

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.

Tammy Marquez
Employee Signature

2/18/2021

Date

Office Use Only

Employee Name	<u>Marquez, Tammy</u>	Payroll Date	<u>2/26/2021</u>	Amount	<u>\$38.00</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.

Sammy Marquez
Employee Signature

1/14/2021

Date

Office Use Only

Employee Name

Marquez, Tammy

Payroll Date

1/29/2021

Amount

\$28.00



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>Marquez</i>		First Name (Given Name) <i>Tammy</i>		Middle Initial <i>m</i>	Other Last Names Used (if any) N/A	
Address (Street Number and Name) <i>2802 25th St NW</i>			Apt. Number	City or Town <i>Rochester</i>	State <i>HN</i>	ZIP Code <i>55901</i>
Date of Birth (mm/dd/yyyy) <i>10/3/1969</i>	U.S. Social Security Number <i>001-62-6617</i>		Employee's E-mail Address N/A <i>Tammy.Marquez@danoo</i>		Employee's Telephone Number <i>319-750-9821</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 checked="" type="checkbox"/> 1. A citizen of the United States	QR Code - Section 1 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): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> <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> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee <i>Tammy Marquez</i>	Today's Date (mm/dd/yyyy) <i>10/26/20</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		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!

Pay Information

Payday is every Friday

Name: Tammy Marquez

Last 4 of SSN: 6617

Please mark what option you choose

Direct Deposit

Bank Name Wells Fargo

Account Number 35995991603

Circle One

Checking Savings

Routing Number 091000019

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 TM

Bank of America Money Network Card

↓ Office Use Only ↓

Account Number _____

Routing Number _____

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: Tammy Marquez Date: 10-20-220

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: _____ (initial)

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) 10/03/1969

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

Please Select your answers to the following questions:

Have you received or have been approved to receive unemployment compensation in the last 90 days? YES / NO / NOT SURE

Have you served in the U.S. Military? YES / NO / NOT SURE

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

Were you unemployed for at least 6 months in the past year? YES / NO / NOT SURE

Have you received SNAP (Food Stamps) in the past 15 months? YES / NO / NOT SURE

Are you entitled to compensation for a service-related disability? YES / NO / NOT SURE

Were you discharged or released from active duty in the past year? YES / NO / NOT SURE

If discharged or released, in what year were you discharged from active duty? (YYYY)

Branch of Service?

AIR FORCE / ARMY / COAST GUARD / MARINE CORPS / NATL' GUARD / NAVY

Have you or a household member received SNAP (Food Stamps) in the past 6 months?

YES / NO / NOT SURE

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

Did you or your household member receive assistance at least 9 months in the past 18 months?

YES / NO / NOT SURE

Did you or your household member receive assistance for at least the past 18 months?

YES / NO / NOT SURE

Did you or your household member receive assistance at least 18 months between August 1997 and August 2018? YES / NO / NOT SURE

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

What was the state in which you received your TANF (Welfare) benefit? (STATE?)

Have you received SSI (Social Security Income) benefits in the last 90 days?

YES / NO / NOT SURE

Have you received vocational rehabilitation services? YES / NO / NOT SURE

- If you marked yes, what rehabilitation service did you received?

STATE AGENCY / VETERANS ADMINISTRATION / TICKET TO WORK

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

- If you marked yes, when were you unemployed?

From (MM/DD/YYYY) to (MM/DD/YYYY) 06/10/2020 - present

What state in which you received compensation? (STATE?) MN

Were you convicted of a felony or released from prison for a felony in the past year?

YES / NO / NOT SURE

What was your conviction date? MM/DD/YYYY

What was your release date? MM/DD/YYYY

What state was your conviction in? (STATE)

What it a Federal or State Conviction? FEDERAL / STATE

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

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

Test Reference Number _____ Name of Collector _____

COMPANY INFORMATION

Company Name: CMG RIM Phone _____ Fax _____
 Address _____ City: Sydney State/Province: WA Zip/Postal Code _____

DONOR INFORMATION

Employee ID: _____
 Last Name: Marquez First Name: Tammy
 Type of Identification Provided: Driver's License Employee Photo I.D. Other _____
 Reason for test: Pre-employment Random Reasonable cause Post-accident Other _____

CERTIFICATION

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and alcohol.

Donor signature: Tammy Marquez Date/Time: 10-26-2020

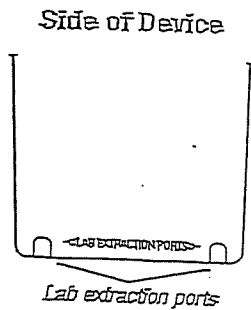
I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.

Collector signature: [Signature] Date/Time: 10-26-2020
 Laboratory signature: [Signature] Date/Time received: 10/26

TEST RESULTS

Date/Time Collected: 10-26-2020 1:56pm
 Time Interpreted: 2:02pm

NOTE: Lab personnel obtain specimen samples by puncturing the lab extraction ports on the side of device with a needle and syringe and drawing out the sample.



Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amphetamine	AMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	THC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moradone	MTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MEF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes/Comments _____

Cut out this panel to copy/scan results



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 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: 3197509821

Login Password: Im@d1d17

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:** _____

Dec 12-16
vacation
Sat - Weds

CMG Preliminary Questions

Name: Tammy Marquez

Date: 10/26/20

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? 1st 2nd 3rd

To be completed during or after interview

Have you ever been convicted of a crime? Yes ___ No X

Explain

Incident _____

Employee Signature Tammy Marquez

Interviewer Signature _____



Branding Iron Holdings Covid-19 Certification for Property Access

Access will be granted to those that sign this document and do not answer yes to any of the questions. If a visitor answers "yes" to any of these questions do not admit the person into the facility.

1. Have you, someone living in your household, a significant other, or someone you are caring for been diagnosed with COVID-19 (Coronavirus) or had any contact with a confirmed case of COVID-19 in the previous 14 days? YES _____ NO X
2. Have you had contact with anyone in the previous 14 days either diagnosed or who has been in close contact with someone diagnosed with Covid-19? YES _____ NO X
3. Have you traveled anywhere in the previous 14 days to anywhere designated by the CDC as having widespread ongoing transmission? YES _____ NO X
4. Do you currently have, or have had within the last 24 hours, any cold or flu symptoms including fever greater than 100? (Fever will be taken at arrival). YES _____ NO X
5. Do you have any of the symptoms listed below? YES _____ NO X
 - Cough; Shortness of breath or difficulty breathing

Or at least two of these symptoms:

 - Fever; chills; repeated shaking with chills; muscle pain; headache; sore throat; new loss of taste or smell
6. Do you have a current Covid-19 diagnosis or are you under quarantine for Covid- 19? YES _____ NO X
7. Do you have a pending Covid-19 Test? YES _____ NO X

By signing below, I agree to hold harmless Branding Iron Holdings from and against any and all losses arising out of or otherwise in respect of, any misrepresentation, inaccuracy in, or breach of any of the certifications contained herein. By signing this I also agree to contact Branding Iron if I become aware of any of the above within 14 days of my visit.

Date: 10/20/20

Printed Name: Tammy Marquez

Signature: Tammy Marquez

This questionnaire is to be emailed to visitors, if possible, prior to visit. The term "Visitor" includes all non-Branding Iron team members and Branding Iron team members visiting from another Branding Iron facility or location

Tammy Marquez

Rochester, MN

Tammy.marquez1@yahoo.com

(319)750-9821

*B.J. Peterson
Monday!*

Bursch Travel - 507-281-3652

Accurate, assertive, and adaptable person who can effectively multi-task in challenging situations and meet critical deadlines. Energetic, results-oriented team-player, eager to bring strong administrative skills to a growing company in need of top-level support. Exceptional customer service and decision-making skills. Strong work ethic, professional demeanor, and great initiative.

Core Qualifications

* Complex Problem Solving * Operations Management * Quick Learner * Computer Proficient * File/Records Maintenance * Strong Communication Skills * Financial Records and Processing * Detail Oriented

Work Experience

Travel Consultant

Bursch Travel – Rochester, MN

September 2011 to Present

Recommend, research and book travel for clients. Managed the receptionist area, including greeting visitors and responding to telephone and in-person requests for information. Updated database with customer and sales information. Marketing of self to community in order to bring in new clients and referrals. Maintain detailed records of all clients, sales and appointments.

Restaurant Manager

Gators Restaurant - Burlington, IA

January 2010 to September 2011

Scheduled and directed staff in daily work assignments to maximize productivity. Efficiently resolved problems or concerns to the satisfaction of all involved parties. Continually monitored restaurant and took appropriate action to ensure food quality and service standards were consistently met. Maintained accounts receivable documentation electronically and on paper. Handled cash and deposits using the proper accounting procedures and documentation.

Bookkeeper

Reinschmidt Marble & Granite - West Burlington, IA

May 2009 to October 2009

Maintained accounts receivable documentation electronically and on paper. Processed bank reconciliations and financial reports to verify practice of proper due diligence. Handled cash and deposits using the proper accounting procedures and documentation. Processed payroll, electronic deposits and employee pay adjustments. Processed journal entries, online transfers and payments. Executed quarterly financial reporting on multiple properties.

Education

AA Degree Accounting

Southern New Hampshire University

BA Degree Social Work

Marycrest University – Davenport Iowa

Skills

*Microsoft Office

*Outlook

*Journal Entries

*Accounts Payable

*Accounts Receivable

*Payroll

*High Computer Knowledge

