

# 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) Leonardo Wade Date: 08/23/2021

Address: (Street Address) 885 16<sup>th</sup> Ave SE (Apt. /Unit #) 106

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

Phone: 651-785-4347 Email: LeoWade8920@gmail.com

Social Security No. 344-90-7652 Date Available: Immediately

Position Applied for: Grinder Desired Wage: ~~\$14.00~~ 14.50

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? Employee Referral Name: Le'marcus Wayne

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          | Humboldt Senior High School | 30 E. Baker St.<br>St. Paul, MN<br>55107 | 4                         |                             |
| College              | RCTC                        | Rochester, MN                            | 1 Semester                | Criminal Justice / Business |
| Bus. Or Trade School |                             |                                          |                           |                             |
| Professional School  |                             |                                          |                           |                             |

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### Previous Employment

Company: Hayfield glass doors and windows Phone: \_\_\_\_\_

Address: Hayfield, MN Supervisor: \_\_\_\_\_

Job Title: Grinder Starting Wage: \$ 15.00 Ending Wage: \$ 15.20

Responsibilities: Grinding and cutting out glass

From: 04/2021 To: 06/2021 Reason for Leaving: Temporary

May we contact your previous supervisor for reference? ☒ Yes ☐ No

Company: Chipotle Phone: \_\_\_\_\_

Address: Rochester, MN Supervisor: Nyiesha Hall

Job Title: Cook Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_

Responsibilities: Cook and sometimes work the line

From: 06/2021 To: 07/2021 Reason for Leaving: need better pay and more work

May we contact your previous supervisor for reference? ☒ Yes ☐ No

Company: Personnelplus Phone: \_\_\_\_\_

Address: St. Paul, MN Supervisor: \_\_\_\_\_

Job Title: Grinder Starting Wage: \$ 14.00 Ending Wage: \$ \_\_\_\_\_

Responsibilities: Grinding steel and metal

From: 10/2020 To: 04/2021 Reason for Leaving: I moved from St. Paul

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: Lee White Date: 07/23/2021

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### PLEASE READ CAREFULLY APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant *Des Walker* Date: 08/23/2021



# MINNESOTA IDENTIFICATION CARD

NOT FOR FEDERAL IDENTIFICATION



1 WADE  
2 LEONARDO OSAVIO  
3 885 16TH AVE SE  
APT 106  
ROCHESTER, MN 55904-3103

4d ID# Z926-228-643-017  
3 DOB 10/20/1994

4a ISS 03/04/2021  
4b EXP 10/20/2022

NOT A DRIVER'S LICENSE

15 SEX M  
16 HGT 6'-02"  
17 WGT 195 lb  
18 EYES BRO

*[Signature]*

5 DD 00000004263433

10/20/94



## CMG Preliminary Questions

Name: Leonardo Wade

Date: 08/23/2021

### Please Mark Yes or No

1. If hired are you willing to take a drug test? Yes No

2. Are you able to work with pork and beef? Yes No

### Please Mark Your Preferred Position

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

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

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

Explain

Incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature Leo Wade

Interviewer Signature [Signature]

## **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** L.W. **(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** L.W. **(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: Joe Wark Date: 08/23/2021

## **Insurance Information**

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

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

I agree: L.W. (initial)



## 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** 30 Days

**Safety Policy**

**Drug and Alcohol Testing Policy**

**View Paystubs**

**Website:** <https://zenople.esgazure.com/login/cmg>

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

**Login Name:** 0517854347

**Login Password:** LW@7052

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:** [Signature] **Date:** 09/23/2021

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

**JOB TITLE:** Grinder **Starting Wage:** \$14.50 **Shift/Hours:** 1<sup>st</sup> shift 5:30am to 2:00pm

**JOB OBJECTIVE:** To operate grinders to grind raw beef or pork into patties according to company specifications.

**QUALIFICATIONS (based on essential functions):**

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

**JOB FUNCTIONS:** Every effort has been made to identify the essential functions of this position. However, it in 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:** set up grinding equipment; gather materials to be used for proper formulation; operate grinding equipment; keep accurate production and raw material sheets as needed; move product to freezers quickly; breakdown equipment for cleaning; preform other duties assigned by supervisor; work well with others; report to work on time; follow rules; care and maintain property and equipment.

This job description does not list all the duties of the job. You may be asked by your supervisor, manager or Executive Committee to perform other duties. You will be evaluated in part based upon your performance of the tasks listed in this job description.

**MACHINERY:** Grinding equipment, bone and gristle remover, snowing equipment, stuffer equipment, metal detector, anyl-ray and basic operating knowledge of Formax machines.

**EQUIPMENT:** Hand pallet jack, combos, luggers, carts, PPE, calculator, hand tools.

**CHEMICALS:** Dry Ice.

**WORK ENVIRONMENT:** Standing on cement floor. Moderate to high noise.

Temperature range of 30-50 degrees Fahrenheit.

**PHYSICAL REQUIREMENTS (with or without reasonable accommodation):** Ability to lift/move 10-65 pounds continuously. Requires varying degrees of pushing, pulling (of 400-pound tubs), bending and lifting to move boxes. Must be able to continuously perform simple repetitive and manipulative tasks. Able to perform tasks requiring action of muscles or groups of muscles such as walking, reaching, climbing and stooping. Must be able to stand for prolonged periods of time (eight-hour shift).

**MENTAL REQUIREMENTS (with or without reasonable accommodation):** Able to concentrate on details with many interruptions. 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:** Eight-hour workweek, Monday through Friday. Will be required to work some weekends.

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

Applicant Signature: Yee Wale Date: 08/23/2021  
Interviewer Signature: [Signature] Date: 08/23/21

# 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: 7277631800448139

Money Network® Checks and Money Network Cards are issued by MetaBank®, 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

### 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

### 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<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

## Employee Photo Consent Form

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

Employee Signature Name: Leo Wade

Date: 08/23/2021



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

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

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

|                                                                       |  |                                                 |                           |                                                   |                                              |                                                            |
|-----------------------------------------------------------------------|--|-------------------------------------------------|---------------------------|---------------------------------------------------|----------------------------------------------|------------------------------------------------------------|
| Last Name (Family Name)<br><u>Wade</u>                                |  | First Name (Given Name)<br><u>Leonardo</u>      |                           | Middle Initial<br><u>O</u>                        | Other Last Names Used (if any)<br><u>Leo</u> |                                                            |
| Address (Street Number and Name)<br><u>875 16<sup>th</sup> Ave SE</u> |  |                                                 | Apt. Number<br><u>106</u> | City or Town<br><u>Rochester</u>                  |                                              | State<br><u>MN</u>                                         |
| ZIP Code<br><u>55904</u>                                              |  | Date of Birth (mm/dd/yyyy)<br><u>10/20/1994</u> |                           | U.S. Social Security Number<br><u>344-90-7652</u> |                                              | Employee's E-mail Address<br><u>Leonardo8920@gmail.com</u> |
| Employee's Telephone Number<br><u>651-785-4347</u>                    |  |                                                 |                           |                                                   |                                              |                                                            |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

|                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input checked="" type="checkbox"/> 1. A citizen of the United States                                                                                                                                                                                                                                                                                                                                                    | <p>QR Code - Section 1<br/>Do Not Write In This Space</p> |
| <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): _____<br>Some aliens may write "N/A" in the expiration date field. (See instructions)                                                                                                                                                                                                                        |                                                           |
| <p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:<br/>An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Alien Registration Number/USCIS Number: _____<br/><b>OR</b><br/>2. Form I-94 Admission Number: _____<br/><b>OR</b><br/>3. Foreign Passport Number: _____<br/>Country of Issuance: _____</p> |                                                           |

|                                          |                                                |
|------------------------------------------|------------------------------------------------|
| Signature of Employee<br><u>Leo Wade</u> | Today's Date (mm/dd/yyyy)<br><u>08/23/2021</u> |
|------------------------------------------|------------------------------------------------|

**Preparer and/or Translator Certification (check one):**

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

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

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



Employer Completes Next Page



**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.

1

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.

1

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

1

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**

0

Additional Minnesota withholding you want deducted each pay period

0

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: Joe Wink Date: 08/23/2021

## 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? 3)

### 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: Yor Waver Date: 08/23/2021

# Pay Information

---

Name: Leonardo Wade

Last 4 of SSN: 84 7652

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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           

---

☒ **Bank of America Money Network Card**

↓ Office Use Only ↓

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

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

# EMERGENCY CONTACT INFORMATION

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

**Please list at least one person with one working phone number.**

*We will only contact the name(s) listed below if we are unable to get ahold of you or if there is an emergency.*

## **Contact # 1:**

Name: Diana Wade

Relationship: Mother

Phone Number: 651-785-4347

## **Contact # 2**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

.....

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.

# Work Opportunity Tax Credit Questionnaire

This Company participates in federal and/or state tax credit programs. The information you give will be used to determine the company's eligibility for these programs and will in no way negatively impact any hiring, retention, or promotion decisions.

## Do any of these statements apply to you?

### You or a household member received...

- Unemployment compensation in 2020
- Any type of government assistance
- Welfare/TANF
- Food Stamps/SNAP
- Social Security Income benefits

### You...

- Have been approved to receive unemployment compensation in 2020
- Served in the U.S. Armed Forces
- Received vocational rehabilitation services
- Were convicted of a felony

YES / NOT SURE / ☒ NO

If you marked yes or not sure, please answer the following questions:

Are you under age 40? ☒ YES / NO

What is your date of Birth? (MM/DD/YYYY)  
10/20/1994

Have you previously worked for Employer Solutions Group? YES / ☒ NO

### PLEASE ANSWER THE FOLLOWING

**Not Sure?** Select YES and we will verify for you.

1. Have you served in the U. S. Military?

YES / ☒ NO / NOT SURE -If you answered NO, skip to question #7.

2. Were you unemployed for at least 6 months in the past year?

YES / ☒ NO / NOT SURE

3. Have you received SNAP (Food Stamps) in the past 15 months?

YES / ☒ NO / NOT SURE

4. Are you entitled to compensation for a service-related disability?

YES / ☒ NO / NOT SURE

5. Were you discharged or released from active duty in the past year?

YES / ☒ NO / NOT SURE

6. In what year were you discharged from active duty?

(YYYY)

7. Have you or someone in your household received or stopped receiving TANF (Welfare), childcare, housing, or transportation assistance in the past 2 years?

YES / ☒ NO / NOT SURE -If you answered NO, skip to question #13.

8. Did you or your household member receive assistance at least 9 months in the past 18 months?  
YES / NO / NOT SURE

9. Did you or your household member receive assistance for at least the past 18 months?  
YES / NO / NOT SURE

10. Did you or your household member receive assistance at least 18 months between August 1997 and June 2019?  
YES / NO / NOT SURE

11. Did you or a household member stop receiving assistance in the past 2 years because it exceeded the time limitation?  
YES / NO / NOT SURE

12. Choose the state in which you received your TANF (Welfare) benefit.  
WHAT STATE?

13. Have you received SSI (Social Security Income) benefits in the last 90 days?  
YES / NO / NOT SURE

14. Have you received vocational rehabilitation services?  
YES / NO / NOT SURE

If YES: Select the rehabilitation service, you received.

STATE AGENCY / VETERANS ADMINISTRATION / TICKET TO WORK

15. Have you been unemployed for at least 27 weeks in a row, during which you received some unemployment compensation?  
YES / NO / NOT SURE

If YES:

When were you unemployed?

From

                     MM/DD/YYYY

What is the state in which you received compensation?  
WHAT STATE?

16. Were you convicted of a felony or released from prison for a felony in the past year?  
YES / NO / NOT SURE

If YES:

What was your conviction date?

                     MM/DD/YYYY

What was your release date?

                     MM/DD/YYYY

Choose your conviction state.  
WHAT STATE?

Was it a Federal or State Conviction?  
FEDERAL / STATE

Did you receive deferred adjudication?  
YES / NO / NOT SURE

17. Have you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit?  
YES / NO / NOT SURE



**Case Verification Number: 2021235182754LG**

Report prepared: 08/23/2021

### 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: Leonardo Wade

Date of Birth: 10/20/1994

U.S. Social Security Number: \*\*\*-\*\*-7652

Employee's First Day of Employment:  
08/23/2021

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: \*\*\*\*\*3017

Expiration Date: 10/20/2022

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