

# 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) Loneragon Zackary **Date:** 9-3-21  
**Address:** (Street Address) 244 Pleasant St. (Apt. /Unit #) \_\_\_\_\_  
 (City) Dexter (State) MN (ZIP Code) 55926  
**Phone:** 507-259-8739 **Email:** valkryie333@outlook.com  
**Social Security No.** 474-23-9864 **Date Available:** 9-13-21  
**Position Applied for:** Grinder ~~OUTLET~~ **Desired Wage:** 16.50 \$18.00  
**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?** internet **Referral Name:** N/A  
**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          | Southland      | Adams, MN                           | 12                        | N/A            |
| College              |                |                                     |                           |                |
| Bus. Or Trade School |                |                                     |                           |                |
| Professional School  |                |                                     |                           |                |

**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

**Previous Employment**

Company: Austrup Drug Phone: 507-433-7447

Address: 905 North main St. Supervisor: Sam Ewing

Job Title: warehouse/Driver Starting Wage: \$ 10.00 Ending Wage: \$ 18.50

Responsibilities: freight, delivery, maintainance

From: 2014 To: 2021 Reason for Leaving: Covid 19

May we contact your previous supervisor for reference?  Yes  No

Company: Rose Creek Bar Phone: \_\_\_\_\_

Address: Rose Creek Supervisor: Joe + Nancy Coffman

Job Title: Bar tender Starting Wage: \$ 10.00 Ending Wage: \$ 13.00

Responsibilities: keep clean Bar + Kitchen

From: 2011 To: 2013 Reason for Leaving: Closed

May we contact your previous supervisor for reference?  Yes  No

Company: Biecthel foods Phone: \_\_\_\_\_

Address: Rochester MN Supervisor: Jeff Anderson

Job Title: forklift Starting Wage: \$ 8.00 Ending Wage: \$ 13.00

Responsibilities: load + unload trucks

From: 2009 To: 2011 Reason for Leaving: moved to new town

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

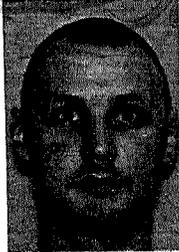
I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



MINNESOTA  
DRIVER'S LICENSE



ZACKARY MICHAEL LONERGAN  
295 23RD ST  
STEWARTVILLE, MN 55976

Date of Birth 04-19-1988

Sex Eyes Class  
M GRN D

Height Weight  
6-3 180

ISSUED 05-2018

DONOR

EXPIRES 04-19-2022

N994135934322

474-23-9864



## Case Verification Number: 2021246173549BB

Report prepared: 09/03/2021

### 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: Zackary Lonergan

Date of Birth: 04/19/1988

U.S. Social Security Number: \*\*\*-\*\*-9864

Employee's First Day of Employment:  
09/03/2021

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: Driver's License

Document Number: \*\*\*\*\*4322

Expiration Date: 04/19/2022

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



**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)<br><b>Lonegan</b>                   |  | First Name (Given Name)<br><b>Zachary</b>         |             | Middle Initial<br><b>M</b>                                  | Other Last Names Used (if any)<br><b>N/A</b> |  |
| Address (Street Number and Name)<br><b>244 Pleasant St.</b> |  |   | Apt. Number | City or Town<br><b>Dexter</b>                               |  | State<br><b>MA</b>                                 |
| Date of Birth (mm/dd/yyyy)<br><b>04-19-1988</b>             |  | U.S. Social Security Number<br><b>474-23-9864</b> |             | Employee's E-mail Address<br><b>valkryie333@outlook.com</b> |  | Employee's Telephone Number<br><b>507-259-8739</b> |

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  | QR Code - Section 1<br>Do Not Write In This Space |
| <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): _____<br>Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i><br><br><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:<br/>         An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i><br><br>1. Alien Registration Number/USCIS Number: _____<br><b>OR</b><br>2. Form I-94 Admission Number: _____<br><b>OR</b><br>3. Foreign Passport Number: _____<br>Country of Issuance: _____ |   |

|   |  |
|---|--|
| Signature of Employee<br><i>Zachary Lonegan</i> | Today's Date (mm/dd/yyyy)<br><b>9-3-21</b> |
|---|--|

**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*



## Employee Photo Consent Form

I, Zachary Lonigan, agree to let CMG – Rochester office – to take and upload my photo for security purposes.

Employee Signature Name: Zachary Lonigan

Date: 9-3-21

## **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**   ZL   (initial)

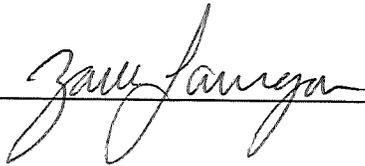
I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer 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**   ZL   (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:  Date: 9-3-21

## 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: ZL (initial)

Employee Withholding Allowance/Exemption Certificate  
2021 State - Minnesota

S/1

**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...

1

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.

1

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.).....

0

D. Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return.

0

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.....

2

**Total Number of Minnesota allowances**

1

Additional Minnesota withholding you want deducted each pay period

0

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: Paul Jannigan Date: 9-3-21

S/1

### 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? 1)

**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.

N/A

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.

N/A

Extra Withholding. Enter any additional tax you want withheld each pay period.

N/A

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: *Judy Ramirez* Date: 9-3-21

# CMG Preliminary Questions

Name: Zack Lonergan

Date: 9-3-21

### 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 and beef?  Yes  No

### Please Mark Your Preferred Position

3. What shift to you prefer?  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

### **\*To be completed during or after interview\***

Have you ever been convicted of a misdemeanor or felony? Yes \_\_\_\_\_ No

Explain

Incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature Zack Lonergan

Interviewer Signature \_\_\_\_\_

# 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: Joshua Lonergan

Relationship: Brother

Phone Number: 507-438-1777

**Contact # 2**

Name: Glenn Lonergan

Relationship: Father

Phone Number: 507-219-6469

Additional information you want ESSG and our client to know in the event of an emergency:

N/A

This information will remain confidential and will only be used in the case of an emergency.

# Work Opportunity Tax Credit Questionnaire

This Company participates in federal and/or state tax credit programs. The information you give will be used to determine the company's eligibility for these programs and will in no way negatively impact any hiring, retention, or promotion decisions.

## Do any of these statements apply to you?

### You or a household member received...

- Unemployment compensation in 2020
- Any type of government assistance
- Welfare/TANF
- Food Stamps/SNAP
- Social Security Income benefits

### You...

- Have been approved to receive unemployment compensation in 2020
- Served in the U.S. Armed Forces
- Received vocational rehabilitation services
- Were convicted of a felony

YES / NOT SURE / NO

If you marked yes or not sure, please answer the following questions:

Are you under age 40?  YES / NO

What is your date of Birth? (MM/DD/YYYY) 4-19-1988

Have you previously worked for Employer Solutions Group? YES /  NO

### PLEASE ANSWER THE FOLLOWING

**Not Sure?** Select YES and we will verify for you.

1. Have you served in the U. S. Military?

YES /  NO / NOT SURE -If you answered NO, skip to question #7.

2. Were you unemployed for at least 6 months in the past year?

YES / NO / NOT SURE

3. Have you received SNAP (Food Stamps) in the past 15 months?

YES /  NO / NOT SURE

4. Are you entitled to compensation for a service-related disability?

YES /  NO / NOT SURE

5. Were you discharged or released from active duty in the past year?

YES /  NO / NOT SURE

6. In what year were you discharged from active duty?

(YYY) N/A

7. Have you or someone in your household received or stopped receiving TANF (Welfare), childcare, housing, or transportation assistance in the past 2 years?

YES /  NO / NOT SURE -If you answered NO, skip to question #13.

8. Did you or your household member receive assistance at least 9 months in the past 18 months?  
YES /  NO / NOT SURE

9. Did you or your household member receive assistance for at least the past 18 months?  
YES /  NO / NOT SURE

10. Did you or your household member receive assistance at least 18 months between August 1997 and June 2019?  
YES /  NO / NOT SURE

11. Did you or a household member stop receiving assistance in the past 2 years because it exceeded the time limitation?  
YES /  NO / NOT SURE

12. Choose the state in which you received your TANF (Welfare) benefit.  
WHAT STATE? N/A

13. Have you received SSI (Social Security Income) benefits in the last 90 days?  
YES /  NO / NOT SURE

14. Have you received vocational rehabilitation services?  
YES /  NO / NOT SURE  
If YES: Select the rehabilitation service, you received.  
STATE AGENCY / VETERANS ADMINISTRATION / TICKET TO WORK

15. Have you been unemployed for at least 27 weeks in a row, during which you received some unemployment compensation?  
YES /  NO / NOT SURE  
If YES:

When were you unemployed?  
From 1-13-21  
MM/DD/YYYY

What is the state in which you received compensation?  
WHAT STATE? MN

16. Were you convicted of a felony or released from prison for a felony in the past year?  
YES /  NO / NOT SURE  
If YES:

What was your conviction date?  
N/A MM/DD/YYYY

What was your release date?  
N/A MM/DD/YYYY

Choose your conviction state.  
WHAT STATE? N/A

Was it a Federal or State Conviction?  
FEDERAL / STATE N/A

Did you receive deferred adjudication?  
YES /  NO / NOT SURE

17. Have you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit?  
YES /  NO / NOT SURE



## 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**

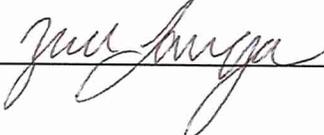
**Website:** <https://zenople.esgazure.com/login/cm>

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

**Login Name:** 5072598739

**Login Password:** Z1@9839

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: 9-3-21

# Pay Information

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Name: Zackary Lonergan

Last 4 of SSN: 9864

---

Please mark what option you choose

**Direct Deposit**

Bank Name Accentra

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

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

**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 ZL

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\_\_\_\_\_ **Bank of America Money Network Card**

↓ Office Use Only ↓

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

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

# Pay Information

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Name: Zackary Lonergan

Last 4 of SSN: 9864

---

Please mark what option you choose

**Direct Deposit**

Bank Name Accentra

Routing Number 291973292

Account Number 8101837170

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 ZL

---

**Bank of America Money Network Card**

↓ Office Use Only ↓

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

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