

# CORPORATE MANAGEMENT GROUP



## Employment Application

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri  
 Office Number: 507-923-4955  
 Office Address: 3707 Commercial Dr. SW Rochester, MN 55902

### 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) Johnson David Date: 5/17/21  
 Address: (Street Address) 2015 41st NW (Apt. /Unit #) F35  
 (City) Rochester (State) MN (ZIP Code) 55901  
 Phone: 312-937-6806 Email: lildavewgk@gmail.com  
 Social Security No. 344-94-0459 Date Available: 5/18/21  
 Position Applied for: General labor Desired Salary: 14/HR  
 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? Brother Referral Name: Jerrod Saunders  
 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	Bridges to Pathways	Chicago Illinois	2 yrs	GED
College	Olive Harvey	Chicago Illinois	1 yr	N/A
Bus. Or Trade School				
Professional School				

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Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri

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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

*David Johnson*

Date:

*5/17/21*



## Case Verification Number: 2021137184800FK

Report prepared: 05/19/2021

### 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: David Johnson

Date of Birth: 03/07/1998

U.S. Social Security Number: \*\*\*-\*\*-0459

Employee's First Day of Employment: 05/17/2021

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: Driver's License

Document Number: \*\*\*\*\*069J

Expiration Date: 03/07/2025

State: Illinois

List C Document: Social Security Card

### Case Information

Case Status: Closed

Case Submitted By: Kelly Sutton

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close

INTERIM/EXTENSION INDIANA - REGULAR ID CARD

EXPIRES: 10/02/2020

Peter L. Lacy, Commissioner

**Valid for Voter Identification**

DLN: 9370019170

DAVID ALVIN JAMAROIQUI JAMEIR JOHNSON JF  
421 GRANT ST  
GARY, IN 464041105

DATE: 09/02/2020

DOB: 03/07/1998

SEX: M

RESTRICTIONS: NONE

ENDORSEMENTS: NONE

OPERATOR/BRANCH: HK / #363 - HAMMOND STARS

CONTROL NUMBER: 16796863

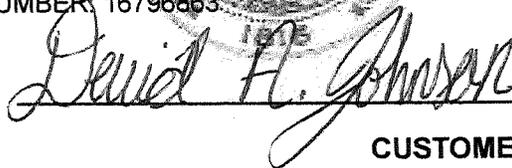
HEIGHT: 5-11

EYES: BRO

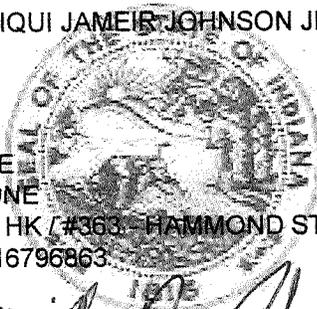
WEIGHT: 195

HAIR: BLK

SIGNATURE:



David A. Johnson



CUSTOMER COPY



# CORPORATE MANAGEMENT GROUP

## Employment Application

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri  
 Office Number: 507-923-4955  
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### 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) Johnson David Alvin Date: 9-8-20

Address: (Street Address) 1534 4th AVE SE (Apt./Unit #) 2  
 (City) Rochester (State) MN (ZIP Code) 55904

Phone: 773 716-3211 Email: lildavewgk@gmail.com

Social Security No. 344-94-0459 Date Available: \_\_\_\_\_

Position Applied for: General Labor Desired Salary: 14/HR

Shift Available to work:  1st  2nd  3rd Employment desired:  Full-Time  Part-Time 2N seasonal

Are you authorized to work in the U.S?  Yes  No

How did you hear about us? Rehire 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	Bridges to Pathways	1500 W. Adams	1	GED
College	Olive Honey College	1000 S. Woodlawn	1	Forklift
Bus. Or Trade School				
Professional School				

# CORPORATE MANAGEMENT GROUP

## Employment Application

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri

Office Number: 507-923-4955

Office Address: 3707 Commercial Dr. SW Rochester, MN 55902



*"your workforce management & staffing experts"*

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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

*David Johnson*

Date:

*9-8-2020*



## Case Verification Number: 2020252171235EM

Report prepared: 09/08/2020

### 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: David Johnson

Date of Birth: 03/07/1998

U.S. Social Security Number: \*\*\*-\*\*-0459

Employee's First Day of Employment: 09/08/2020

Citizenship Status: U.S. Citizen

### Document Information

List B Document: Voter registration card

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

**CORPORATE MANAGEMENT GROUP**



Employment Application

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri  
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12/16 11/19 Rehire

**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) Johnson David Alvin Date: 12/12/19

Address: (Street Address) 1534 4<sup>th</sup> AVE SE (Apt./Unit #) 10

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

Phone: 312-998-9625 Email: lildavewgk@gmail.com

Social Security No. 344-94-0459 Date Available: 12/12/19

Position Applied for: General labor / OPEN Desired Salary: 15.00

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? \_\_\_\_\_ Referral Name: Allan Prater

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	Bridges to Pathways	6200 S. Stewart	1	GED
College	Olive Harvey	1000 S. Woodlawn	1	Forklift
Bus. Or Trade School				
Professional School				

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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

*David Johnson*

Date:

*12/12/19*



## 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 / Reichel Foods Handbook**

**Healthcare Notice of Exchange and Website for Enrollment**

**Safety Policy**

**Drug and Alcohol Testing Policy**

**Website:** <https://nhov2.esgazure.com/login/cmgi>

**Login Name:** 32966910

**Login Password:** Dj@0459

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:** David Johnson **Date:** 12-16-19



# Preliminary Questions

For CMG use only

Name: David Johnson

Date: 12-16-19

1. If hired are you willing to take a drug test? yes
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? NO
3. Are you able to work with pork? yes
4. Which plant do you prefer? North
5. What shift to you prefer? 2nd

*2nd seasonal*

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

Date of interview 12-16-19

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No

Explain

Incident \_\_\_\_\_

Employee Signature

*David Johnson*

Interviewer Signature

*[Signature]*



## Case Verification Number: 2019350181550DH

Report prepared: 12/16/2019

### 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: David Johnson

Date of Birth: 03/07/1998

U.S. Social Security Number: \*\*\*-\*\*-0459

Employee's First Day of Employment: 12/16/2019

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: \*\*\*\*\*069J

Expiration Date: 03/07/2025

State: Illinois

List C Document: Social Security Card

### Case Information

Case Status: Closed

Case Submitted By: Sierra Peterson

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close

# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2019</b>
1 Your first name and middle initial <b>David A</b>		Last name <b>Johnson</b>		2 Your social security number <b>344-94-0459</b>
Home address (number and street or rural route) <b>1534 4Ave SE</b>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code <b>Rochester MN 55904</b>		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .		5 <b>0</b>		
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 \$		
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . .		7 <b>Exempt</b>		
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.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment	10 Employer identification number (EIN)	



**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** (Employee must complete and sign Section 1 on Form I-9 no later than the first day of employment but no before acceptance of an offer)

Last Name (Family Name) <b>Johnson</b>		First Name (Given Name) <b>David</b>		Middle Initial <b>A.</b>	Other Last Names Used (if any)	
Address (Street Number and Name) <b>1534 4 Ave SE</b>			Apt. Number <b>10</b>	City or Town <b>Rochester</b>		State <b>MN</b>
Date of Birth (mm/dd/yyyy) <b>3/7/1998</b>		U.S. Social Security Number <b>344-94-0459</b>		Employee's E-mail Address <b>ildavewaka@gmail</b>		Employee's Telephone Number <b>312-998-9625</b>

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)	

*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.*

1. Alien Registration Number/USCIS Number: \_\_\_\_\_  
 OR  
 2. Form I-94 Admission Number: \_\_\_\_\_  
 OR  
 3. Foreign Passport Number: \_\_\_\_\_  
 Country of Issuance: \_\_\_\_\_

Signature of Employee <b>David Johnson</b>	Today's Date (mm/dd/yyyy) <b>12-16-19</b>
---	--

**Preparer and/or Translator Certification (check one)**  
 I did not use a preparer or translator.  A preparer and/or translator(s) assisted the employee in completing Section 1.  
 (Fields below must be completed and signed when a preparer and/or translator(s) 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



u

## **Job Description**

### **North Plant Palletizer & Product Bin Filler**

#### **SUMMARY**

Responsible for rotating between positions at the end of the production line. The duties of each position will include: stacking finished boxes (shipper) on good pallets while following Customer Specification requirements, maintaining supply bins with components used in party tray production. If absent, another trained employee or trained backup will be scheduled to cover responsibilities for this position.

#### **PRIMARY RESPONSIBILITIES**

1. **Personal Protective Equipment Required (PPE):** hairnet and clean smock. Comply with GMPs (QA0402WI Hormel Good Manufacturing Practices).
2. Enter production room with hairnet on, wash hands and put on clean smock.
3. Adhere to company Employee Hygiene Practices, company food safety procedures and GMPs.
4. Other duties as assigned by the Production Supervisor and Production Manager.

#### **Palletizer**

5. Verify the correct box (shipper) is being used for the finished item being produced. Required materials can be referenced on Hormel Operational Product Specifications according to item number.
6. Insure the correct case label is applied to each box.
7. Document that the LP and case label match product being produced on the Hormel Case Label Verification Check form (OP0195FO).
8. Stack boxes neatly on a good 40X48 pallet and in the correct pallet pattern according to the Hormel Operational Product Specification for that item.
9. Using pallet wrap machine, wrap pallet with shrink wrap and insure it is wrapped tightly and completely from the top of the pallet to the top of the finished cases.
10. Move finished pallet to designated area using a pallet jack and communicating with the Finished Goods Loader.

#### **Product Bin Filler**

11. Maintain adequate amount of components in supply bins. Must wear vinyl gloves if having contact with component pouches.
12. Insure the correct components are being used in production. Required materials can be referenced on Hormel Operational Product Specifications according to item number.
13. Communicate with the Warehouse Line Supplier when supplies begin to run low.
14. Inform Line Lead, QA, or Production Supervisor when lot numbers change on components.
15. After emptying components into supply bins, break down corrugated boxes from components and sort. Remove box tape and cross off barcodes with marker. Meat boxes are stacked on a pallet for recycling. All other boxes are stacked on a separate pallet to be placed in the compactor.
16. Provide palletizers with good pallets and return broken pallets to the scrap pallet stack.

5/18/2021

**PHYSICAL ENVIRONMENT/WORKING CONDITIONS**

These positions are in a manufacturing environment and will involve standing and walking for long periods of time, working in temperatures less than 50 Degrees Fahrenheit, repetitive arm and hand movement, and frequent lifting of 30 - 50 lbs. May be required to work an occasional Saturday and/or Sunday as needed.

**EQUIPMENT/MACHINERY USED**

Conveyor, Pallet jack, safety knife and pallet wrap machine

**TRAINING REQUIREMENTS**

New Employee Orientation and on the job training.

**SIGNATURES**

Signatures below constitute employee's understanding of the responsibilities and requirements of the position and Supervisor's verification that the employee is competent to complete the required tasks.

David Johnson

Employee Printed Name

David J.

Employee Signature

05/18/2021

Date

[Signature]

Supervisor Signature