

# 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) Tram Diop Date: 10-19-20

Address: (Street Address) 5106 Kingston Pl NW (Apt. /Unit #) \_\_\_\_\_

(City) Rochester (State) MN (ZIP Code) 55901

Phone: 507)269-2748 Email: \_\_\_\_\_

Social Security No. 472-19-3274 Date Available: off open

Position Applied for: Cutter Desired Wage: 9.4

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? my friend 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				
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.

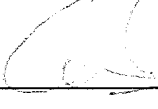
Signature of applicant

Date: 10-19-20

////

By signing below, I authorize Rochester Meat Company to process a payroll deduction for the amount listed.

This deduction will be processed on the next payroll check.

  
\_\_\_\_\_  
Employee Signature

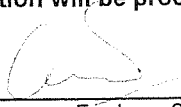
2/11/2021  
Date

**Office Use Only**

Employee Name	<u>Tran, Diep</u>	Payroll Date	<u>2/26/2021</u>	Amount	<u>\$55.00</u>
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By signing below, I authorize Rochester Meat Company to process a payroll deduction for the amount listed.

This deduction will be processed on the next payroll check.

  
\_\_\_\_\_  
Employee Signature

2/18/2021  
Date

**Office Use Only**

Employee Name	<u>Tran, Diep</u>	Payroll Date	<u>2/26/2021</u>	Amount	<u>\$55.00</u>
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# 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: 10-19-20

## Insurance Information

I understand that the CMG Staff defaults to decline insurance when entering my new hire paperwork unless specified otherwise during my interview.

I understand that I have 30 days after my employment starts to apply for insurance through ESSG via the login information provided to me.

I agree: DT (initial)

## Minnesota/Federal W-4 Information

(This information will be inputted onto the online NHO form – you will be provided the login information during your interview)

### Minnesota W-4 Information-

Choose your filing status (mark one):

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

Exempt?  Yes  No

Total Number of Minnesota allowances: \_\_\_\_\_

I certify that all information provided above is correct. I understand there is a \$500 penalty for filling or false withholding allowance/exemption certificate.

I have read and agree DT (initial)

### Federal W-4 Information-

Exempt?  Yes  No

Choose your filing status (mark one):

- 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.)

Total Number of Federal allowances: 1

If you would like to fill out the complete Minnesota or Federal W-4 form, please let your interviewer know.

Would you like to receive your W-2 statement electronically via email? If so, please list your email below, if not, leave blank.

Email: \_\_\_\_\_



# Pay Information

Payday is every Friday

Name: Diep Tran

Last 4 of SSN: 3274

Please mark what option you choose



**Direct Deposit**

Bank Name Think ~~Bank~~ Bank

Account Number 7450000354600

Circle One

Checking or Savings

Routing Number 291975465

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 DT

**Bank of America Money Network Card**

↓ Office Use Only ↓

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

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

**m** MINNESOTA

DRIVER'S  
LICENSE

USA

NOT FOR FEDERAL IDENTIFICATION



1 TRAN  
2 DIEP VAN  
8 5106 KINGSTON PL NW  
ROCHESTER, MN 55901-2170

4d DL# G317-085-558-111 4a ISS 07/27/2020  
3f DOB 12/31/1955 4b EXP 12/31/2024  
9 CLASS D 9a END NONE  
12 RESTR NONE

15 SEX M 17 WGT 120 lb  
16 HGT 5'-05" 18 EYES BRO



52 DD 00000003241813 12/31/55



Branding Iron Holdings Covid-19 Certification for Property Access

Access will be granted to those that sign this document and do not answer yes to any of the questions. If a visitor answers "yes" to any of these questions do not admit the person into the facility.

1. Have you, someone living in your household, a significant other, or someone you are caring for been diagnosed with COVID-19 (Coronavirus) or had any contact with a confirmed case of COVID-19 in the previous 14 days? YES \_\_\_\_\_ NO X
2. Have you had contact with anyone in the previous 14 days either diagnosed or who has been in close contact with someone diagnosed with Covid-19? YES \_\_\_\_\_ NO X
3. Have you traveled anywhere in the previous 14 days to anywhere designated by the CDC as having widespread ongoing transmission? YES \_\_\_\_\_ NO X
4. Do you currently have, or have had within the last 24 hours, any cold or flu symptoms including fever greater than 100? (Fever will be taken at arrival). YES \_\_\_\_\_ NO X
5. Do you have any of the symptoms listed below? YES \_\_\_\_\_ NO X
  - Cough; Shortness of breath or difficulty breathing

Or at least two of these symptoms:

  - Fever; chills; repeated shaking with chills; muscle pain; headache; sore throat; new loss of taste or smell
6. Do you have a current Covid-19 diagnosis or are you under quarantine for Covid- 19? YES \_\_\_\_\_ NO X
7. Do you have a pending Covid-19 Test? YES \_\_\_\_\_ NO X

By signing below, I agree to hold harmless Branding Iron Holdings from and against any and all losses arising out of or otherwise in respect of, any misrepresentation, inaccuracy in, or breach of any of the certifications contained herein. By signing this I also agree to contact Branding Iron if I become aware of any of the above within 14 days of my visit.

Date: 10-19-20

Printed Name: Diep Tran

Signature: [Handwritten Signature]

This questionnaire is to be emailed to visitors, if possible, prior to visit. The term "Visitor" includes all non-Branding Iron team members and Branding Iron team members visiting from another Branding Iron facility or location

# CMG Preliminary Questions

Name: Diep Tran

Date: 10-19-20

## 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

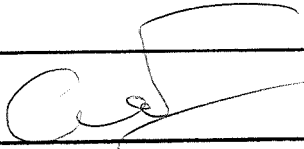
## Please Mark Your Preferred Position

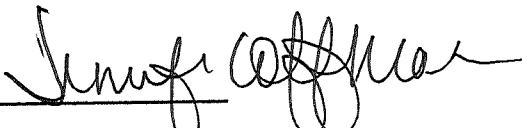
3. What shift to you prefer?      1<sup>st</sup>     2<sup>nd</sup>    3<sup>rd</sup>

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

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

Explain  
Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature 

Interviewer Signature 10-19-20 

Test Reference Number \_\_\_\_\_ Name of Collector \_\_\_\_\_

**COMPANY INFORMATION**

Company Name CMG Rochester Meats Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_ City Rochester State/Province NY Zip/Postal Code \_\_\_\_\_

**DONOR INFORMATION**

Employee ID. \_\_\_\_\_  
 Last Name Tram First Name Diep  
 Type of Identification Provided:  Driver's License  Employee Photo ID  Other \_\_\_\_\_  
 Reason for test:  Pre-employment  Random  Reasonable cause  Post-accident  Other \_\_\_\_\_

**CERTIFICATION**

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and alcohol.

Donor Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.

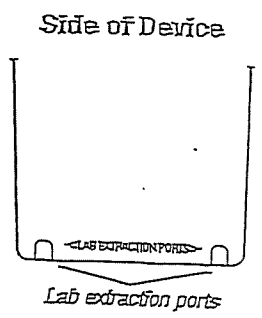
Collector Signature [Signature] Date/Time 10/19/2020

Laboratory Signature \_\_\_\_\_ Date/Time received NA

**TEST RESULTS**

Date/Time Collected 10-19-2020 12:03pm  
 Time Interpreted 12:12pm

NOTE: Lab personnel obtain specimen samples by puncturing the lab extraction ports on the side of device with a needle and syringe and drawing out the sample.



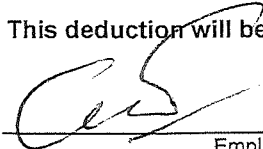
Cut out this panel to copy/scan results

Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amphetamine	AMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	THC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MEI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes / Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By signing below, I authorize Rochester Meat Company to process a payroll deduction for the amount listed.

This deduction will be processed on the next payroll check.



Employee Signature

1/14/2021

Date

**Office Use Only**

Employee Name

Tran, Diep

Payroll Date


1/29/2021

Amount

\$50.00

By signing below, I authorize Rochester Meat Company to process a payroll deduction for the amount listed.

This deduction will be processed on the next payroll check.

  
\_\_\_\_\_  
Employee Signature

1/21/2021  
\_\_\_\_\_  
Date

**Office Use Only**

Employee Name	Tran, Diep	Payroll Date	1/29/2021	Amount	\$50.00
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By signing below, I authorize Rochester Meat Company to process a payroll deduction for the amount listed.

This deduction will be processed on the next payroll check.



\_\_\_\_\_

Employee Signature

2/25/2021

\_\_\_\_\_

Date

**Office Use Only**

Employee Name	Tran, Diep	Payroll Date	3/12/2021	Amount	\$165.00
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