

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

12/6
130



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) SOTERO GUERRERO CRUZ Date: 12/02/2021

Address: (Street Address) 602 31ST ST NE (Apt./Unit #) 602
(City) Rochester (State) MN (ZIP Code) 55906

Phone: 507 250 2603 Email: sotero cruz91@gmail.com

Social Security No. 604-22-4120 Date Available: Today

Position Applied for: Portion Desired Wage: \$18

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? Jose Amaya R. Referral Name: 507 517 0165

If under 18, please list age: NO Graciela Orrellana 507 202-855-3

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				

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Previous Employment

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

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

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

Company: _____ Phone: _____

Address: _____ Supervisor: _____

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

Responsibilities: _____

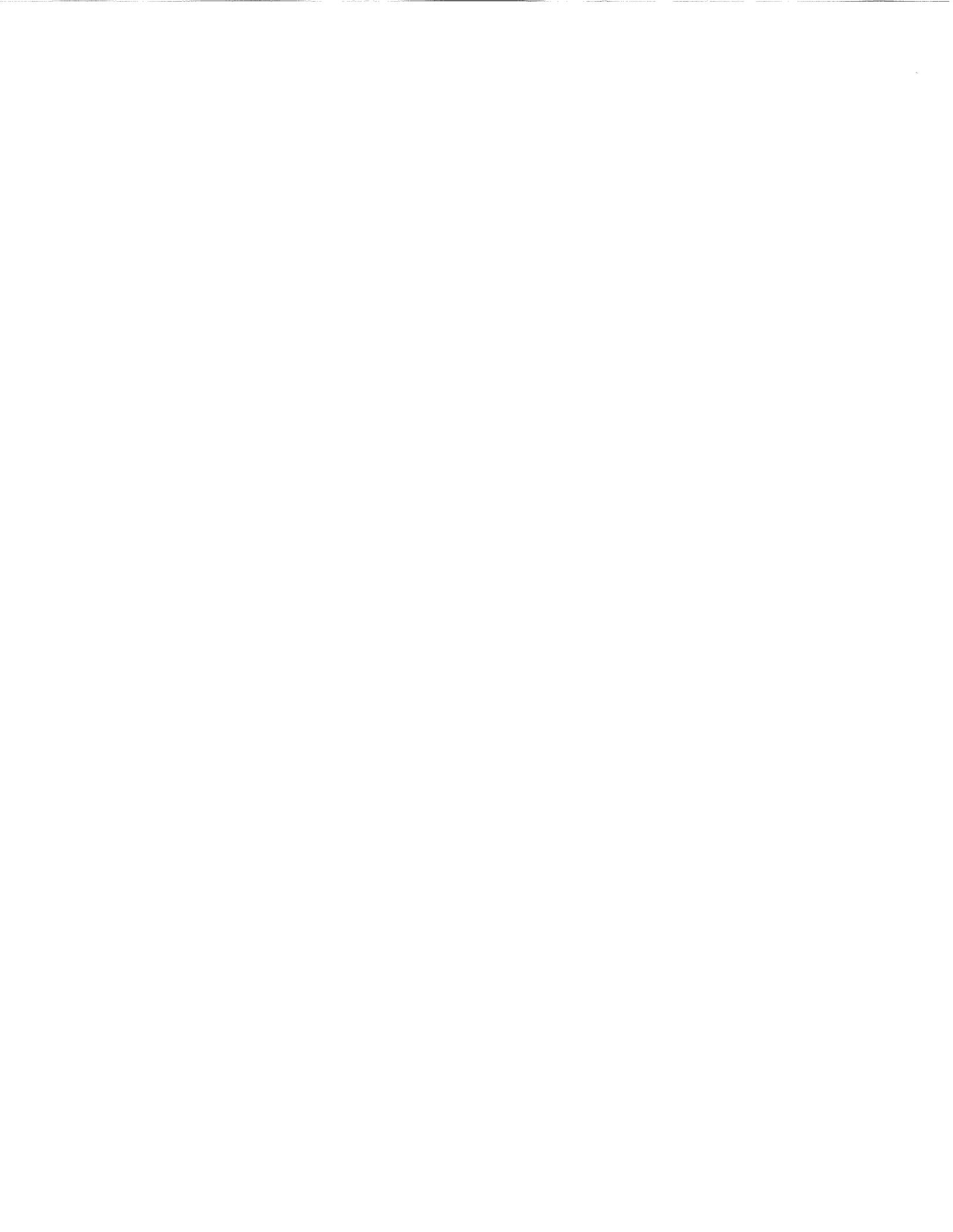
From: _____ To: _____ Reason for Leaving: _____

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: 12/02/2021



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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: _____

12/02/2021



You have applied / are interviewing for the following position:

JOB TITLE: Portion / Cutter **Starting Wage:** \$18.00 **Shift/Hours:** 1st (6 am to 230pm or later)

JOB OBJECTIVE: To trim and/or cut meat products according to company specifications.

QUALIFICATIONS (based on essential functions):

- Related experience preferred.
- Must be able to understand instructions and directions in the English language.
- Possess basic mathematics skills.

JOB FUNCTIONS: Every effort has been made to identify the essential function of this position. However, it is no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or an essential function of the position.

DUTIES/RESPONSIBILITIES: Open packages, run through line and needler; Trim primal cuts to specifications; Trim weight steaks to specifications; Box and weigh trim; Preform packager duties as required; cut end cuts and pieces into desired pieces; put steaks into packaging machine with accuracy in weight and neatness; capable of bagging and weighing; palletize all boxes; use hand jack; fill boxes with finished product; assist in cleanup; work effectively with others; report to work on time; follow rules; care for property

MACHINERY: Conveyor, tape machine, bar-coder, packaging machine, needler, cutting machine, computer and electronic scale, Sanova line, Cryovac, Skinner

EQUIPMENT: Hand pallet jack, combo, table, knives, luggers, carts, PPE.

PROTECTIVE EQUIPMENT: bump cap, nitril apron, rubber boots and gloves, face shield and goggles.

CHEMICALS: Bleach.

WORK ENVIRONMENT: Standing on cement floor. Moderate to high level of noise. Temperature ranges from 30-50 degrees Fahrenheit (-10 degrees in blast freezer).

PHYSICAL REQUIREMENTS (with or without reasonable accommodation): Ability to lift/move 10-50 pounds continuously. Requires varying degrees of pushing, pulling, bending and lifting to move boxes. Must be able to continuously perform simple repetitive and manipulative tasks such as cutting steaks. Able to perform tasks requiring action of muscles or group of muscles such as walking and stooping. Able to stand for prolonged periods (eight-hour shift).

MENTAL REQUIREMENTS (with or without reasonable accommodation): Able to concentrate on minimal details with little interruption. Must be able to attend to task/function for 60 minutes at a time. Able to remember verbal and/or written task/assignment for an eight-hour shift. Must be able to read and use a pound percentage scale.

WORK HOURS: As required, Monday through Friday workweek. Will be required to work some Saturdays.

I understand by signing this form, I have been informed about what position I am interviewing for.

Applicant Signature: _____



Date: _____

12/06/2021

Interviewer Signature: _____

Date: _____



New Employee Acknowledgement Form

Welcome to CMG and Rochester Meats!

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

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

View Paystubs

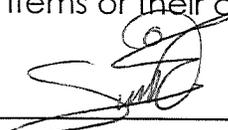
Website: <https://zenople.esgazure.com/login/cmog>

** do not fill out the below login name and password, CMG will provide you with this information **

Login Name: 5072502603

Login Password: Sg@4120

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:  **Date:** 12/06/2021

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: 7277631800447602

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

Pay Information

Name: Sotero Guerrero Cruz

Last 4 of SSN: 4120

Please mark what option you choose

Direct Deposit

Bank Name _____

Routing Number _____

Account Number _____

Circle One

Checking -or- Savings

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 _____

Bank of America Money Network Card

↓ Office Use Only ↓

Routing Number _____

Account Number _____



EMERGENCY CONTACT INFORMATION

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

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: Marcos Cruz

Relationship: God father
Padrino

Phone Number: 507-513-5740

Contact # 2

Name: Oscar Olivares

Relationship: Cousin

Phone Number: 507-218-5692

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.



Please answer a few questions to determine this company's eligibility for federal and state tax credit programs. Your responses are voluntary and may assist members of targeted groups in securing employment. All answers will be kept strictly confidential and will not adversely affect your employment opportunity. The questions take less than 3 minutes to complete.

Let's get started!

At this time, please answer Yes or No to the following questions:

1. In the last year, have you or anyone you've lived with received SNAP (Supplemental Nutrition Assistance Program also referred to as food stamps)?

Yes No

If yes, You indicated that you or a member of your family have received SNAP (Supplemental Nutrition Assistance Program also referred to as food stamps) within the last year.

City where food stamps were last received

State where food stamps were last received

2. In the last two years, have you or anyone you've lived with received TANF (Temporary Assistance for Needy Families also referred to as welfare)?

Yes No

If yes, You indicated that you or a member of your family have received TANF (Temporary Assistance for Needy Families also referred to as welfare) in the last two years.

City where TANF benefits were last received

Please provide the state where the TANF benefits were last received.

3. Are you a veteran of the U.S. Armed Forces?

Yes No

If yes, You indicated that you have served in the U.S. Military.

In which military branch did you serve?

What is your military status?

What was your Enlistment Date?



What was your Discharge Date?

|

Within the last year, were you unemployed at any point – even for just a few days?

No Less than one month Between one and six months Longer than six months

4. Are you a person who has a disability?

Yes No

If yes, You indicated that you are a person who has a disability.

In the last three months, have you received Supplemental Security Income (SSI) for a disability?

Yes No

Did you receive any training by a rehabilitation agency?

Yes No

Do you have a ticket to work for a disability issued by an Employment Network (EN) to help you find a job?

Yes No

5. Have you ever been convicted of a felony?

Yes No

If yes, You indicated that you have been convicted of a felony or received deferred adjudication. Please provide:

Date of Conviction

|

Date of Release

|

Was the conviction State or Federal?

Federal State

City where the conviction took place

|

County where the conviction took place

|

State where the conviction took place

6. Are you unemployed?

And **NO**

Have you collected unemployment benefits at any time during your unemployment period?

Yes No

If yes, You indicated that you are unemployed and at some point during unemployment you received unemployment benefits.

When did you become unemployed?

7. In the last two weeks, have you applied for or received unemployment benefits?

Yes No

You indicated that you are unemployed and at some point during unemployment you received unemployment benefits.

Have you been unemployed since 05/17/2021?

Yes No

Please provide the state where the unemployment benefits were received.

Additional Information

Thank you for taking the time to complete this survey related to IRS Form 8850 (Pre-screening Notice and Certification Request for the Work Opportunity Tax Credit) and the ETA Form 9175 (Long-Term Unemployment Recipient Self-Attestation Form). These forms are used to verify the information you have provided and to manage the important WOTC jobs program.

If you agree with the following declaration, click the submit button to electronically sign the Forms 8850 and (if applicable) 9175. Your electronic signature will authorize the Veterans Administration, Department of Vocational Rehabilitation, Tribal Governments, federal and state unemployment insurance offices, or other applicable agency to release verification of information to TCC. If the name is incorrect, type in your correct name and click the submit button to electronically sign.

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Please confirm your first and last name:

Employee's Withholding Allowance Certificate (Federal W4)

You may claim exemption from this year withholding if you BOTH: had no federal income tax liability in the previous year and you expect to have no federal income tax liability this year. If you claim exempt, no federal income tax is withheld from your paycheck; you may owe taxes and penalties when you file your current year's tax return.

Would you like to claim exemption from Federal Income Tax?

Yes No

Choose your filing status

- 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.)

Are you married filing jointly and your spouse also works?

Yes No

Do you hold more than one job at a time?

Yes No

Claim Dependents:

To claim dependents if your income will be \$200,000 or less (\$400,000 or less if married filing jointly)

Do you have qualifying children under age 17?

Yes No (If yes, how many? _____)

Do you have any other dependents?

Yes No

Other Adjustments:

Other Income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income.

Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here.

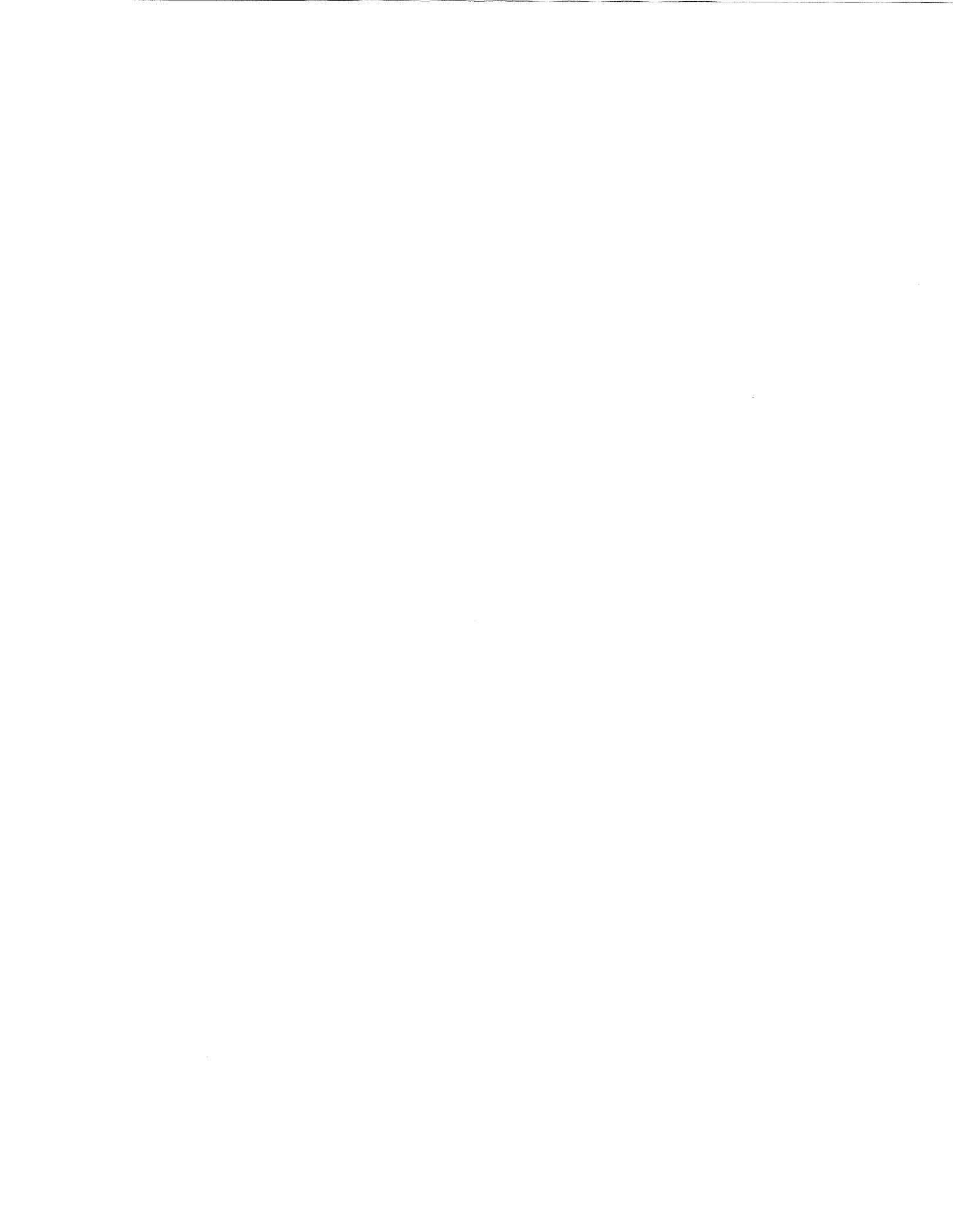
Extra Withholding. Enter any additional tax you want withheld each pay period.

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete

I have read and agree: _____



Date: 12/06/2021



CMG Preliminary Questions

Name: Sotero Guerrero Cruz

Date: 12/06/2021

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

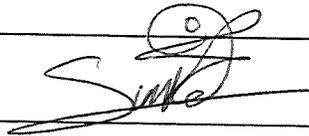
3. What shift to you prefer? 1st 2nd 3rd

To be completed during or after interview

Have you ever been convicted of a misdemeanor or felony? Yes No

Explain

Incident _____

Employee Signature 

Interviewer 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: 12/06/2021

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: _____ (initial)

1000

1000

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 SI (initial)
Yes

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.

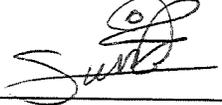
I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the 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 Yes (initial)



Employee Photo Consent Form

I, _____, agree to let CMG – Rochester office – to take and upload my photo for security purposes.

Employee Signature Name: Sotero G. C. 

Date: 12/06/2021



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **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) <u>Cruz</u>		First Name (Given Name) <u>Guerrero Sotero</u>		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name) <u>602 31ST ST NE</u>			Apt. Number <u>602</u>	City or Town <u>Rochester</u>		State <u>MN</u> ZIP Code <u>55906</u>
Date of Birth (mm/dd/yyyy) <u>12/20/1995</u>	U.S. Social Security Number <u>604-22-4120</u>		Employee's E-mail Address <u>soteroCruz91@gmail.com</u>		Employee's Telephone Number <u>507 250 2603</u>	

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 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 checked="" 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: <u>325-641-587</u> OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee 	Today's Date (mm/dd/yyyy) <u>12/20/1995</u>
---------------------------	---

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) <u>Guerrero Cruz</u>		First Name (Given Name) <u>Sotero</u>	
Address (Street Number and Name) <u>602 31ST ST NE</u>		City or Town <u>Rochester</u>	State <u>MN</u> ZIP Code <u>55906</u>

Employer Completes Next Page

login name and password. CMG will provide

login Na

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llow

ed wit

HOLD

UNITED STATES OF AMERICA PERMANENT RESIDENT

GUERRERO CRUZ SOTERO 20 DEC 1995



Surname
GUERRERO CRUZ

Given Name
SOTERO

USCIS#
325-641-587

Category
C09

Country of Birth
Mexico

Date of Birth
20 DEC 1995

Sex
M

Card Expires:

01/26/27

Resident Since:

01/26/17

Sotero Guerrero C.

W
0207

