

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: Monday-Friday 8am-4pm

Office Number: 507-923-7956

Office Address: 1825 7th St 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) HA NGHIA Date: 8-21-20

Address: (Street Address) 1016 11ST SE (Apt./Unit #) _____
 (City) Rochester (State) MN (ZIP Code) 55904

Phone: (507) 319-4230 Email: _____

Social Security No. 469-25-4259 Date Available: 8-21-20

Position Applied for: meat cutter Desired Salary: 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? _____ 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>TRUNG NHAT</u>	<u>VIETNAM</u>	<u>12</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

Date: 8-20-20

Sending (email)
Hugh updated
ID's

MINNESOTA DRIVER'S LICENSE

BRN	5-3	130	M	D	L2	07-15-06
EYES	HEIGHT	WEIGHT	SEX	CLASS	ISSUED	EXPIRES

07-15-1971	M
BIRTH DATE	



H-000-628-802-559

NGHIA TRUNG HA
723 15TH AVE SW
ROCHESTER, MN 55902

Handwritten signature

Handwritten initials





New Employee Acknowledgement Form

Welcome to CMG (): _____

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>

Login Name: (507) 319-4230

Login Password: Nh@4259

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 blue ink, appearing to be 'Mans', written over a horizontal line.

Date: _____

8-21-20

Pay Information

Payday is every Friday

Name: NGHIA HA

Last 4 of SSN: 4259

Please mark what option you choose

Direct Deposit

Bank Name AFFINITY PLUS

Account Number 1109268140

Circle One

Checking Savings

Routing Number 269076301

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 NH (initial)

Federal W-4 Information-

Exempt? Yes No

Choose your filing status (mark one):

Single or Married filing separately

Married filing jointly (or qualifying widow(er))

Head of Household (check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Total Number of Federal allowances: 1

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

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

Email: _____

CMG Preliminary Questions

Name: _____

Date: _____

Please Mark Yes or No

1. If hired are you willing to take a drug test? Yes No
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? Yes Yes No
3. Are you able to work with pork? Yes No

To be completed during or after interview

Have you ever been convicted of a crime? Yes _____ No

Explain

Incident _____

Employee Signature: *Handwritten Signature*

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: _____

Mandy

Date: _____

8-21-20

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: _____

NH

(initial)



Case Verification Number: 2020237201334 JB

Report prepared: 08/24/2020

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: Nghia Ha

Date of Birth: 07/15/1971

U.S. Social Security Number: ***-**-4259

Employee's First Day of Employment: 08/24/2020

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: Driver's License

Document Number: *****2559

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

||||

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.

Ha
Employee Signature

1/13/2021
Date

Office Use Only

Employee Name	<u>Ha, Nghia</u>	Payroll Date	<u>1/29/2021</u>	Amount	<u>\$30.00</u>
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By signing below, I authorize Rochester Meat Company to process a payroll deduction for the amount listed.

This deduction will be processed on the next payroll check.

Maan
Employee Signature

2/18/2021

Date

Office Use Only

Employee Name	<u>Ha, Nghia</u>	Payroll Date	<u>2/26/2021</u>	Amount	<u>\$60.00</u>
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STATUS/PAYROLL CHANGE REPORT

1/24/2021

Today's Date: 1/25/21 Effective Date: ~~1/21/21~~
 Employee's Name: Nghia Ha
 Department: Position Shift: AM Skill level: Position 3

X	CHANGE(S)	FROM	TO
X	Rate	14.00	14.50
	Department		
	Shift		
	Skill Level		
	Schedule/Start Time		
	Status (ex: Full-time to Part-time)		
	Status (ex: Hourly to Salary)		
	Other		

X	REASON(S) FOR THE CHANGE(S)
	Promotion
X	Seniority Increase (Circle One) 90-day <u>(6-mo.)</u> 1-yr 1 1/2-yr 2-yr 3-yr Annual
	Merit Increase
	Transfer
	Other

ADDITIONAL COMMENTS

Nghia was a retiree who retained his skills - will keep him .50¢ above standard

Authorized by: Rubén S. Ayala Date: 1/25/21
 (Department Manager)