

CORPORATE MANAGEMENT GROUP

Employment Application

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

Office Number: 507-838-5994

Office Address: 1825 7th St NW Rochester, MN 55901

Will call back



Applicant Information

(APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED)

Full Name: (Last Name, First Name) Kuehl, Brett Date: 1-21-26
Address: (Street Address) 305 1st Street NW (Apt. /Unit #) _____
(City) Hayfield (State) MN (ZIP Code) 55940
Phone: 507-262-4953 Email: brett.a.kuehl@gmail.com
Social Security No. 470-17-1400 Date Available: immediately
Position Applied for: Grinder Desired Wage: negotiable
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? indeed 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

Previous Employment

Company: Wellik Concrete Phone: _____
Address: Rochester, MN Supervisor: Greg Wellik
Job Title: Laborer
Responsibilities: operate hand & power tools
From: 2003 To: 2025 Reason for Leaving: seasonal
May we contact your previous supervisor for reference? Yes No

Previous Employment

Company: Land O Lakes Phone: _____
Address: Pine Island, MN Supervisor: _____
Job Title: Bagger
Responsibilities: operate bagging machine, ran forklift
From: 2022 To: 2023 Reason for Leaving: New employment
May we contact your previous supervisor for reference? Yes No

Brett Kuehl

Hayfield, MN 55940

brettkuehlyf9kn_r44@indeedemail.com

+1 507 701 1146

Work Experience

Laborer

Wellik Concrete-Rochester, MN

2023 to 2025

- Prepared concrete forms
- Used hand and power tools
- Set rebar
- Read blueprints
- Performed various physical tasks such as digging, lifting, and carrying heavy materials

Warehouse Worker

Land O'Lakes-Pine Island, MN

2022 to 2023

- Operated forklifts and other warehouse equipment to safely load, unload, and transport materials
- Picked and packed orders with high attention to detail, ensuring accuracy in product selection and packaging
- Operated machinery that sealed 50lb bags of dried cheese

Laborer

Kuehl Family Farms-Pine Island, MN

2012 to 2022

- Performed various physical tasks such as digging, lifting, and carrying heavy materials
- Operated power tools and equipment safely and efficiently to complete assigned tasks
- Maintained cleanliness of work areas by sweeping, removing debris, and disposing of waste properly
- Operated machinery including Kubota and New Holland tractors.
- Installed high tinsel fences
- Took care of day to day chores feeding cattle

Education

General (High school diploma)

Kasson Mantorville High School-Kasson, MN

August 2004 to June 2007

Skills

- Forklift
- English

CMG Preliminary Questions

Name: _____

Date: _____

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 do you prefer? 1st 2nd 3rd

To be completed during or after interview

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

Explain Incident Drug - 2024 - Felony
treatment
N/A

Employee Signature [Signature]

Interviewer Signature [Signature]



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 this form stating that you received your log in information.

CMG/ESSG/Rochester Meats Handbook

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

View Paystubs

Employee Notice of Employment and Wage

Website: <https://zenople.esgazure.com/login/cmg>

****do not fill out the login name or password. CMG will provide you with this information****

Login Name: 5072624953

Login Password: BK@14.00!

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 content, it is my responsibility to address my questions with a CMG representative. I also 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: 1-21-26

/Employee Photo Release Form

I, Brett Kuehl agree to let Rochester Meats use my picture for internal security purposes. I also agree to submit a written request to Rochester Meats if/when I wish my photo be removed from the company database.

X Signature:  Date: 1-21-26

Emergency Contact 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	Contact #2
Name: <u>Micah Vandewilke</u>	Name: _____
Relationship: <u>godfather</u>	Relationship: _____
Phone Number: <u>507 306-3215</u>	Phone Number: _____

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

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

Authorization to Enter New Hire Information

By signing below, I authorize a member of Corporate Management Group to enter my new hire paperwork into ESSG's online Zenople Employee Portal. I understand that I will be provided access via login name and password to view forms that have been entered on my behalf.

Signature:  Date: 1-21-26

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 job offer to apply for insurance through ESSG via the log in information provided to me.

Signature:  Date: 1-21-26

Electronic W-2 Consent

The IRS has approved employers to send W-2's electronically to employees. You will receive your W-2 faster and have access to your W-2 at anytime.

Would you like to receive your W-2 statement electronically? Yes No

Email: _____

Background Check Authorization

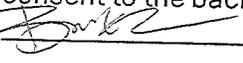
I, hereby authorize and its designated agents and representatives to conduct a comprehensive background check as part of the employment screening process. This background check may include, but is not limited to, the following:

1. Criminal background check: This may involve researching and reporting any criminal convictions or pending criminal cases.
 2. Employment history verification: This may include contacting past employers to verify work history, job titles, dates of employment, and reasons for leaving.
 3. Education verification: This may include verifying academic degrees, diplomas, and certificates from educational institutions.
 4. Professional references: This may involve contacting individuals listed as professional references by the employee to assess their qualifications and suitability for the position.
 5. Credit history check (if applicable): This may include obtaining information related to the employee's credit history and financial responsibility.
- Driving record check (if applicable): This may involve reviewing the employee's driving history, including any traffic violations and accidents.

Release of Information:

I understand that, in the course of the background check process, may need to disclose my personal information to third-party vendors or agencies for the purpose of obtaining the necessary background information. I consent to the release of such information.

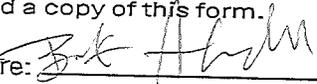
By signing below, I acknowledge that I have read and understand the terms of this consent form and voluntarily consent to the background check described herein.

Signature:  Date: 1-21-26

Notification of Minnesota Law Requirement – Unemployment Acknowledgement

According to Minnesota Statute section 268.095, subdivision 2, paragraph (d), an applicant who, within five calendar days after completion of a suitable job assignment from a staffing service, (1) fails without good cause to affirmatively request an additional suitable job assignment, (2) refuses without good cause an additional suitable job assignment offered, or (3) accepts employment with the client of the staffing service, is considered to have quit employment. This paragraph applies only if, at the time of beginning of employment with the staffing service, the applicant signed and was provided a copy of a separate document written in clear and concise language that informed the applicant of this paragraph and that unemployment benefits may be affected. It is your responsibility to contact ESSG through the recruiter stated below for additional assignments. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact ESSG through the recruiter stated below within 5 calendar days once an assignment ends. I also acknowledge that I have been provided a copy of this form.

Signature:  Date: 1-21-26

Work Opportunity Tax Credit

Please circle Yes or No to the following questions:

-In the last year, have you or anyone you've lived with received SNAP (Supplemental Nutrition Assistance Program also referred to as food stamps)? Yes/No

-In the last two years, have you or anyone you've lived with received TANF (Temporary Assistance for Needy Families also referred to as welfare)? Yes/No

-Are you a veteran of the U.S. Military/Armed Forces? Yes/No

-Are you a person who has a disability? Yes/No

-Have you ever been convicted of a felony? Yes/No

-Are you unemployed? Yes/No

-Have you collected unemployment benefits at any time during your unemployment period? Yes/No

Thank you for taking the time to complete this survey related to IRS Form 8850 (Pre-screening Notice and Certification Request for the Work Opportunity Tax Credit) and the ETA Form 9175 (Long-Term Unemployment Recipient Self-Attestation Form). These forms are used to verify the information you have provided and to manage the important WOTC jobs program.

If you agree with the following declaration, click the submit button to electronically sign the Forms 8850 and (if applicable) 9175. Your electronic signature will authorize the Veterans Administration, Department of Vocational Rehabilitation, Tribal Governments, federal and state unemployment insurance offices, or other applicable agency to release verification of information to TCC. If the name is incorrect, type in your correct name and click the submit button to electronically sign.

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Signature: Pat Akreli

Date: 1-21-26

Direct Deposit

Payday is bi-weekly on Friday.

Bank Name _____ Routing # _____ Account # _____

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 is provided is incorrect.

___ Please check here if you do not have your account information or have an account. We will provide you with a Bank of America Money Network Card.

___ Please check here if you would like your paystubs electronically emailed to your email address.

Signature: Pat Akreli

Date: 1-21-26



employer solutions staffing group,
 Employer Solutions Staffing Group, LLC
 7201 Metro Blvd Suite 900
 Edina, MN 55439
 (952) 835-1288

EMPLOYEE DEDUCTION AUTHORIZATION

This form is to authorize an employer to make specified deductions

Employee Information			
Name: <u>Brett Kuehl</u>		Employee ID: _____	
Job Title: _____		Assignment: <u>Rochester Meals</u>	
Deduction	Amount	Deduction	Amount
<u>Key card</u>	\$ <u>0.50</u>		\$
	\$		\$
	\$		\$
TOTAL OF DEDUCTIONS PER PAY PERIOD: \$ <u>0.50</u>		DATE OF FINAL DEDUCTION: _____ (if applicable)	
Provide any additional details specific to the deductions, such as the purpose, frequency and any other relevant terms:			

I, Brett (employee name), hereby authorize Employer Solutions Staffing Group, LLC to deduct \$ 0.50 (amount) from my paycheck.

This deduction will occur on a (check one) basis: One time Weekly Monthly Other: _____

Authorization:
 I hereby certify that the above deductions and amounts are accurate to the best of my knowledge. I understand that these deductions are voluntary and can be revoked at any time by providing written notice to my employer. I further understand that these deductions will not reduce my wages below minimum wage as required by law. I agree that this authorization is separate from any prior deductions and is in compliance with all applicable federal and state laws, including California Labor Code §§ 221-224 and Minnesota Statutes § 181.79. I understand and agree that any remaining balance of the authorized deductions, as outlined above, may be collected from my final paycheck upon termination of my employment, in accordance with applicable federal and state laws. This collection will not reduce my final wages below the minimum wage required by law.

Employee Signature: [Signature] Date: 1-21-25

Employer Acknowledgement:
 I, as a representative of Employer Solutions Staffing Group, LLC acknowledge that the deductions outlined above are made in compliance with applicable federal and state laws, including California Labor Code §§ 221-224 and Minnesota Statutes § 181.79, and that these deductions are not for the benefit of the employer. Additionally, I affirm that the deductions will not reduce the employee's wages below the minimum wage required by law. A signed copy of this authorization form will be provided to the employee.

Employer Representative Signature: _____ Date: _____
 Print Name: _____

EEO Information

Please choose one option under the following:

Gender
-No Answer
-Female
<u>-Male</u>
-Non-Binary
-Other

Marital Status
-No Answer
-Divorced
-Married
<u>-Unmarried</u>
-Widowed

Ethnicity	Veteran
-Alaska Native	-Vietnam Era Veteran
-Asian	-Veteran
-Hispanic Latino	<u>-Non-Veteran</u>
-Other Pacific Islander	-Other Protected Veteran
-Two or more Races	-Recently Separated Veteran
-Unknown Ethnicity	-Special Disabled Veteran
<u>-White</u>	-No Answer
-No Answer	

Signature: B. L. L.

Date: 1-21-26