

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) Khet Pisip Date: 8-20-20

Address: (Street Address) 2159 48th St NW (Apt./Unit #) _____

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

Phone: 507-513-0889 Email: _____

Social Security No. 512-89-3037 Date Available: Anytime

Position Applied for: Cutting Meat Desired Salary: \$11.50

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				
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 Khet PisiP Date: 8-21-20

CMG Preliminary Questions

Name: Khet Pisi

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: Khet Pisi

Interviewer Signature: Khet Pisi

UNITED STATES OF AMERICA PERMANENT RESIDENT

KHET PISIP 10 MAY 1987 **KHET**

Surname

Given Name

PISIP

USCIS#

065-359-610

Category

F24

Country of Birth

Cambodia

Date of Birth

10 MAY 1987

Sex

M

Card Expires: **02/16/27**

Resident Since: **02/16/17**



Signature Waived





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>KHET</i>		First Name (Given Name) <i>DISIP</i>		Middle Initial <i></i>	Other Last Names Used (if any) <i>N/A</i>	
Address (Street Number and Name) <i>2159 48th St NW</i>			Apt. Number <i></i>	City or Town <i></i>		State <i>MW</i>
Date of Birth (mm/dd/yyyy) <i>10-5-1987</i>		U.S. Social Security Number <i>512-89-3037</i>		Employee's E-mail Address <i>N/A</i>		Employee's Telephone Number <i>1-507-513-0891</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 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): _____
<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>KHET DISIP</i>	Today's Date (mm/dd/yyyy) <i>8-21-20</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 <i>KHET DISIP</i>		Today's Date (mm/dd/yyyy) <i>8-21-20</i>	
Last Name (Family Name) <i>KHET DISIP</i>		First Name (Given Name) <i></i>	
Address (Street Number and Name) <i></i>		City or Town <i>Rochester</i>	State <i>MW</i>
		ZIP Code <i>55901</i>	

Employer Completes Next Page

Pay Information

Payday is every Friday

Name:

DISIP Khet

Last 4 of SSN:

3037

Please mark what option you choose



Direct Deposit

Bank Name _____

Circle One

Account Number _____

Checking -or- Savings

Routing Number _____

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

7277631800186333

Routing Number

084003997

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: KHeJ Pisip 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: KP (initial)

Case Verification Number: 2020238003425GJ

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: Pisip Khet

Date of Birth: 05/10/1987

U.S. Social Security Number: ***-**-3037

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

Citizenship Status: Lawful Permanent Resident

Alien/USCIS Number: A065359610

Document Information

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

Document Number: IOE0295354506

Case Information

Case Status: Closed

Case Submitted By: Kelsey Sikkink

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close

Company Name:

I/We authorize the company (named above) to initiate credit entries and, if necessary, to initiate any debit entries to correct an erroneous credit entry to my/our account at Think Mutual Bank for the purpose of automatically depositing funds to my/our account. I/We acknowledge that the origination of these transactions must comply with the provision of the U.S. law.

Depository Name:

Think Mutual Bank
5200 Members Parkway NW
Rochester, MN 55901
(800) 288-3425

Think Mutual Bank's Routing or ABA Routing Number: 291975465

Account Number: 7450Q00325089

Account Type: Checking

Customer Name(s): Pisip Khet

I/We authorize understand that this authorization replaces any previous authorization and will remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and Think Mutual Bank a reasonable opportunity to act on it.

Signed

Dated

Signed

Dated



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 / 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: 1-57-513-0891

Login Password: PK@3037

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: KHet Pisip **Date:** 8-21-20

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.

Khet Pisip
Employee Signature

3/3/2021
Date

Office Use Only

Employee Name	<u>Khet, Pisip</u>	Payroll Date	<u>3/12/2021</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.

PISIP KHET

Employee Signature

2/24/2021

Date

Office Use Only

Employee Name	<u>Khet, Pisp</u>	Payroll Date	<u>3/12/2021</u>	Amount	<u>\$55.00</u>
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