

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



Rehire?
1st KPOP.
Meet w/ Randy 2/17 @ 9am

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) Brown Darnell Date: 2-16-21

Address: (Street Address) 703 13 ave se (Apt./Unit #) _____

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

Phone: 507) 273-5375 Email: browndarnell1973@gmail.com

Social Security No. 322-68-8464 Date Available: ASAP

Position Applied for: operator Desired Wage: 15 \$1350/wk

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? Darrell Clark Referral Name: Darrell Clark

If under 18, please list age: _____

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? No Yes

1st KPOP. 530 # 7P
M-F weekend ok

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	<u>Gen</u>	<u>chicago, IL</u>	<u>/</u>	<u>/</u>
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: Rochester Cheese Phone: 529-6556
Address: Hwy 14 Supervisor: Greg Blakstad
Job Title: Apprentice Starting Wage: \$15.88 Ending Wage: \$17.88
Responsibilities: Process food product, set up & tear down machines
From: 10/20 To: NOW Reason for Leaving: COVID - will explain
May we contact your previous supervisor for reference? Yes No

Company: Becker county recycling Phone: _____
Address: Detroit Lakes MN Supervisor: Paul
Job Title: Assembly Starting Wage: \$ _____ Ending Wage: \$ _____
Responsibilities: Sort plastic, Paper card board
From: 5/20 To: 9/20 Reason for Leaving: Moved
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

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: Annell Brown Date: 2-16-21

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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 *Daniel Brown* Date 2-16-21

187. K.P. OP - 216 Rehire?

703 13th Avenue Southeast
Rochester, MN 55904
(507)273.5375
Browndarnell1973@gmail.com

DARNELL BROWN

OBJECTIVE To secure a position in a reputable company to expand my learnings, knowledge, and skills.

SKILLS & STRENGTHS Great communication and customer service, problem solving, and Leadership. Hard working, quick learner, friendly, organized and detail oriented.

EXPERIENCE

BECKER COUNTY RECYCLING

May 2020 -September 2020

Sort plastic, paper, cardboard, and glass on an assembly line

D'S DETAILING DESTINATION

January 2014 – August 2017

Detail cars, trucks, and vans. Oil changes, brakes, and small repairs

OLD COUNTRY BUFFET

August 2013 – January 2014

Dishwashing, busing tables, cooking, and cleaning

ACS

August 2013 – August 2014

Cleaning office building, dusting, vacuuming, taking out trash, washing walls, windows, shampooing carpets, and mopping.

Rochester Cheese

October 2020- Current

Apprentice Machine Operator: process food product, set up and tear down machines, operate production line, and machine cleaning and maintenance.

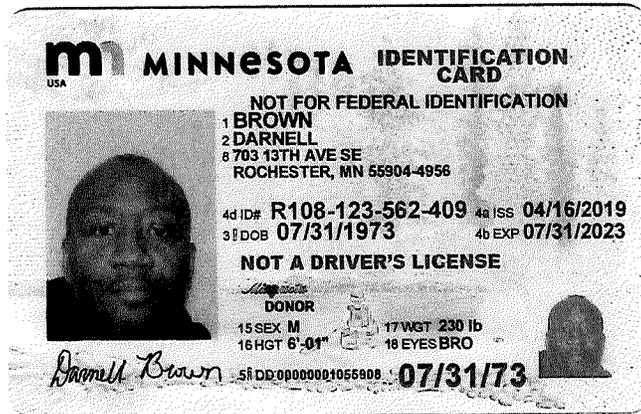
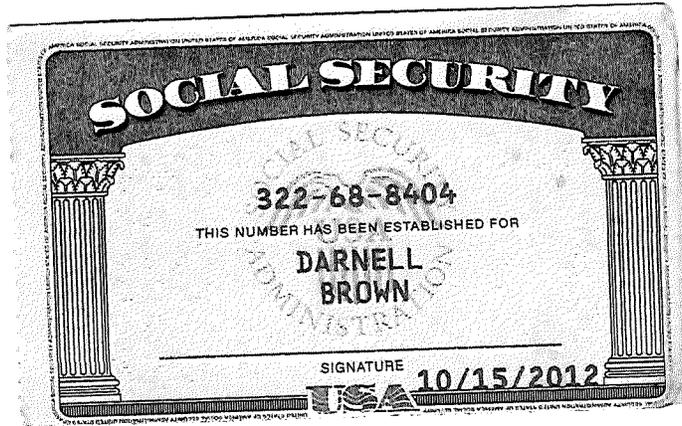
EDUCATION

OLIVE HARVEY- 1990 CHICAGO, IL

GED

REFERENCES:

AVAILABLE UPON REQUEST



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: Lindsey GRIFFIN

Relationship: My Kid MOM

Phone Number: (507) 273-5375

Contact # 2

Name: Jerome Brown

Relationship: Brother

Phone Number: (708) 513-2294

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.

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: Harrell Brown Date: 2-18-21

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**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: Darnell Brown Date: 2-18-21

S 1

Employee Photo Consent Form

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

Employee Signature Name: Darnell Brown

Date: 2-18-21



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) BROWN		First Name (Given Name) DARNELL		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name) 703 13th AVE SE			Apt. Number House	City or Town Rochester		State MN
Date of Birth (mm/dd/yyyy) 7/31/73		U.S. Social Security Number 322-68-8404		Employee's E-mail Address browndarnell		Employee's Telephone Number (507) 273-5375

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 (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: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

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





Case Verification Number: 2021049150154CD

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: Darnell Brown

Date of Birth: 07/31/1973

U.S. Social Security Number: ***-**-8404

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: *****2409

Expiration Date: 07/31/2023

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/cmog>

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

Login Name: 5072735375

Login Password: Db@ 8404

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: Darnell Brown **Date:** 2-18-21

CMG Preliminary Questions

Name: DARNEIL BROWN

Date: 2-18-21

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

To be completed during or after interview

Have you ever been convicted of a crime? Yes No

Explain

Incident Felony 2017 Drugs

Employee Signature Darnell Brown

Interviewer Signature 

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 DB (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 DB (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: Raynell Brown Date: 2-18-21

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: DB (Initial)

Pay Information

Name: DARNELL BROWN

Last 4 of SSN: 322-68-8404

Please mark what option you choose

Direct Deposit

Bank Name Home Federal

Routing Number [#] 291270050

Account Number [#] 4000288789

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 DB

Bank of America Money Network Card

↓ Office Use Only ↓

Routing Number _____

Account Number _____