

# 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) Garrett, Willie James Date: 2/19/21

Address: (Street Address) 922 1st St SW (Apt. /Unit #) 6

(City) Rochester (State) MN (ZIP Code) 55907

Phone: 312-999-7829 Email: \_\_\_\_\_

Social Security No. 348 88 0586 Date Available: \_\_\_\_\_

Position Applied for: Portion/Cutting Desired Wage: \$13.50

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? Indeed Referral Name: \_\_\_\_\_

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	<u>Michelle Clark</u>	<u>Chicago IL</u>	<u>4</u>	
College				
Bus. Or Trade School				
Professional School				

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"your workforce management & staffing experts"

### 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 William Cassett Date: 2/19/2021



## Case Verification Number: 2021049155328ML

Report prepared: 02/18/2021

### 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: Willie Garrett

Date of Birth: 05/10/1993

U.S. Social Security Number: \*\*\*-\*\*-0586

Employee's First Day of Employment: 02/18/2021

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: \*\*\*\*\*5509

Expiration Date: 05/10/2023

State: Minnesota

List C Document: Social Security Card

### Case Information

Case Status: Closed

Case Submitted By: Sierra Peterson

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close



## New Employee Acknowledgement Form

Welcome to CMG and Rochester Meats!

As a new employee, you will be provided with the website, username and password to view the new hire forms that you signed during your CMG interview. Please sign and date the bottom of the sheet stating that you received your login information.

**CMG/ ESSG**

**Healthcare Notice of Exchange and Website for Enrollment**

**Safety Policy**

**Drug and Alcohol Testing Policy**

**View Paystubs**

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

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

**Login Name:** 6124581753

**Login Password:** wg@0584

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:** Willie Barrett **Date:** 2/19/2021

# CMG Preliminary Questions

Name: Willie Garrett

Date: 2/19/21

### Please Mark Yes or No

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

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

### Please Mark Your Preferred Position

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

1st  
portion

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

Have you ever been convicted of a crime? Yes  No

Explain Incident 2020 Domestic Mist.

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→ Employee Signature Willie Garrett

Interviewer Signature 

## 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: Willie Garrett Date: 2/19/2021

## 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: WG (Initial)

## 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 WG (initial)

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report / investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, country jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have to include information or data received from other sources Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers and dates of birth.

I have read and agree WG (initial)



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

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

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

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

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

Last Name (Family Name) <i>Garrett</i>		First Name (Given Name) <i>White</i>		Middle Initial <i>J</i>	Other Last Names Used (if any)	
Address (Street Number and Name) <i>5340 56th St NW</i>			Apt. Number <i>201</i>	City or Town <i>Rochester</i>		State <i>MN</i>
Date of Birth (mm/dd/yyyy) <i>05/10/1993</i>		U.S. Social Security Number <i>348-88-0586</i>		Employee's E-mail Address <i>WhiteGarrett24@gmail.com</i>		Employee's Telephone Number <i>507-358-4761</i>

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	QR Code - Section 1 Do Not Write In This Space
<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): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: \_\_\_\_\_  
 OR  
 2. Form I-94 Admission Number: \_\_\_\_\_  
 OR  
 3. Foreign Passport Number: \_\_\_\_\_  
 Country of Issuance: \_\_\_\_\_

Signature of Employee <i>White Garrett</i>	Today's Date (mm/dd/yyyy) <i>02/19/2021</i>
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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*



# 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: acacia ward

Relationship: GF

Phone Number: 5073587761

**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.

## 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? \_\_\_\_\_)

### 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.

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.

Extra Withholding. Enter any additional tax you want withheld each pay period.

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:** Wylie Garrett

**Date:** 02/19/2021

SD

**Employee Withholding Allowance/Exemption Certificate  
2021 State - Minnesota**

**Choose Filing Status**

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

**Exempt Status**

- Yes
- No

**Section 1 — Determining Minnesota Allowances**

A. Enter "1" for yourself if no one else can claim you as a dependent...

        

B. Enter "1" if: ..... • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages are \$1500 or less.

        

C. Enter "1" for your spouse. You may choose to enter "0" if you are married and have either a working spouse or more than one job. Entering "0" may help you avoid having too little tax withheld.).....

        

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

        

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

        

Total number of allowances you are claiming. Add steps A through E. If you plan to itemize deductions on your 2021 Minnesota return, you may also complete the Itemized Deductions and Additional Income Worksheet.....

        

**Total Number of Minnesota allowances**

        

Additional Minnesota withholding you want deducted each pay period

        

I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false withholding allowance/exemption certificate.

**I have read and agree:** WMM Burnett      **Date:** 2/19/2021

*SP*

## Employee Photo Consent Form

I, \_\_\_\_\_, agree to let CMG - Rochester office - to take and upload my photo for security purposes.

Employee Signature Name: Willie Corbett

Date: 2/19/2021

# Pay Information

Name: Willie Garrett

Last 4 of SSN: 0586

Please mark what option you choose

**Direct Deposit**

Bank Name Trink

Routing Number 291975465

Account Number 7450000447115

**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 WG

**Bank of America Money Network Card**

↓ Office Use Only ↓

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

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

Willie Garrett  
Package Handler/Sorter  
Rochester, MN 3129997829

\* 1st portion  
\* 2/17 supervisor?

thred - 10AM 2/18

I enjoy a job where I am constantly moving. I am willing to learn new things and be trained in multiple areas as well as the one I am hired for.

Authorized to work in the US for any employer

## Work Experience

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### Package Handler/Sorter

Pace International Inc - Rochester, MN  
March 2018 to November 2019

### Court Monitor/ Lead

Air Insanity - Rochester, MN  
June 2018 to April 2019

- Insuring safety throughout trampoline park
- Helping with maintenance and upkeep of trampolines and attractions
- Basic Cleaning of all areas during closing
- Instructing other court monitors of when to rotate and take breaks according to schedule

### Production Worker

Reichel Foods - Rochester, MN  
January 2018 to June 2018

- Working on production line
- Packaging food products
- Maintaining a clean and sanitized station and appearance

### Housemen

Kahler - Rochester, MN  
April 2016 to December 2017

As a houseman

- Cleaning public areas such as gym, halls, elevators, and lobbies.
- Room calls/Closet runs (supplying guests with needed items as they request them)
- Housekeeping (cleaning and organizing rooms for new guests)

### Stocker

Hobby Lobby - Rochester, MN  
October 2015 to March 2016

This was a seasonal position and I did the following task:

- Stocking Shelves with merchandise
- Unloading trucks when new shipments arrive
- Separate merchandise according to store displays
- Assisting customers as needed when on the floor

## Education

### High school or equivalent

Michele Clark - Chicago, IL

August 2009 to July 2012

## Skills

- Leadership Development (1 year)
- Housekeeping (1 year)
- Stocking (1 year)
- Customer Service (4 years)
- Packaging
- Warehouse Experience
- Load & Unload
- Pallet Jack
- Order Picking
- Heavy Lifting
- Food Preparation

## Assessments

### Teamwork: Interpersonal Skills — Proficient

September 2019

Resolving disputes, solving team problems, and understanding nonverbal cues.

Full results: Proficient

### Memorization & Recall — Highly Proficient

September 2019

Committing product or merchandise information to memory and recalling it at a later time.

Full results: Highly Proficient

### Active Listening — Proficient

September 2019

Actively listening and appropriately responding in conversations.

Full results: Proficient

Indeed Assessments provides skills tests that are not indicative of a license or certification, or continued development in any professional field.

## Additional Information

I like to help, meet, and work with new people. I stopped working at my last job due to having a new baby and needing to be with my child's mother to help with our daughter. My children are now in daycare and I am looking for a job that is flexible Monday through Friday, where I am able to have weekends off. I am motivated and love to stay busy.

