

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri

Office Number: 507-923-4955

Office Address: 3707 Commercial Dr. SW Rochester, MN 55902



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) Solis Jaime Date: 1-6-21

Address: (Street Address) 2315 Park Ln SE Tric 82 (Apt./Unit #) _____
(City) Rochester (State) MN (ZIP Code) 55904

Phone: 575 805 1400 Email: Jaime.Solis1400@gmail.com

Social Security No. 585-81-3994 Date Available: any day 1/14/21

Position Applied for: production Desired Salary: 10.10

Shift Available to work: 1st 2nd 3rd Employment desired: X Full-Time Part-Time 1st South

Are you authorized to work in the U.S? ✓ Yes No

How did you hear about us? friend 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	<u>mayfield High school</u>	<u>Los Cruces N.M</u>	<u>11th</u>	
College				
Bus. Or Trade School				
Professional School				

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri

Office Number: 507-923-4955

Office Address: 3707 Commercial Dr. SW Rochester, MN 55902



Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? ☐ Yes ☐ No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? ☐ Yes ☐ No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? ☐ Yes ☐ No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

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: James Boh Date: 6-21-21

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri

Office Number: 507-923-4955

Office Address: 3707 Commercial Dr. SW Rochester, MN 55902



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 *Jaime Solis* Date: 1-6-21

Jaime Solis

Rochester, MN 55904

jaimesolis969_tqc@indeedemail.com

5758051400

Work Experience

Construction Worker

Ambercare - Las Cruces, NM

January 2021 to Present

Care

Construction

Highland construction

June 2003 to October 2006

Stone mason

Education

High school diploma

Mayfield High School - Las Cruces, NM

July 1982 to July 1989

Skills

- Construction
- Handyman
- Construction Management
- Microsoft Office (Less than 1 year)

Languages

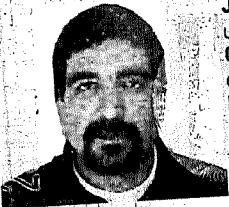
- English - Intermediate

UNITED STATES OF AMERICA **PERMANENT RESIDENT**

SOLIS MENDEZ JAIME 23 MAY 1970

SOLIS MENDEZ
Surname
JAIME
Given Name
042-220-703
USCIS#
Mexico
Country of Birth
23 MAY 1970
Date of Birth
07/28/21
Card Expires:
08/14/89
Resident Since:

IR1
Category
M
Sex


Jaime Solis



E-551
12/1/95

42426436



If found, drop in any US Mailbox. USPS Mail to USCIS, PO Box 62521, Lincoln, NE 68501-2521

C1USA0422207036LIN1190559480<<
7005233M2107280MEX<<<<<<<<<<<<<6
SOLIS<MENDEZ<<JAIME<<<<<<<<<<<<<



Case Verification Number: 2021006194117GJ

Report prepared: 01/06/2021

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: Jaime Solis Mendez

Date of Birth: 05/23/1970

U.S. Social Security Number: ***-**-3994

Employee's First Day of Employment: 01/06/2021

Citizenship Status: Lawful Permanent Resident

Alien/USCIS Number: A042220703

Document Information

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

Document Number: lin1190559480

Case Information

Case Status: Closed

Case Submitted By: Diana Elton

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close



AUTHORIZATION FOR PAYROLL DEDUCTION

Reichel Foods, Inc. has issued tools to the Sanitation Team that are needed to perform tasks associated with operating, assembling or disassembling a piece of equipment. I may be using these tools in assigned tasks.

I, Jaime Solis Mendez (employee's name), hereby authorize my employer to deduct the dollar amounts listed below associated with any lost or broken (due to negligence) tool or equipment.

At no time will I replace my lost or broken tool/equipment on my own. I will notify my supervisor of my lost or broken tool/equipment so the company can issue me a replacement. An Authorization for Payroll Deduction form must be completed to receive replacement tools/equipment.

I reserve the right to revoke this payroll deduction authorization at any time. I agree to return all tools or equipment when I terminate this authorization or my employment.

If I fail to return all of the tools and/or equipment issued to me, I authorize my employer to deduct from my final paycheck the replacement cost for such tools and/or equipment as outlined in the schedule below. * Prices are updated annually on this form. The price reflected here may go up or down during that time and this price only reflects the price at the time this form is revised. Current store price at the time of ordering is what will be the final cost deducted from paycheck.

Employee Signature

Jaime Solis

Date

1/28/21

Employee Printed Name

Jaime Solis Mendez

*Revised tool/pricing as of 6.29.20

Vendor	Item #	Tools and Equipment List	Price
MMCARR	56405A53	Stainless Steel Ultra Grip Phillips Screwdriver	\$13.48
MMCARR	56405A63	Stainless Steel Ultra Grip Flat Head Screwdriver	\$10.92
NJAMESON	6577315	Infrared Thermometer-QT418LD	\$140.68
MMCARR	5719A1	Snap-Ring Pliers	\$16.15
MENARD	2436496	6" Adjustable Wrench	\$7.99
MENARD	2437833	12" Adjustable Wrench	\$9.99
MENARD	2433853	15" Adjustable Wrench	\$17.99
MMCARR	91827A600	5/8" Stainless Steel Combination Wrench	\$54.74
MMCARR	91827A300	7/16" Stainless Steel Combination Wrench	\$28.98
MMCARR	91827A400	1/2" STAINLESS STEEL COMBINATION WRENCH	\$29.88
MMCARR	91827A500	9/16" Stainless Steel Combination Wrench	\$32.58
MMCARR	5637A3	6 1/2" Flat Jaw Tongue and Groove Pliers	\$12.99
MMCARR	5637A1	9 1/2" Flat Jaw Tongue and Groove Pliers	\$18.21
MMCARR	5160A9	3/4" Ratcheting Combination Wrench	\$48.18
MMCARR	5544A131	11/32", 6pt, 3/8" Sq. Drive Socket	\$7.27
MMCARR	5544A43	7/16", 6pt, 3/8" Sq. Drive Socket	\$8.38
MMCARR	5544A45	9/16", 6pt, 3/8" Sq. Drive Socket	\$8.53
MMCARR	5544A44	1/2", 6pt, 3/8" Sq. Drive Socket	\$8.38
MMCARR	5849A35	10MM", 6pt, 3/8" Sq. Drive Socket	\$8.23
MMCARR	5172A51	7" Vise Grip	\$14.94
MMCARR	5878A11	Rubber Mallet	\$18.49
MMCARR	5160A26	14MM Ratcheting Combination Wrench	\$37.68
MMCARR	60025A65	12" Screwdriver Pry bar	\$14.44
MMCARR	8555A211	Adjustable Click Style Torque Wrench 30-150 in-lbs.	\$154.66
MMCARR	3691A55	Small Tube Cutters 1"	\$38.76
PVCFITTINGS	NA	Ratcheting PVC Pipe Cutters- 2"	\$35.00
NJAMESON	6904041	3"W Stainless Steel Scrapers	\$6.86
NJAMESON	6904032	1 1/2"W Stainless Steel Scrapers	\$6.33
MMCARR	8358A23	1/4" Nutdriver	\$7.04
MMCARR	7299A23	8MM Nutdriver	\$9.24
MMCARR	8358A31	9/16" Nutdriver - Screwdriver Grip	\$13.64
MMCARR	8358A28	7/16" Nutdriver - Screwdriver Grip	\$13.30
MMCARR	83375A24	5/32" Stainless Steel T-Handle Hex Key	\$26.17

MMCARR	83375A25	3/16" Stainless Steel T-Handle Hex Key	\$29.33
MMCARR	5020A38	3/16" Stainless Steel L-Key	\$5.77
HOMDEP	20767	PolySteel FLASHLIGHT	\$23.18
MMCARR	5157A43	SS Needle Nose Pliers	\$25.78
MMCARR	7007K92	Wire Crimper/Stripper	\$15.41
MMCARR	5020A36	Stainless Steel 9/64" Hex Key	\$4.38
MMCARR	50485K221	Small Stainless Steel End Cap	\$7.56
MMCARR	5070K31	Small Plastic End Cap	\$25.87
MMCARR	7158A26	13 Pc. Standard L-Key Set	\$7.96
HOMEDPEOT	2606-20	Milwaukee M18 1/2" Brushless Drill Driver	\$99.00
HOMEDPEOT	1000318554	Milwaukee M18 Lithium 2.0 Battery	\$9.00
HOMEDPEOT	1001222707	Milwaukee M18 18-Volt Lithium Ion 5.0Ah Battery	\$99.00
HOMEDPEOT	1000308499	M18 Milwaukee Battery Charger	\$59.00
HOME DEPOT	1003168718	Milwaukee M18 FUEL HEX Impact Driver 1/4"	\$139.00
MMCARR	70175T91	SS / Plastic Inspection Mirror 2"x3", Telescoping Handle , 9-30" L	\$14.72
BAYTECH	5201	HDPE Bung Wrench	\$9.95
MMCARR	91827A100	5/16" Stainless Steel Combination Wrench	\$23.72
MMCARR	91827A200	3/8" Stainless Steel Combination Wrench	\$27.18
MENARD	2440351	5-Piece Pin Punch Set	\$12.99
MENARD	2440304	3/16" Long Pin Punch	\$4.89
MENARD	2440306	1/4" long Pin Punch	\$4.89
MENARD	2440302	1/8" Long Pin Punch	\$4.49
MENARD	2440303	5/32" Long Pin Punch	\$4.79
MENARD	2440301	3/32" Long Pin Punch	\$4.99

EMPLOYEE WARNING NOTICE FORM

Employee Name: Jaime Solis Mendez

Date: 2/1/2021

Supervisor Name: Jamie Sorenson

Hire Date: 1/28/2021

- | | | |
|--|---|--|
| ☐ Verbal Warning | ☒ Written Warning | ☐ Final Warning |
| ☐ Coaching/Counseling Session | ☐ Assignment End | ☐ Termination |

1. Your behavior/actions have been found unsatisfactory for the following reasons:

- | | |
|---|--|
| ☐ Tardiness | ☐ Insubordination |
| ☐ Damaged Equipment | ☐ Failure to Follow Procedure |
| ☒ Absenteeism | ☐ Failure to Meet Performance Standards |
| ☐ Policy Violation | ☐ Poor Work Quality |
| ☐ Falsifying Company Documents | ☐ Other |

2. Details of Unsatisfactory Behavior/Actions:

Unexcused absence on 1/29/2021

3. Prior Warnings:

Notified upon hire

4. The following immediate corrective action must be taken by the employee.

Failure to do so will result in further disciplinary action up to and including termination.

Go 2 months without calling in. Failure to do so could result in possible written warning / possible final warning.

Employee Signature: _____ Date: _____

Note: Your signature on this form means that we have discussed the situation(s).

Manager's Signature: _____ Date: _____

NCNS – assignment end on 2/1/2021