

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) Becerra Javier **Date:** 10/9/2020

Address: (Street Address) 1618 marion Rd se (Apt./Unit #) 28

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

Phone: 507 517 9625 **Email:** Becerra Javi 16 @gmail.com

Social Security No. 609 72 5449 **Date Available:** _____

Position Applied for: _____ **Desired Wage:** _____

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? indeed **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>Mayo High school</u>	<u>Rochester</u>	<u>4</u>	
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: La Guardia Phone: _____

Address: _____ Supervisor: _____

Job Title: Housekeeping Starting Wage: \$ 12.30 Ending Wage: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: Supervisor

May we contact your previous supervisor for reference? Yes No

Company: Toppers Phone: _____

Address: _____ Supervisor: ian

Job Title: delivery Starting Wage: \$ _____ Ending Wage: \$ _____

Responsibilities: delivery driver

From: _____ To: _____ Reason for Leaving: cutting hrs

May we contact your previous supervisor for reference? Yes No

Company: Textile Phone: _____

Address: _____ Supervisor: Juanita

Job Title: Soil Starting Wage: \$ _____ Ending Wage: \$ _____

Responsibilities: sort linen from hospital

From: _____ To: _____ Reason for Leaving: Supervisor

May we contact your previous supervisor for reference? Yes No

Company: Reichel foods Phone: _____

Address: _____ Supervisor: _____

Job Title: Box opener Starting Wage: \$ _____ Ending Wage: \$ _____

Responsibilities: open boxes Help line prep

From: _____ To: _____ Reason for Leaving: Took a month to get paid

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: Juan M. Brown Jr Date: 10/09/2020

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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: 10/09/2020

Pay Information

Payday is every Friday

Name: Javier Becerra

Last 4 of SSN: 5449

Please mark what option you choose

Direct Deposit

Bank Name Meta Bank, Member FDIC c/o Rusheard

Account Number 7874 - 3836 - 3811 - 8032

Circle One

Checking -or- Savings

Routing Number 073972181

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 JB

Bank of America Money Network Card

↓ Office Use Only ↓

Account Number _____

Routing Number _____

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 JB (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 JB (initial)

m MINNESOTA **DRIVER'S LICENSE**

USA

NOT FOR FEDERAL IDENTIFICATION

1 **BECERRA JR**
 2 **JAVIER MERCADO**
 8 1618 MARION RD SE
 TRLR 53
 ROCHESTER, MN 55904-5795

4d DL# **M583-134-826-016** 4a ISS **10/08/2018**
 3f DOB **03/16/1994** 4b EXP **03/16/2023**
 9 CLASS **D** 9a END **NONE**
 12 RESTR **2**

15 SEX **M** 17 WGT **212 lb**
 16 HGT **5'-10"** 18 EYES **BRO**

54 DD 00000000001242 **03/16/94**




SOCIAL SECURITY

609-72-5449

THIS NUMBER HAS BEEN ESTABLISHED FOR
JAVIER MERCADO
BECERRA JR

Javier M Becerra Jr.
 SIGNATURE **01/29/2010**

USA



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) <i>Becerra</i>		First Name (Given Name) <i>Javier</i>		Middle Initial <i>M</i>	Other Last Names Used (if any) <i>N/A Jr</i>	
Address (Street Number and Name) <i>1618 marion Rd se</i>			Apt. Number <i>28</i>	City or Town <i>Rochester</i>		State <i>MN</i>
Date of Birth (mm/dd/yyyy) <i>03/16/1994</i>		U.S. Social Security Number <i>609-72-5449</i>		Employee's E-mail Address <i>N/A</i>		Employee's Telephone Number <i>5075179625</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
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<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. <i>(See instructions)</i>

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: _____

QR Code - Section 1
 Do Not Write In This Space


Signature of Employee <i>Javier Becerra</i>	Today's Date (mm/dd/yyyy) <i>10/9/2020</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

STOP *Employer Completes Next Page* STOP



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

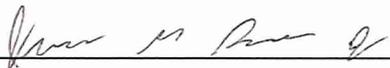
View Paystubs

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

Login Name: _____

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:  **Date:** 10/09/2020

Rochester Meat Company Interview Questionnaire

Applicant's Name: Javier Becerra

Date: 10/9/2020

Interview time: 10:00am

Position applied for: Cutter

1. Why do you want to come work at the Rochester Meat Company?

2. Can you tell me a little about your previous work experience?

3. What did you like most about your present/past jobs?

4. What did you like least about one of your present/past jobs?

5. Why did you leave your previous jobs?

Supervisor issues then mother had surgery
and helped w/kids

6. Sometimes conflicts can arise with co-workers. How have you handled conflicts with coworkers in the past (or how would you handle a conflict with a co-worker)?

No issues with co-workers really

7. Sometimes disagreements can arise between supervisors and employees. How have you handled disagreements with your supervisor in the past (or how would handle a disagreement with your supervisor)?

listen to what they say

8. With any new job there are a lot of things to learn in a short period of time. What would you do if you did not understand how to perform a particular task?

Ask supervisor

9. Rochester Meat Company has a lot of safety rules and procedures. Do you feel that sometimes it is acceptable to ignore safety rules if it helps you complete the job faster?

Never

10. While you are working, you notice that something doesn't seem right with the product or packaging. What would you do?

Let whomever is in charge know

11. How much weight can you lift without hurting yourself?

12. Some of the work maybe repetitive in nature. Have you done repetitive work before and how do you feel about it?

Used to it.

13. Are you able to work overtime including Saturdays and Sundays?

Yes

14. You would be working in temperature of 40-50 degrees. Would that be a problem for you?

Yes

15. Have you ever worked in food service or a restaurant before?

Yes

Notes:

2019 NCNS Reichel Foods

sent text 10/17

~~sent email~~

NSB 10/18

Javier Becerra

Rochester, MN

javierbecerra35_m4w@indeedemail.com

5075179625

Authorized to work in the US for any employer

Work Experience

Soil Sorter

Textile care services - Rochester, MN

April 2019 to August 2019

Opening bags to sort from hospital and hotels at textile and separating at head of the line

Education

High school or equivalent

High school or equivalent

Mayo high school

Skills

- Fast worker
- Packaging
- Warehouse Experience
- Pallet Jack
- Load & Unload
- Cleaning Experience
- Forklift
- Packaging
- Pallet Jack
- Shipping & Receiving
- Warehouse Experience

CMG Preliminary Questions

Name: Javier Belerra

Date: 10/9/2020

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 Possession over 2 years ago cops raided House looking

for my brother found my sisters marijuana

Employee Signature Javier Belerra

Interviewer Signature _____



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

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: 10/9/2020

Printed Name: Javier M Becerra Jr

Signature: Javier M Becerra Jr

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

filed 1/11/21

89

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.

Juan M Becerra
Employee Signature

1/7/2021
Date

Office Use Only

Employee Name	<u>Becerra, Javier M</u>	Payroll Date	<u>1/15/2021</u>	Amount	<u>\$110.00</u>
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