

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) Bellas Derek Date: 9/23/20

Address: (Street Address) 440 28th St SE (Apt./Unit #) 107

(City) Rochester (State) MN (ZIP Code) 55904

Phone: 952-380-7717 Email: derekbellas@gmail.com

Social Security No. 536 45 6393 Date Available: Oct 7th

Position Applied for: Meat Grinder Desired Wage: 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? Indeed & Friend Referral Name: N/A

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	Minnesota Virtual Academy	306 W Elm St Houston MN	5	High school diploma
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: Chipotle Mexican Grill Phone: _____
Address: _____ Supervisor: Brian Wright
Job Title: Crew Member Starting Wage: \$ 13.00 Ending Wage: \$ 13.00
Responsibilities: Cook, clean, prepare and serve food.
From: January To: Current Reason for Leaving: Low staffing & Covid concerns.
May we contact your previous supervisor for reference? Yes No

Company: FedEx ground Phone: _____
Address: _____ Supervisor: Brandon
Job Title: Package Handler Starting Wage: \$ 14.50 Ending Wage: \$ 14.50
Responsibilities: Loading & unloading trucks.
From: _____ To: _____ Reason for Leaving: Cut hours, more workload.
May we contact your previous supervisor for reference? Yes No

Company: AAA Movers Phone: _____
Address: _____ Supervisor: Chris
Job Title: Mover Starting Wage: \$ 14.00 Ending Wage: \$ 14.00
Responsibilities: Loading & Moving customers' belongings
From: _____ To: _____ Reason for Leaving: Moving
May we contact your previous supervisor for reference? Yes No

Company: St Louis Parks & Recreation Phone: _____
Address: _____ Supervisor: Katie Lee
Job Title: Program Leader Starting Wage: \$ 9.00 Ending Wage: \$ 10.00
Responsibilities: Attending and working park & community programs.
From: _____ To: _____ Reason for Leaving: Looking for higher pay.
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: Doreen Bellas Date: 9/23/20

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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 _____ Date: _____



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/cmg>

Login Name: 9523807717

Login Password: D0006393

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: ~~D0006393~~ Desha Bilkers Date: 9/23/20



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: 9/23/20
 Printed Name: Derek Bellas
 Signature: Derek Bellas

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: Derek Bellas

Date: 9/23/20

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 Derek Bellas

Interviewer Signature _____

Pay Information

Payday is every Friday

Name: Derck Bellas

Last 4 of SSN: 6393

Please mark what option you choose

Direct Deposit

Bank Name U.S. Bank

Account Number 104783830722

Circle One

Checking or Savings

Routing Number 091000022

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 DB

Bank of America Money Network Card

↓ Office Use Only ↓

Account Number _____

Routing Number _____

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: _____

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 OB (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: _____

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: derek Bellas@gmail.com



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

Login Name: 9523807717

Login Password: Dba06393

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: ~~Dba06393~~ Derch Bilkers **Date:** 9/23/20

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

Last Name Bellas Employee ID _____ First Name Derek
 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 Derek Bellas Date/Time 9/23/20 10:41

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.

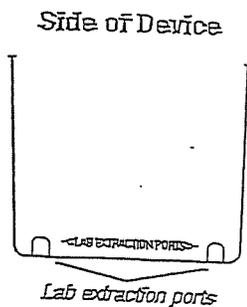
Collector signature [Signature] Date/Time 9/23/20 10:41

Laboratory signature N/A Date/Time received N/A

TEST RESULTS

Date/Time Collected 9/23/2020 10:41am
 Time Interpreted 10:54am

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	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"/>
Methadone	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"/>

Notes / Comments _____

CMG/Rochester Meat Company

Name: Derek Bellas
Start Date: October 5, 2020
Title: Full Time Grinder
Department: Grinders Day
Supervisor: Jim Wisman
Wage: \$13.50 / Hour
Skill Level: 4

Orientation Schedule - 1st Shift

Wednesday: 8:00am to 1:00pm Shadow, 1:00pm to 4:00pm Orientation

Thursday: 8:00am to 1:00pm Shadow, 1:00pm to 4:00pm Orientation

Friday: Work Regular Schedule 5:30am - 2:00pm

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.

