

Entered

11/30

2:00 PM

# 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) Gutierrez Alberto Date: 11-2-21  
 Address: (Street Address) 613- 2nd St SW (Apt./Unit #) \_\_\_\_\_  
 (City) Rochester (State) MN (ZIP Code) 55902  
 Phone: 507-884-3197 Email: Alberto.Gutierrez73@gmail.com  
 Social Security No. 512-78-2318 Date Available: open  
 Position Applied for: Cutter Desired Wage: \_\_\_\_\_  
 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? friend Referral Name: Darrel Lloyd  
 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>GER</u>	<u>Eagle Pass TX</u>		
College				
Bus. Or Trade School				
Professional School				



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### Previous Employment

Company: Iserry plastics Phone: 386-4420

Address: Mankato MN Supervisor: \_\_\_\_\_

Job Title: Machine operator Starting Wage: \$ 15.00 Ending Wage: \$ 15.00

Responsibilities: Machine operator

From: Mankato To: Rochester Reason for Leaving: Relocated

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: \_\_\_\_\_



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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 Albert Gutierrez Date: 11-2-21



**m** MINNESOTA IDENTIFICATION CARD  
USA

NOT FOR FEDERAL IDENTIFICATION  
1 GUTIERREZ  
2 ALBERTO  
8 613 2ND ST SW  
ROCHESTER, MN 55902-2932



4d ID# K391-170-161-013 4a ISS 10/28/2021  
3f DOB 10/07/1973 4b EXP 10/07/2024

NOT A DRIVER'S LICENSE

15 SEX M 17 WGT 220 lb  
16 HGT 5'-08" 18 EYES BRO

*Alberto Gutierrez*

5f DD 00000005550569 10/07/73



SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA

**SOCIAL SECURITY**

512-78-2318

THIS NUMBER HAS BEEN ESTABLISHED FOR

ALBERTO  
GUTIERREZ

*Alberto Gutierrez*  
SIGNATURE

11/10/2014

U.S. DEPARTMENT OF LABOR



**You have applied / are interviewing for the following position:**

**JOB TITLE:** Portion / Cutter **Starting Wage:** \$18.50 **Shift/Hours:** 2<sup>nd</sup> shift (3pm to 12a)

**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.

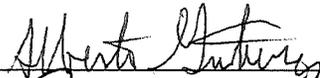
**WORK ENVIRONMENT:** Standing on cement floor. Moderate to high level of noise. Temperature ranges from 30-50 degrees Fahrenheit (-10 degrees in blast freezer).

**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: 11-30-21  
Interviewer Signature:  Date: 11/30/21





## 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/cm>

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

**Login Name:** 5078843157

**Login Password:** Ag@2318

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:** Alberto Martinez **Date:** 11-30-21



## **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** AG **(initial)**

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report / investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, country jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have to include information or data received from other sources Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers and dates of birth.

**I have read and agree** AG **(initial)**



## 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: Alberto Gutierrez Date: 11-30-21

## 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: AG (initial)



# CMG Preliminary Questions

Name: Alberto Gutierrez

Date: 11-30-21

### 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?      1<sup>st</sup>       2<sup>nd</sup>      3<sup>rd</sup>

### **\*To be completed during or after interview\***

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

Explain Incident Felony 2014 Assault.

Employee Signature Alberto Gutierrez

Interviewer Signature [Signature]



# 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: 7277631800447651

Money Network<sup>®</sup> Checks and Money Network Cards are issued by MetaBank<sup>®</sup>, Member FDIC.

## BALANCE and TRANSACTION LIMITS SCHEDULE

### Load Limitations

Maximum Account Balance<sup>3</sup>

ACH Deposit of Other Funds (Direct Deposit) Load<sup>3</sup>

Load check funds via Mobile App<sup>1,2,3</sup>

Load Cash at Load Location<sup>1,2,3</sup>

Secondary Account

Secondary Account Transfer

### Withdrawal Limitations<sup>1,2</sup>

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

\$8000<sup>3</sup>

\$4000 per day | \$8000 per calendar month<sup>3</sup>

\$25-2500 per check | \$5000 per day | \$10000 per month<sup>3</sup>

\$2500 per transaction and per day | \$5000 per month<sup>1,2,3</sup>

\$8000 maximum account balance

\$1000 per day | \$2000 per month

### Limit Amount<sup>1,2</sup>

\$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

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Name: Alberto Gutierrez

Last 4 of SSN: 2318

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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 A.G.

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**Bank of America Money Network Card**

↓ Office Use Only ↓

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

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



6. Are you unemployed? *Yes*

And

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: *Alberto Gutierrez*



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

| 2014

Date of Release

| 2022

Was the conviction State or Federal?

Federal  State

City where the conviction took place

| Mankato MN 56003

County where the conviction took place

| Blue Earth

State where the conviction took place

Minnesota



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?



# 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:** Gloria  
Name: ~~Alberto~~ Gutierrez

Relationship: Mother

Phone Number: 651-428-0746

**Contact # 2** Maggie Gutierrez  
Name: \_\_\_\_\_

Relationship: Sister

Phone Number: (507) 602-0566

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.



## 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.

0

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.

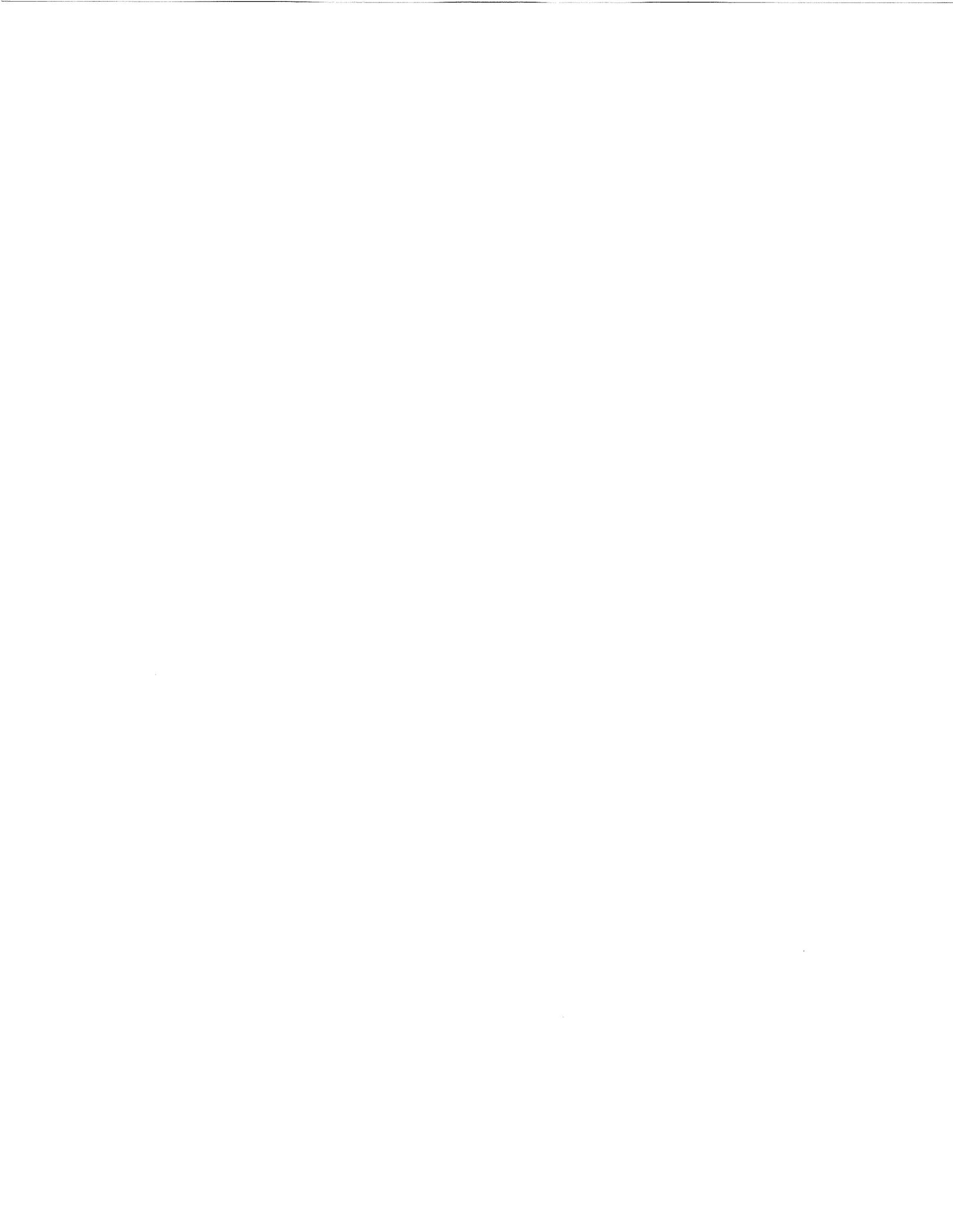
0

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

0

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: Albert Gutierrez Date: 11-30-21



**Employee Withholding Allowance/Exemption Certificate  
2021 State - Minnesota**

**Choose Filing Status**

- Single; Married, but legally separated; or Spouse is a nonresident alien  
 Married  
 Married, but withhold at higher Single rate

**Exempt Status**

- Yes  
 No

**Section 1 — Determining Minnesota Allowances**

A. Enter "1" for yourself if no one else can claim you as a dependent...

1

B. Enter "1" if: ..... • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages are \$1500 or less.

0

C. Enter "1" for your spouse. You may choose to enter "0" if you are married and have either a working spouse or more than one job. Entering "0" may help you avoid having too little tax withheld.).....

0

D. Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return.

0

E. Enter "1" if you will file as Head of Household (see instructions for qualifying as Head of Household)...

0

Total number of allowances you are claiming. Add steps A through E. If you plan to itemize deductions on your 2021 Minnesota return, you may also complete the Itemized Deductions and Additional Income Worksheet.....

1

**Total Number of Minnesota allowances**

1

Additional Minnesota withholding you want deducted each pay period

I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false withholding allowance/exemption certificate.

I have read and agree: Alberto Gutierrez Date: 11-30-21





**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) <i>Gutierrez</i>		First Name (Given Name) <i>Alberto</i>		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name) <i>613 2nd St SW</i>			Apt. Number	City or Town <i>Rochester</i>	State <i>MN</i>	ZIP Code <i>55902</i>
Date of Birth (mm/dd/yyyy) <i>10-07-1973</i>	U.S. Social Security Number <i>512-78-2318</i>		Employee's E-mail Address <i>Alberto.Gutierrez73@gmail.com</i>		Employee's Telephone Number <i>507-894-3157</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	QR Code - Section 1 Do Not Write In This Space
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<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. (See instructions)	
<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>	
1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee <i>Alberto Gutierrez</i>	Today's Date (mm/dd/yyyy) <i>11-30-2021</i>
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**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State    ZIP Code

Employer Completes Next Page

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities related to the business.

2. The second part of the document discusses the importance of maintaining accurate records of all transactions and activities related to the business.

## Employee Photo Consent Form

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

Employee Signature Name: Alberto Gutierrez

Date: 11-30-21





## Case Verification Number: 2021334204636FH

Report prepared: 12/01/2021

### Company Information

Company ID: 1284996

Company Name: ESSG - Corporate Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate Management Group

### Employee Information

Name: Alberto Gutierrez

Date of Birth: 10/07/1973

U.S. Social Security Number: \*\*\*-\*\*-2318

Employee's First Day of Employment: 11/30/2021

Citizenship Status: U.S. Citizen

### Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

Document Subtype: State Issued ID Card

Document Number: \*\*\*\*\*1013

Expiration Date: 10/07/2024

State: Minnesota

List C Document: Social Security Card

### Case Information

Case Status: Closed

Case Submitted By: Diana Elton

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close