

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) de Zeeuw, Brandon Date: 8-21-20

Address: (Street Address) 2022 29th Place Northwest (Apt./Unit #) 202

(City) Rochester (State) MN (ZIP Code) 55901

Phone: 507-429-2940 Email: brandondezeeuw19@gmail.com

Social Security No. 476-31-3097 Date Available: Now

Position Applied for: Frozen Dock worker Desired Salary: Base Pay

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? Rochester Meat 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	La Crescent High School		4	
College	RCTC		2	Associates Personal Training
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.

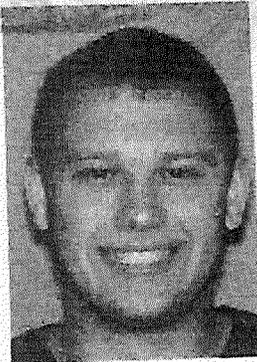
I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

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 Brian M. Mize Date: 8-21-20

MINNESOTA DRIVER'S LICENSE



BRANDON DIRK DEZEEUW
711 E 5TH ST
WINONA, MN 55987

Date of Birth 08-19-1996

Sex Eyes Class
M BLU D

Height Weight DONOR
5-9 185

ISSUED 09-2017

EXPIRES 08-19-2021

Brandon M Zeuw

Q757176782319

SOCIAL SECURITY

976-31-3097

THIS NUMBER HAS BEEN ESTABLISHED FOR

BRANDON DIRK DEZEEUW

*Brandon Dirk
Dezeuw*

SIGNATURE



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 / Reichel Foods 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: 5074292940

Login Password: Bda@3097

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: Brian M Zear Date: 8-21-20

Pay Information

Payday is every Friday

Name: Brandon de Zeeuw

Last 4 of SSN: 3097

Please mark what option you choose

Direct Deposit

Bank Name Merchants Bank

Account Number 40029426

Circle One

Checking -or- Savings

Routing Number 091900193

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 BD

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 BD (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: brandon de Zeeuw19@gmail.com

(All lower case)
No spaces

CMG Preliminary Questions

Name: Brandon deZeeuw

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 _____

Employee Signature: Brandon deZeeuw

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: Bernie diZur 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: BD (initial)



Case Verification Number: 2020237190642CF

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: Brandon DeZeeuw

Date of Birth: 08/19/1996

U.S. Social Security Number: ***-**-3097

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: *****2319

Expiration Date: 08/19/2021

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

STATUS/PAYROLL CHANGE REPORT

12-27-2020

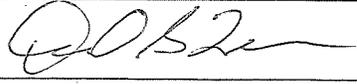
Today's Date: 6-21-20 Effective Date: ~~6-24-20~~
 Employee's Name: Brandon DeZeeuw
 Department: Frozen Storage Shift: 1st Skill level: 3P

CH

X	CHANGE(S)	FROM	TO
X	Rate	13.75	14.00
	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
	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

Authorized by:  Date: 12-21-2020
 (Department Manager)

Updated in GMG time
10/5/2020

STATUS/PAYROLL CHANGE REPORT

Today's Date: 10/1/20 Effective Date: 9/29/20
Employee's Name: Brandon De zeeuw
Department: Frozen Storage Shift: 1st Skill level: 3

X	CHANGE(S)	FROM	TO
X	Rate	\$13.50	\$13.75
	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
✓	Seniority Increase (Circle One) <u>90-day</u> 6-mo. 1-yr 1 1/2-yr 2-yr 3-yr Annual
	Merit Increase
	Transfer
	Other

ADDITIONAL COMMENTS

Authorized by: [Signature] Date: 10/5/2020
(Department Manager)