

# CORPORATE MANAGEMENT GROUP

Cutter



## 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) Black, Todd Date: 9-23-20

Address: (Street Address) 605 13th Ave. SE (Apt./Unit #) \_\_\_\_\_

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

Phone: 507-398-8388 Email: tblack7886@gmail.com

Social Security No. 209 58 4113 Date Available: ASAP

Position Applied for: CUTTER OR GRINDER Desired Wage: 13.50

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? Indeed 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>MAYO</u>	<u>1420 11th Ave St Roch, MN</u>	<u>3</u>	<u>GED</u>
College				
Bus. Or Trade School				
Professional School				

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### Previous Employment

Company: Dominos Phone: 268-3070

Address: 444 3rd Ave. SE Supervisor: Mick

Job Title: Driver Starting Wage: \$ 10.00 Ending Wage: \$ 10.00

Responsibilities: delivered pizza

From: April 19 To: Sept 20 Reason for Leaving: Too many miles on vehicle

May we contact your previous supervisor for reference?  Yes  No

Company: Power Movers Phone: 507 358 4327

Address: Valleyhigh Dr. NW Supervisor: Jimmy

Job Title: Mover Starting Wage: \$ 12.00 Ending Wage: \$ 16.00

Responsibilities: Move furniture

From: Feb. 08 To: Aug 13 Reason for Leaving: Too much excessive heavy lifting

May we contact your previous supervisor for reference?  Yes  No

Company: Papa Johns Phone: N/A

Address: South Broadway Rochester MN Supervisor: Trisha

Job Title: Driver Starting Wage: \$ 7.00 Ending Wage: \$ 9.00

Responsibilities: delivered pizzas

From: Feb 11 To: Feb 14 Reason for Leaving: Out of Business

May we contact your previous supervisor for reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

# CORPORATE MANAGEMENT GROUP

## Employment Application

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Office Address: 1232 Valley High Dr 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.

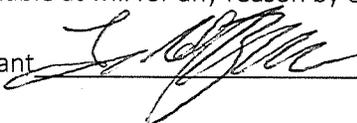
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission 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  Date: 9-23-20

# EMERGENCY CONTACT INFORMATION

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

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

Employee Phone Number: \_\_\_\_\_

Employee Address: \_\_\_\_\_

*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: Megan Devine

Relationship: Children's Mom

Phone Number: 507-208-0247

**Contact # 2**

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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

## **CMG/Rochester Meat Company**

**Name:** Todd Black  
**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.

**MINNESOTA  
DRIVER'S LICENSE**



**TODD JAMES BLACK**  
608 13TH AVE SE  
ROCHESTER, MN 55904

Date of Birth 06-20-1978  
Sex M Eyes BRN  
Hair BRN D  
Height 5-4 Weight 175  
ISSUED 05-2010 EXPIRES 06-20-2022

*[Signature]*

Y285250055815

COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF HEALTH  
VITAL RECORDS

*Certification of Birth*

DATE OF BIRTH 06-20-1978      ID 0699510-1978

COUNTY OF BIRTH PHILADELPHIA      DATE OF REGISTRATION 07-03-1978

NAME TODD JAMES BLACK      SEX MALE      DATE OF LAST REGISTRATION 11-19-2010

FATHERS NAME THOMAS JOSEPH BLACK

MOTHERS MAIDEN NAME KATHLEEN MCBRIDE

*Linda A. Coniglia*  
Linda A. Coniglia  
State Registrar

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1982, as amended.

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY BY PHOTOCOPY OR PHOTOGRAPH.



15870632



**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>Black</i>		First Name (Given Name) <i>Todd</i>		Middle Initial <i>J</i>	Other Last Names Used (if any) N/A	
Address (Street Number and Name) <i>605 13<sup>th</sup> Ave. SE</i>			Apt. Number	City or Town <i>Rochester</i>		State <i>MN</i>
Date of Birth (mm/dd/yyyy) <i>06-20-1978</i>		U.S. Social Security Number <i>209 - 58 - 4113</i>		Employee's E-mail Address N/A		Employee's Telephone Number <i>507-398-8388</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 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</p> <p>2. Form I-94 Admission Number: _____ OR</p> <p>3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<p>QR Code - Section 1 Do Not Write In This Space</p> 	

Signature of Employee <i>[Handwritten Signature]</i>	Today's Date (mm/dd/yyyy) <i>09-23-2020</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 Preliminary Questions

Name: Todd Black

Date: 9-23-2020

### 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 

Interviewer Signature 

Todd Black

3/1/1998	3rd Deg Crim Sex Cond	Felony
4/26/1999	Domestic Abuse - Violate OFP	Misdemeanor
8/24/1999	Violate OFP	Misdemeanor
9/13/1999	Worthless Check	Misdemeanor
7/27/2000	Fail to Register Sex Off.	Felony
9/12/2002	Fail to Register Sex Off.	Felony
11/1/2009	Predatory Offender	Felony
11/13/2011	Traffic - Speeding	Petty misdemeanor
7/31/2015	Possession of Stolen Property	Felony
8/24/2015	Burglary - 3rd Degree	Felony
3/24/2016	Traffic - Driving after Suspension	Misdemeanor
8/24/2016	Check Forgery/Alter Check	Gross Misdemeanor
10/7/2016	Damage to property	Gross Misdemeanor
5/13/2018	Traffic - Driving without liscense	Petty misdemeanor
11/7/2018	Theft - Take prop-no consent	Petty misdemeanor
12/2/2018	Theft - Take prop-no consent	Misdemeanor
6/14/2019	Possess of Hypo. Needles	Misdemeanor

Application / Interview  
9/23/20 @ 3pm

## Todd Black

### **Laborer / stay at home dad**

Rochester, MN 55904

toddblack76\_kc4@indeedemail.com

5073988388

Looking to get into the work force again and will do just about anything.

#readytowork

Authorized to work in the US for any employer

## Work Experience

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### **Driver**

Domino's - Rochester, MN

April 2019 to June 2019

Delivered pizza

### **Driver**

Papa John's - Rochester, MN

January 2009 to January 2012

Delivered pizzas

### **Mover operator**

Power Movers - Rochester, MN

August 2008 to August 2011

Moved furniture and drove the truck

## Education

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### **High school or equivalent in Diploma**

Mayo Senior High School - Rochester, MN

## Skills

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- Computer Hardware
- Carpentry
- Moving Experience
- Delivery Driver Experience

## Certifications and Licenses

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**Carpentry**

February 2018 to Present

Century college

**driver's license**

June 2018 to June 2022

Regular class d valid

# Rochester Meat Company Interview Questionnaire

1st shift

Applicant's Name: Todd Black

Date: 9/23/2020

Interview time: 3pm

Position applied for: Cutter/Portion

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?

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

Freedom of delivery and going

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

Miles on vehicle / closing at night

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)?

Shut down possibly ignore it to not keep conflict going.

Stays respectful

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)?

Keeps it himself. If ever a disagreement at all -

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 questions for sure to make sure its done correctly

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

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

Change it knows how to or bring it to someones attention to resolve.

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?

Good

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

Notes:

Test Reference Number \_\_\_\_\_

Name of Collector Jan Coffman

### COMPANY INFORMATION

Company Name CMG Rochester Meats Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City Rochester State/Province NY Zip/Postal Code \_\_\_\_\_

### DONOR INFORMATION

Employee ID \_\_\_\_\_  
Last Name Black First Name Todd

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 9-24-20

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 9-24-20

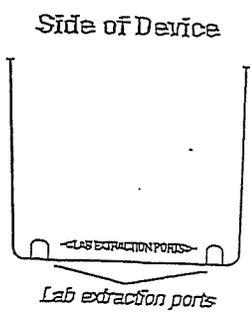
Laboratory signature n/a Date/Time received n/a

### TEST RESULTS

Date/Time Collected 9/24/20 9:05 am

Time Interpreted 9:12 am

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 \_\_\_\_\_



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:

Printed Name: Todd Black

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

# 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) 06 - 20 - 1978

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

# 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: 9-23-20

## 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: TJB (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:** 5073988388

**Login Password:** Tb@4113

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 'J. [unclear]', written over a horizontal line.

**Date:**

9-23-20



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**Signature:**

A handwritten signature in black ink, appearing to read 'Jesse Brown', is written over a horizontal line.

**Date:**

9-23-20