

4:30 11/17/2020



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

Portion 2nd shift

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) Franco Nick Date: 11/11/20

Address: (Street Address) 2011 18 1/2 Ave. NW (Apt. /Unit #) 4

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

Phone: 507-262-6037 Email: nick.franco@1@gmail.com

Social Security No. 642-24-0361 Date Available: Any Date

Position Applied for: meat Cutter Desired Wage: \$13.50

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? walk-in Referral Name: N/A

If under 18, please list age: N/A

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	Del Rio High School	Del Rio, Tx.	Completed 12 th grade	Degree.
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: Chipotle Phone: _____
Address: Rochester, MN Supervisor: Corri
Job Title: Grill Starting Wage: \$ 12.50 Ending Wage: \$ 12.50
Responsibilities: Grill, Chicken, steak, Carne Asada, etc.
From: 6/20 To: 8/12 Reason for Leaving: personal
May we contact your previous supervisor for reference? Yes No

Company: Wendy's Phone: _____
Address: Rochester, MN Supervisor: Shelly
Job Title: Grill Starting Wage: \$ 10.50 Ending Wage: \$ 10.50
Responsibilities: Grill Guy
From: 5/19 To: 6/10/19 Reason for Leaving: the pay rate is low.
May we contact your previous supervisor for reference? Yes No

Company: JBS beef Company Phone: _____
Address: Amarillo, Tx Supervisor: Myself
Job Title: Pound line Starting Wage: \$ 13.75 Ending Wage: \$ N/A Salary: 2,200
Responsibilities: Putting the meat right. sending out our best products. 2 weeks.
From: ~~_____~~ To: ~~_____~~ Reason for Leaving: personal
4 yrs. 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: [Signature] Date: 11/14/20

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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: 11/14/20

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) 08/27/1991

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

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

Did you or your household member receive assistance at least 9 months in the past 18 months?

YES NO / NOT SURE

Did you or your household member receive assistance for at least the past 18 months?

YES / NO / NOT SURE

Did you or your household member receive assistance at least 18 months between August 1997 and August 2018? YES / NO / NOT SURE

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

What was the state in which you received your TANF (Welfare) benefit? (STATE?)

Have you received SSI (Social Security Income) benefits in the last 90 days?

YES NO / NOT SURE

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

- If you marked yes, what rehabilitation service did you received?

STATE AGENCY / VETERANS ADMINISTRATION / TICKET TO WORK

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

- If you marked yes, when were you unemployed?

From (MM/DD/YYYY) to (MM/DD/YYYY)

What state in which you received compensation? (STATE?)

Were you convicted of a felony or released from prison for a felony in the past year?

YES NO / NOT SURE

What was your conviction date? MM/DD/YYYY

What was your release date? MM/DD/YYYY

What state was your conviction in? (STATE)

What it a Federal or State Conviction? FEDERAL / STATE

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

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

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: 11/18/20

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: MF (initial)

EMERGENCY CONTACT INFORMATION

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

Employee Name: Nick Franco

Employee Phone Number: 830-313-0391

Employee Address: 2011 B 1/2 Ave. NW. Apt. 4

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: Nicolas Franco

Relationship: Dad

Phone Number: 830-488-2669

Contact # 2

Name: Joanna Chavez

Relationship: Friend

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.

m MINNESOTA DRIVER'S LICENSE

NOT FOR FEDERAL IDENTIFICATION

1 FRANCO
2 NICK R
8 2011 18 1/2 AVE NW
APT 4
ROCHESTER, MN 55301-0606

4d DL# **H000-043-899-400** 4a ISS **09/11/2020**
3 DOB **08/27/1991** 4b EXP **08/27/2024**
9 CLASS D 9a END NONE
12 RESTR 2

15 SEX M 17 WGT 230 lb
16 HGT 6'-01" 18 EYES BRO

5 DD 00000003428360 **08/27/91**




SOCIAL SECURITY

642-24-0360

THIS NUMBER HAS BEEN ESTABLISHED FOR
NICK R FRANCO

Nick R Franco
SIGNATURE **04/21/2014**

USA

CERTIFICATION OF BIRTH

CITY OF DEL RIO, TEXAS

CERT. NO. 020052291

NAME NICK R. FRANCO
DATE OF BIRTH AUG. 27, 1991 SEX MALE
PLACE OF BIRTH DEL RIO VAL VERDE TX.
DATE FILED 9/6/91 DATE ISSUED 1/8/92
PARENTS NICOLAS FRANCO & ANTONIA ROMERO

This is a true certification of name and birth facts as recorded in this office.

By: *Devin M. Locker*
0006
Local Registrar/Deputy
City of Del Rio
Val Verde County, Texas

ANY ALTERATIONS OR ERASURE VOIDS THIS CERTIFICATE




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: 0

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 NF. (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: 0

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: nick.frances91@gmail.com

Pay Information

Payday is every Friday

Name: Nick Franco

Last 4 of SSN: 0360

Please mark what option you choose

Direct Deposit

Bank Name ~~Nick Franco~~ Think Bank

Circle One

Account Number 7450000506290

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 NF

Bank of America Money Network Card

↓ Office Use Only ↓

Account Number _____

Routing Number _____



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/cmgi>

Login Name: 5072626037 8303130391

Login Password: Nf@0360

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: _____

A handwritten signature in black ink, appearing to be 'J. Smith', is written over a horizontal line.

Date: _____

11/18/20



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: Nick Franco

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: Nick Franco

Date: 11/20

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? 1st 2nd 3rd

To be completed during or after interview

Have you ever been convicted of a crime? Yes No

Explain

Incident felony burgly habitation 13 yrs ago it was was next the
house next door it was banned for 10 yrs ago

Employee Signature 

Interviewer Signature _____