibilities: Remove shingles, prep roof for tin shingles, install shingles, cappings, and etc.

From: 5/1/20 To: N/A Reason for Leaving: Currently employed

May we contact your previous supervisor for reference? Yes No

Company: Viracon Phone: N/A

Address: Owatonna Supervisor: Ryan

Job Title: Glass handler Starting Wage: \$16.50 Ending Wage: \$16.50

Responsibilities: Load Glass onto a roofing table and send it through a tempering machine.

From: 11/1/19 To: 5/1/20 Reason for Leaving: Found new occupation.

May we contact your previous supervisor for reference? Yes No

Company: Apache Hotel Phone: N/A

Address: Rochester, MN Supervisor: James

Job Title: Front Desk Starting Wage: \$13.00 Ending Wage: \$13.00

Responsibilities: Manage front desk and satisfy all guests

From: 5/1/19 To: 9/1/19 Reason for Leaving: New occupation

May we contact your previous supervisor for reference? Yes No

Company: Victorias Restaurant Phone: N/A

Address: Rochester, MN Supervisor: Sam

Job Title: Cook Starting Wage: \$15.00 Ending Wage: \$

Responsibilities: _____

From: 2/1/19 To: 3/1/19 Reason for Leaving: Transportation issues

May we contact your previous supervisor for reference? Yes No

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: Diego Perez Date: 9/24/20

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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 Diego Perez Date: 9/24/20

ACCOUNT INFORMATION SLIP/VOLANTE DE INFORMACIÓN DE CUENTA

STEP 1/PASO 1:

Complete the following information/Completa los siguientes datos

First Name/Nombre:

Last Name/Apellido:

Employee ID Number/Número de Empleado:

Social Security Number (optional)/ Número de Seguro Social (opcional)

 - -

STEP 2/PASO 2:

Detach this slip and provide it to your employer. You will not need this information, again.

Desprende este volante y entrégaselo a tu patrono o empleador. No necesitarás usar esta información nuevamente.

FOR EMPLOYER USE ONLY

PARA USO DEL PATRONO O EMPLEADOR SOLAMENTE

ROUTING NUMBER: 084003997

ACCOUNT NUMBER: 7277631800186960

Money Network® Checks and Money Network Cards are issued by MetaBank®, Member FDIC.

BALANCE and TRANSACTION LIMITS SCHEDULE

Load Limitations

Maximum Account Balance³

ACH Deposit of Other Funds (Direct Deposit) Load³

Load check funds via Mobile App^{1,2,3}

Load Cash at Load Location^{1,2,3}

Secondary Account

Secondary Account Transfer

Limit Amount

\$8000³

\$4000 per day | \$8000 per calendar month³

\$25-2500 per check | \$5000 per day | \$10000 per month³

\$2500 per transaction and per day | \$5000 per month^{1,2,3}

\$8000 maximum account balance

\$1000 per day | \$2000 per month

Withdrawal Limitations^{1,2}

ATM Withdrawal Limit

Money Network Check Limit

Bank/Teller Over the Counter Withdrawal

ACH Transfer to Domestic Bank

ACH Transfer to International Bank

Limit Amount^{1,2}

\$600 per transaction and per day

\$9999.99 per Check and per day

\$8000 per transaction and per day

\$8000 per transaction | \$16000 per day | \$64000 per month

\$1000 per transaction and per day | \$2000 per month

Spend Limitations^{1,2}

PIN Debit Transactions

Signature Debit Transactions

Limit Amount^{1,2}

\$3000 per transaction and per day

\$3000 per transaction and per day

¹Third parties may impose additional limitations and charge a separate fee. Reload locations may set a minimum load amount. For security reasons, we may impose additional limits on the amount, number, or types of Money Network Service transactions you may make.

²These limits apply to the transaction types identified. Your Fee Schedule identifies the transaction types available to you and the applicable fees.

³If you are participating in the payroll program of the employer that initially enrolled you into the Money Network Service, the Maximum Account Balance does not apply to wage deposits received from that employer. Loads via other load transactions may be rejected if you have reached the Maximum Account Balance or the load will cause your Balance to exceed the Maximum Account Balance.

HOW DO I...

REPORT A LOST OR STOLEN CARD OR CHECK Call 1.888.913.0900 immediately to report it.

DISPUTE A TRANSACTION

If you don't recognize a transaction in your recent history, promptly call the Customer Service number at 1-888-913-0900 to dispute the transaction.

For questions about your Account call 1-888-913-0900 or visit moneynetwork.com

Sent email No # on Resume 9/11
undeliverable email

557-319-8231
9am 9/24

Application/Interview
9/24 @ 9am

Diego Perez

Assembly Line Worker

Kasson, MN

diegoperez434_pwn@indeedemail.com

Work Experience

Assembly Line Worker

Hayfield Window & Door Company - Hayfield, MN

September 2018 to October 2018

Assemble windows. Paint windows. Keep work space clean

Welder

WELSH EQUIPMENT - Dodge Center, MN

April 2018 to June 2018

Fix and repair cement trucks. Give cement trucks a check up

Cook/Prep

Victoria's ristorante - Rochester, MN

September 2016 to October 2017

Cook and prep food. Keep prep table clean at all times

Cook/Prep/Cashier

Jimmys Pizza - Kasson, MN

April 2015 to October 2016

Education

High school or equivalent

Kasson-Mantorville Senior High School - Kasson, MN

2012 to 2015

Skills

- Assembly (1 year)
- Assembly line (1 year)
- Assembly Worker (1 year)

Additional Information

Skills

Clean Room, Assembly Line, Assembly Worker

Day Shift

Rochester Meat Company Interview Questionnaire

Applicant's Name: Diego Perez

Date: 9/24/2020

Interview time: 9am

Position applied for: Portion/Cutter

1. Why do you want to come work at the Rochester Meat Company?

2. Can you tell me a little about your previous work experience?

Shingle, barns, prep roof, hammering, tin shingles

3. What did you like most about your present/past jobs?

location change. meeting new people

4. What did you like least about one of your present/past jobs?

Some co-workers argue

5. Why did you leave your previous jobs?

6. Sometimes conflicts can arise with co-workers. How have you handled conflicts with coworkers in the past (or how would you handle a conflict with a co-worker)?

Ignore it. Go on about day and dont let it affect how work

7. Sometimes disagreements can arise between supervisors and employees. How have you handled disagreements with your supervisor in the past (or how would handle a disagreement with your supervisor)?

N/A

8. With any new job there are a lot of things to learn in a short period of time. What would you do if you did not understand how to perform a particular task?

Ask supervisor for help to instruct correct way

9. Rochester Meat Company has a lot of safety rules and procedures. Do you feel that sometimes it is acceptable to ignore safety rules if it helps you complete the job faster?

No. Because Safety is the most important

10. While you are working, you notice that something doesn't seem right with the product or packaging. What would you do?

Notify Supervisor and ask what needs to be done to rectify.

11. How much weight can you lift without hurting yourself?

12. Some of the work maybe repetitive in nature. Have you done repetitive work before and how do you feel about it?

Yes, as long as moving around and staying busy he is fine with it.

13. Are you able to work overtime including Saturdays and Sundays?

Yes

14. You would be working in temperature of 40-50 degrees. Would that be a problem for you?

Yes

15. Have you ever worked in food service or a restaurant before?

Yes, Dishwasher - bus boy the cook

Notes:



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: 9/24/20

Printed Name: Diego Perez

Signature: Diego Perez

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: Diego Perez

Date: 9/24/20

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 Diego Perez

Interviewer Signature _____



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/cmog>

Login Name: _____

Login Password: _____

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: Diego Perez **Date:** 9/24/20

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1199719066219

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
THIS CHILD	1A NAME OF CHILD ... FIRST (GIVEN) DIEGO		1B MIDDLE -		1C LAST (FAMILY) PEREZ
	2 SEX MALE	3A THIS BIRTH, SINGLE, TWIN, ETC SINGLE	3B IF MULTIPLE, THIS CHILD 1ST, 2ND ETC -	4A DATE OF BIRTH ... MM/DD/CCYY 03/22/1997	4B HOUR ... (24 HOUR CLOCK TIME) 2114
PLACE OF BIRTH	5A PLACE OF BIRTH ... NAME OF HOSPITAL OR FACILITY DANIEL FREEMAN MEMORIAL HOSP		5B STREET ADDRESS ... STREET, NUMBER, OR LOCATION 333 N. FRAIRIE AVE.		
	5C CITY INGLEWOOD		5D COUNTY LOS ANGELES	5E PLANNED PLACE OF BIRTH HOSPITAL	
FATHER OF CHILD	6A NAME OF FATHER ... FIRST (GIVEN) -	6B MIDDLE -	6C LAST (FAMILY) -		7 STATE OF BIRTH -
MOTHER OF CHILD	9A NAME OF MOTHER ... FIRST (GIVEN) RENATA	9B MIDDLE -	9C LAST (MAIDEN) MOLINA		10 STATE OF BIRTH MEXICO
PARENT'S CERTIFICATION	12A PARENT OR OTHER INFORMANT SIGNATURE <i>Renata Molina</i>		12B RELATIONSHIP TO CHILD BIRTH CLERK	12C DATE SIGNED 03/23/1997	
	13A ATTENDANT OR CERTIFIER SIGNATURE ... DEGREE OR TITLE <i>Conny B. McCormack</i>		13B LICENSE NUMBER G66485	13C DATE SIGNED 03/23/1997	
CERTIFICATION OF BIRTH	13D TYPED NAME TITLE AND MAILING ADDRESS OF ATTENDANT C E HAYES, MD, 9201 W. SUNSET BLVD, W. HOLLYWOOD			14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
	15A DATE OF DEATH		15B STATE FILE NO (STATE USE ONLY)	16 LOCAL REGISTRAR ... SIGNATURE <i>Mark ...</i>	
LOCAL REGISTRAR				17 DATE ACCEPTED FOR REGISTRATION 07/29/1997	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conny B. McCormack

CONNIE B. McCORMACK
 Registrar-Recorder/County Clerk

NOV 24 1997

19-097922

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.



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: Diego Perez Date: 9/24/20

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: DP (initial)

m MINNESOTA IDENTIFICATION CARD

USA

NOT FOR FEDERAL IDENTIFICATION



1 PEREZ
2 DIEGO
8 13 W WINDSOR ST
KASSON, MN 55944-9605

4d ID# K371-101-276-811 4a ISS 10/22/2018
3T DOB 03/22/1997 4b EXP 03/22/2022

NOT A DRIVER'S LICENSE

Diego Perez
DONOR
15 SEX M
16 HGT 6'-01"

17 WGT 200 lb
18 EYES BRO



5E DD 00000000194867 03/22/97

EMERGENCY CONTACT INFORMATION

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

Employee Name: Diego Perez
Employee Phone Number: 507-319-8231
Employee Address: 11 2nd ave SW Byron, MN
upper unit

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: Renata Sanchez

Relationship: Mother

Phone Number: 507-271-0528

Contact # 2

Name: _____

Relationship: _____

Phone Number: _____

Additional information you want ESSG and our client to know in the event of an emergency:

This information will remain confidential and will only be used in the case of an emergency.

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

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: N/A

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

I have read and agree DP (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: N/A

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: d.perez 12 @ hotmail.com