

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) HOES, YEM Date: _____

Address: (Street Address) 2124 HIGHWAY 14 E (Apt. /Unit #) _____

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

Phone: 507-513-5745 Email: _____

Social Security No. 471-02-0341 Date Available: _____

Position Applied for: _____ Desired Salary: _____

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? _____ 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	<u>Jonson</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 hoes-yem Date: 9-11-20

Pay Information

Payday is every Friday

Name: Hoes. Yem

Last 4 of SSN: -0341

Please mark what option you choose

Direct Deposit

Bank Name _____

Circle One

Account Number _____

Checking -or- Savings

Routing Number _____

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 ↓

Account Number _____

Routing Number _____

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: 1

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 _____ (initial)

Federal W-4 Information-

Exempt? Yes No

Choose your filing status (mark one):

Single or Married filing separately

Married filling 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: _____

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 H-Y (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 H-Y (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: Hoegs-Jen Date: 9-11-20

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: H-Y (initial)



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 Handbook

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

View Paystubs

Website: <https://zenople.esgazure.com/login/cm>

Login Name: HOES.YEM-507-513-3745

Login Password: _____

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: hoes.yem Date: 9-11-20

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)

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

Please Select your answers to the following questions:

Have you received or have been approved to receive unemployment compensation in the last 90 days? YES / NO / NOT SURE

Have you served in the U.S. Military? YES / NO / NOT SURE

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

Were you unemployed for at least 6 months in the past year? YES / NO / NOT SURE

Have you received SNAP (Food Stamps) in the past 15 months? YES / NO / NOT SURE

Are you entitled to compensation for a service-related disability? YES / NO / NOT SURE

Were you discharged or released from active duty in the past year? YES / NO / NOT SURE

If discharged or released, in what year were you discharged from active duty? (YYYY)

Branch of Service?

AIR FORCE / ARMY / COAST GUARD / MARINE CORPS / NATL' GUARD / NAVY

Have you or a household member received SNAP (Food Stamps) in the past 6 months?
YES / NO / NOT SURE

A Great Place to Work!

Rochester Meat Company



Mission Statement

In our pursuit of excellence, Rochester Meat Company will strive to be problem-free in every area of our business.
We are committed to the highest standard of ethics in all that we do.

Rochester Meat Company ("Rochester Meat") is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state, or local law, including race, color, creed, religion, age, sex, affectional preference or sexual orientation, national origin, ancestry, marital status, disability, including those related to pregnancy or childbirth, membership or activity in any local commission, status regarding public assistance, membership or non-membership in any labor organization, or any other characteristic protected under federal, state or local law. None of the questions in this application are intended to elicit information regarding any protected characteristics, nor imply any limitation, illegal preferences, or discrimination based upon non-job-related information or protected characteristics.

If you are hired by Rochester Meat Company you will be employed on an at-will basis. As an at-will employee, you may terminate your employment at any time, for any reason, without notice. Similarly, if you are hired, Rochester Meat Company will have the right to terminate your employment at any time, for any reason, without prior notice. No Rochester Meat Company supervisor or manager has the authority to offer or promise anything other than at-will employment, and no subsequent transfer, promotion or change in your employment will affect your at-will employment status.

Answer ALL Questions Completely - Please Print - Be Sure to Complete All Applicable Pages!

Name Does (N/A) Yem Date 9-1-2020
First Middle Last

Have you ever been known by another name or by an alias? Yes No If yes, what? _____

Present Address 2125 Highway 144E

City, State & Zipcode Rochester, MN 55904-5127

Permanent Address _____

Home Phone No. 507) 513-5745 Other phone at which you can be reached (Present Work): N/A

If hired, can you furnish proof that you are 18 years of age, or older? Yes No If no, explain: _____

If hired, can you furnish proof that you are eligible to work in the United States? Yes No If no, explain: _____

Have you worked for Rochester Meat Company before? Yes No Where and When? _____

Reason for leaving Rochester Meat Company if applicable? _____

Are you available to work at any time of the day or week as needed? Yes No

Test Reference Number _____ Name of Collector _____

COMPANY INFORMATION

Company Name: CMG Phone _____ Fax _____
Address _____ City: Leicester State/Province: MA Zip/Postal Code _____

DONOR INFORMATION

Employee ID: _____
Last Name: Hoes First Name: Yem
Type of Identification Provided: Driver's License Employee Photo I.D. 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: Hoes-Yem Date/Time: 9-11-20

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.

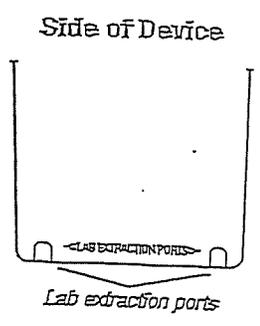
Collector signature: James Coffone Date/Time: 9-11-2020 10:45am

Laboratory signature: [Signature] Date/Time received: 11/2

TEST RESULTS

Date/Time Collected: 9-11-2020 10:45am
Time Interpreted: 10:53am

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"/>
Medradone	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 _____

Rochester Meat Company

Start Date: Monday September 14, 2020
Title: Full Time Palletizer
Department: Plant Night
Supervisor: Vandee Tipsao
Wage: \$11.50 / Hour plus .50 Shift differential
Skill Level: 2

Orientation Schedule - 2nd Shift

Monday: 1:00pm to 4:00pm Orientation, 4:00pm to 8:30pm Job Shadow

Tuesday: 1:00pm to 4:00pm Orientation, 4:00pm to 8:30pm Job Shadow

Wednesday: Work Regular Schedule 3:30pm - 11:30pm

Thursday: Work Regular Schedule 3:30pm - 11:30pm

Friday: Work Regular Schedule 3:30pm - 11:30pm

Misc Items:

Please park in the employee parking lot behind the plant.

Dress warm, dress in layers. Wear long pants and closed toed shoes.

A locker will be provided. Please bring you own lock.

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.

Hoes - Yem
Employee Signature

2/25/2021
Date

Office Use Only

Employee Name	<u>Yem, Hoes</u>	Payroll Date	<u>3/12/2021</u>	Amount	<u>\$13.00</u>
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EMERGENCY CONTACT INFORMATION

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

Employee Name: Hoese Yem

Employee Phone Number: 507-513-5745

Employee Address: 2125-HIGHWAY 11 E

Emergency Contact – 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: MOM SIN

Relationship: SON

Phone Number: 507-990-6901

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.



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
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
3. Have you traveled anywhere in the previous 14 days to anywhere designated by the CDC as having widespread ongoing transmission? YES _____ NO
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
5. Do you have any of the symptoms listed below? YES _____ NO
 - 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
7. Do you have a pending Covid-19 Test? YES _____ NO

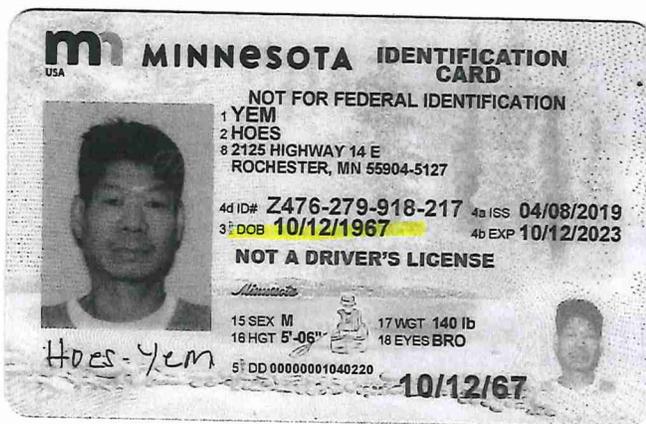
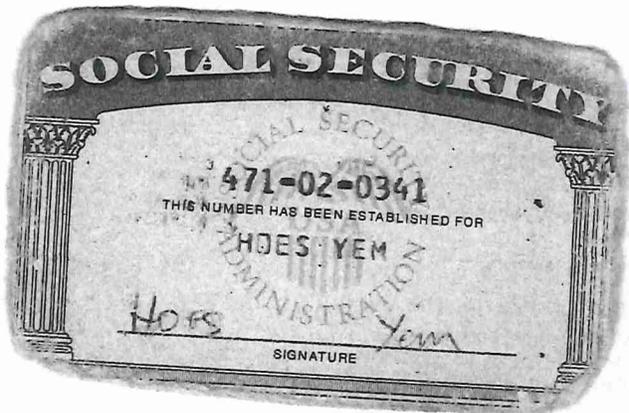
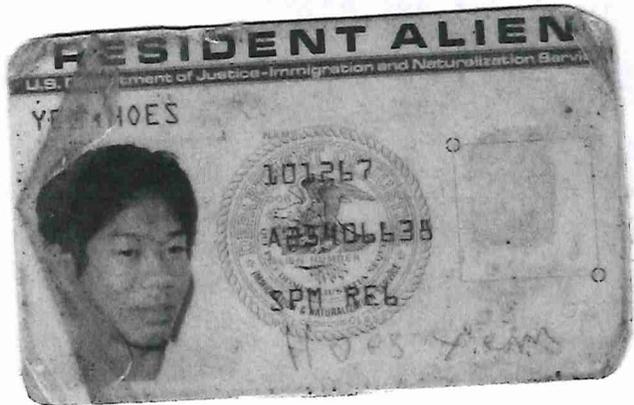
By signing below, I agree to hold harmless Branding Iron Holdings from and against any and all losses arising out of or otherwise in respect of, any misrepresentation, inaccuracy in, or breach of any of the certifications contained herein. By signing this I also agree to contact Branding Iron if I become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

Date:

Printed Name: HOES. YEM

Signature: hoes yem

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





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 (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) <u>Hoes</u>		First Name (Given Name) <u>Yem</u>		Middle Initial	Other Last Names Used (if any) N/A	
Address (Street Number and Name) <u>2125 HIGHWAY 14 E</u>			Apt. Number	City or Town <u>Rochester</u>		State <u>MN</u> ZIP Code <u>55904</u>
Date of Birth (mm/dd/yyyy) <u>10-12-67</u>	U.S. Social Security Number <u>471-02-0341</u>		Employee's E-mail Address N/A		Employee's Telephone Number <u>507-512-5745</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 type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input checked="" type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>A25406638</u>
<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)
<p>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.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<p>QR Code - Section 1 Do Not Write in This Space</p> 

Signature of Employee <u>Hoes-Yem</u>	Today's Date (mm/dd/yyyy) <u>9-11-20</u>
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Preparer and/or Translator Certification (check one):

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

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

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



Employer Completes Next Page





Further Action Notice Tentative Nonconfirmation (TNC)

(Social Security Administration (SSA) and U.S. Department of Homeland Security (DHS))

<i>For SSA Field Office Staff: use EV STAR and see POMS RM 10245.005ff</i>	
Yem, Hoes	471-02-0341
Employee's Last Name, First Name	Employee's Social Security Number
A025406638	10/1971
Employee's A-Number	Employee's Month/Year of Birth
09/11/2020	2020255193037GL
Date of Tentative Nonconfirmation	Case Verification Number
Reason for this Notice:	SSN did not match: The name and/or date of birth entered for this employee did not match Social Security Administration records. DHS TNC. The information entered for this employee did not match DMV records.

Your employer, **ESSG - Corporate**, participates in E-Verify. E-Verify compares the information that you provided on your Form I-9 (Employment Eligibility Verification) with Social Security Administration (SSA) and Department of Homeland Security (DHS) records to confirm that you are authorized to work in the United States.

Why you received this notice:

You received this Further Action Notice from **ESSG - Corporate** because it appears that some of the information that your employer entered into E-Verify does not match the records that DHS and SSA currently have for you. This does not necessarily mean you gave incorrect information to your employer, or that you are not authorized to work in the United States. There are several reasons why your information may not have matched – you can read more about these reasons online www.e-verify.gov/employees/tentative-nonconfirmation-tnc-overview.

Next, you will need to take a few steps before E-Verify can let your employer know that you are authorized to work in the United States.

What you need to do:

1. **Review your information at the top of this page.** Let **ESSG - Corporate** know if there are any errors. Your employer will be able to close this case and input your information in E-Verify again with the correct information, hopefully resolving this case. If your information is correct, move to step 2.
2. **Decide if you want to take action to resolve this case.** If your information above is correct, then you can choose to take action to correct your record so that DHS and SSA records reflect that you are authorized to work in the United States.

If you decide not to take action to resolve this case, E-Verify will be unable to confirm that you are authorized to work in the United States and your employer can terminate your employment.