

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: Monday-Friday 8am-4pm

Office Number: 507-923-7956

Office Address: 1825 7th St 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) Isaiah Soberg Date: 2/16/20

Address: (Street Address) 22 N Broadway ave (Apt./Unit #) 1312

(City) Rochester (State) Mn (ZIP Code) 55906

Phone: 507 884 8465 Email: sobergisaiah75@gmail.com

Social Security No. 326-94-1125 Date Available: _____

Position Applied for: palletizer Desired Salary: 13-15.60

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

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

How did you hear about us? indeed 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

1st Shift Palletizer \$11.50

Education

Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	<u>Ged</u> _____			
College				
Bus. Or Trade School				
Professional School				

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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: 2/16/21

m USA MINNESOTA IDENTIFICATION CARD



1 SOBERG
2 ISAIAH ROBERT ALLEN
8 1502 CENTURY VALLEY RD
ROCHESTER, MN 55906

4d ID# T530-246-550-608 4a ISS 03/26/2018
3 DOB 06/24/1997 4b EXP 06/24/2022

NOT A DRIVER'S LICENSE

Minnesota

15 SEX M 17 WGT 238 lb
16 HGT 5'-11" 18 EYES BRO

Isaiah Robert Allen

5 DD 2018655186030 06/24/97



326-94-1105

THIS NUMBER HAS BEEN ESTABLISHED FOR
ISAIAH ROBERT ALLEN
SOBERG

SIGNATURE

10/30/2015



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: SJT8848465

Login Password: 1s@1105

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: Johhaby **Date:** 2/16/21

CMG Preliminary Questions

Name: Isaiah Solberg

Date: 2/16/21

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? 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 Isaiah Solberg

Interviewer Signature [Signature]

Pay Information

Name: ISAIAH SOBENG

Last 4 of SSN: 1105

Please mark what option you choose

Direct Deposit

Bank Name Think bank

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 IS

Bank of America Money Network Card

↓ Office Use Only ↓

Routing Number _____

Account Number _____

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 ES **(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 applicant's personal information, including, but not limited to, addresses, social security numbers and dates of birth.

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

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: 7277631800186267

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

Withdrawal Limitations^{1,2}

ATM Withdrawal Limit

Money Network Check Limit

Bank/Teller Over the Counter Withdrawal

ACH Transfer to Domestic Bank

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

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

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: Quintarosa

Relationship: Mother

Phone Number: 5076963427

Contact # 2

Name: _____

Relationship: _____

Phone Number: _____

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.



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>Soberg</i>		First Name (Given Name) <i>Isaiah</i>		Middle Initial <i>RA</i>	Other Last Names Used (if any)	
Address (Street Number and Name) <i>22 N Broadway Ave</i>			Apt. Number <i>1312</i>	City or Town <i>Rochester</i>		State <i>MN</i>
Date of Birth (mm/dd/yyyy) <i>06/24/47</i>		U.S. Social Security Number <i>326-94-1105</i>		Employee's E-mail Address		Employee's Telephone Number

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):

1. A citizen of the United States

2. A noncitizen national of the United States (See instructions)

3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

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: _____

QR Code - Section 1
Do Not Write in This Space

Signature of Employee *[Signature]* Today's Date (mm/dd/yyyy) *2/16/21*

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

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: 2/26/21

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: IS (Initial)

Employee Photo Consent Form

I, *[Handwritten Signature]* agree to let CMG - Rochester office - to take and upload my photo for security purposes.

Employee Signature Name: *[Handwritten Signature]*

Date: *2/26/21*

**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...

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.

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.).....

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

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

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....

Total Number of Minnesota allowances

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: _____ **Date:** _____

updated 4/16



Company Name:

I/We authorize the company (named above) to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my/our account at Think Mutual Bank for the purpose of automatically depositing funds to my/our account. I/We acknowledge that the origination of these transactions must comply with the provision of the U.S. law.

Depository Name:

Think Mutual Bank
5200 Members Parkway NW
Rochester, MN 55901
(800) 288-3425

Think Mutual Bank's Routing or ABA Routing Number: 291975465

Account Number: 7450000503719

Account Type: Checking

Customer Name(s): Isaiah Robert Allen Soberg

I/We authorize understand that this authorization replaces any previous authorization and will remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and Think Mutual Bank a reasonable opportunity to act on it.

Signed

Dated

Signed

Dated

Confirmation of Resignation

I, Tsai-oh Sobeg, do confirm that I am resigning my position with

Corporate Management Group at their client location, Rochester Meats. This is effective as of

6/17/21 (the last day you will be going to work).

Reasoning for resigning at this time is:

Personal Health reasons

Employee Signature:  Date: 6/23/2021

CMG Rep. Signature:  Date: 6/23/2021



Case Verification Number: 2021047210950MF

Report prepared: 02/16/2021

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: Isaiah Soberg

Date of Birth: 06/24/1997

U.S. Social Security Number: ***-**-1105

Employee's First Day of Employment: 02/16/2021

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: *****0608

Expiration Date: 06/24/2022

State: Minnesota

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