

**CORPORATE MANAGEMENT GROUP**

**Employment Application**

Office Hours: Monday-Friday 8am-4pm

Office Number: 507-923-7956

Office Address: 1825 7<sup>th</sup> 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) Bunrith Chorn Date: 8/21/20

Address: (Street Address) 739 55th St NE lot 9 (Apt. /Unit #) \_\_\_\_\_  
 (City) Rochester (State) MN (ZIP Code) 55906

Phone: (507) 272-5303 Email: \_\_\_\_\_

Social Security No. 468-27-2201 Date Available: ASAP

Position Applied for: QA Desired Salary: \$18

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? RMC work here before Referral Name: Kolab Chhem

If under 18, please list age: 37

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>John Marshall</u>		<u>2002/12</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.

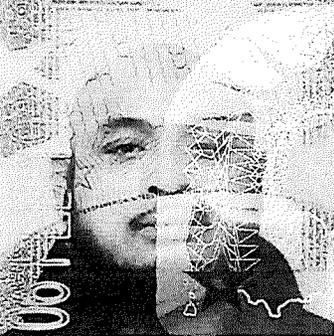
I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon 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: 8/21/20

UNITED STATES OF AMERICA  
PERMANENT RESIDENT

CHOUN BUNRITH 06 FEB 1983



Surname  
**CHOUN**

Given Name  
**BUNRITH**

USCIS#  
**073-294-804**

Country of Birth  
**Thailand**

Date of Birth  
**06 FEB 1983**

Card Expires: **07/06/30**

Resident Since: **05/23/93**

Category  
**ID6**

Sex  
**M**







## 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**

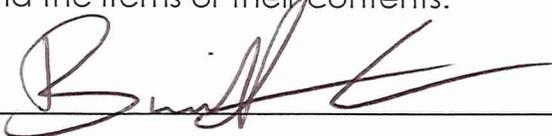
**View Paystubs**

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

**Login Name:** 15072725303

**Login Password:** Bc@3201

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:** 8/21/20

# CMG Preliminary Questions

Name: Burritth Chann

Date: 8/21/20

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 ~~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

DWI

Employee Signature

Burritth Chann

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:

B. Smith

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:

BS

(initial)



**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)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

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 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 checked="" type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>073-294-801</u>	
<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>	
<p><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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b></p> <p>2. Form I-94 Admission Number: _____  <b>OR</b></p> <p>3. Foreign Passport Number: _____      Country of Issuance: _____</p>	QR Code - Section 1 Do Not Write In This Space

Signature of Employee: <u>[Signature]</u>	Today's Date (mm/dd/yyyy): <u>6/21/20</u>
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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!



## Case Verification Number: 2020237184141HG

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: Bunrith Choun

Date of Birth: 02/06/1983

U.S. Social Security Number: \*\*\*-\*\*-3201

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

Citizenship Status: Lawful Permanent Resident

Alien/USCIS Number: A073294804

### Document Information

List A Document: Permanent Resident Card or Alien Registration Receipt Card (Form I-551)

Document Number: IOE9769685486

### Case Information

Case Status: Closed

Case Submitted By: Diana Elton

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close

STATUS/PAYROLL CHANGE REPORT

Today's Date: 2-3-21 Effective Date: 1-24-21  
 Employee's Name: Bunrith Chuon  
 Department: OC Shift: 1 Skill level: 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

\$ .50 increase

Learn:  
Sanova titrations  
Fat testing  
Thermometer verification  
Dip checks  
Sample Collection

Authorized by:  Date: 2-3-21  
 (Department Manager)

 2/3/21

# Pay Information

Payday is every Friday

Name: Bunrith Choum

Last 4 of SSN: 3201

Please mark what option you prefer

**Direct Deposit**

Bank Name Well Fargo

Account Number 8210

Routing Number 091000019

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 \_\_\_\_\_

**Bank of America Money Network Card**

↓ Office Use Only ↓

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

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