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

"your workforce management & staffing experts"

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)* Wallace Derek Date: 3-18-20

Address: *(Street Address)* 1942 8 1/2 St SE *(Apt. /Unit #)* _____

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

Phone: 5073014643 Email: Derekwallace420atgmail.com

Social Security No. 472-17-1103 Date Available: May 30

Position Applied for: _____ Desired Salary: 12 $

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

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

How did you hear about us? online Referral Name: _____

If under 18, please list age: _____

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? X No _____ Yes

1st Sweeping on 8

Education

Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	Mayo High	Rochester	4	
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 Derek Wierzbicki Date: 3-10-20

CMG Preliminary Questions

Name: Deveti Wallace

Date: 3-18-20

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

Please Mark Your Preferred Position

4. Which plant do you prefer? **South** North
5. 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 Deveti Wallace

Interviewer Signature_____

EMPLOYEE WARNING NOTICE FORM

Employee Name: Derek Wallace **Date:** 9/24/2020

Supervisor Name: Bunthy Douk **Hire Date:**3/23/2020

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

2. Details of Unsatisfactory Behavior/Actions:
Unexcused absence on 10/2/2020.

3. Prior Warnings:

6/5/2020 – Notification for attendance
9/4/2020 – Verbal for attendance
9/8/2020 – Verbal for attendance
9/18/2020 – Written for attendance

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: Filed 10/9/2020 Date: _____

EMPLOYEE WARNING NOTICE FORM

Employee Name: Derek Wallace **Date:** 12/17/2020

Supervisor Name: Bunthy Douk **Hire Date:** 3/23/2020

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

2. Details of Unsatisfactory Behavior/Actions:
Unexcused absence on 1/15/2021

3. Prior Warnings:

6/5/2020 – Notification for attendance
9/4/2020 – Verbal for attendance
9/8/2020 – Verbal for attendance
9/18/2020 – Written for attendance
10/2/2020 – Written for attendance
10/9/2020 – Written for attendance
10/15/2020 – Written for attendance
12/9/2020 – Written for attendance
12/14/2020 – final for attendance
12/15/2020 – Final for attendance
12/16/2020 – Final for attendance

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: Mailed 1/11/21 Date: _____