



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 / Reichel Foods Handbook

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

View Paystubs

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

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

Login Name: 5072034728

Login Password: Bran 3079

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: [Handwritten Signature] **Date:** 07-28-27



AUTHORIZATION TO RELEASE INDUSTRIAL HEARING TEST RESULTS

I understand that a successful hearing test is a condition of my employment by Employer Solution Staffing Group, LLC. to work at the facility of Reichel Foods, Inc., and further, that Employer Solutions Staffing Group may, at its discretion, share the results of any such hearing test with Reichel Foods Inc.

I also understand that Employer Solutions Staffing Group may, at its discretion, conduct periodic hearing tests on me during the course of my employment with Employer Solutions Staffing Group and I consent to such tests.

My Signature: Brandon Schwachoff

Today's Date: 04-08-24

Employee Photo Release Form

I, Brandon Schwachoff, agree to let Reichel Foods use my picture for internal security purposes. I also agree to submit a written request to Reichel Foods if/when I wish my photo be removed from the company database.

Employee Signature Name: Brandon Schwachoff

Date: 04-08-24

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:

Contact # 2

Name: Katherine Schwachoff

Name: _____

Relationship: Mother

Relationship: _____

Phone Number: 507-951-9579

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 – Rochester Office – to enter my new hire paperwork into the online Zenople (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: B. Schwarhoff Date: 01-01-21

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: BS (initial)

Electronic W-2 Consent:

The IRS has approved employers to send W-2 electronically to employees. Employees who choose to receive their W-2 statements electronically will have the following advantages. Faster access to your W-2. Ongoing availability to view the W-2. Ability to reprint as many times as needed.

Would you like to receive your W-2 statement electronically?

Yes No

By completing the box below, you are consenting to receive your W-2 by email to only the email address that you list. A paper copy will **not** be provided. This option can be changed at any time but remains in effect until you inform ESSG that you would like to revoke your consent.

I consent to receive my W-2 by email at the address listed below from this date forward.

Email

Bmschwarhoff@gmail.com

I agree: BS (initial)

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 BS (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 BS (Initial)



2024 W-4MN, Minnesota Withholding Allowance/Exemption Certificate

Employees

Complete Form W-4MN so your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MN each year and when your personal or financial situation changes. If no Form W-4MN is in effect, the number of withholding allowances claimed will be zero.

First Name and Initial <u>Brenda M</u>	Last Name <u>Schwerhoff</u>	Social Security Number <u>471-29-3079</u>
Permanent Address <u>606 5th Ave NW</u>		Marital Status (Check one): <input type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withhold at higher Single rate
City <u>Blaine</u>	State <u>MN</u>	

Complete Section 1 OR Section 2, then sign the bottom and give the completed form to your employer.

Section 1 — Determining Minnesota Allowances

- A Enter "1" if no one else can claim you as a dependent A _____
- B Enter "1" if any of the following apply: B _____
 - You are single and have only one job
 - You are married, have only one job, and your spouse does not work
 - Your wages from a second job or your spouse's wages are \$1500 or less
- C Enter "1" if you are married. Or 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.) . C _____
- D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. D _____
- E Enter "1" if you will use the filing status Head of Household (see instructions)..... E _____
- F Add steps A through E. If you plan to itemize deductions on your 2024 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. F _____

- 1 Minnesota Allowances. Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet 1 _____
- 2 Additional Minnesota withholding you want deducted for each pay period (see instructions) 2 \$ _____

Section 2 — Exemption From Minnesota Withholding

Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate why you believe you are exempt:

- A I meet the requirements and claim exempt from both federal and Minnesota income tax withholding
- B Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding, because:
 - I had no Minnesota income tax liability last year
 - I received a refund of all Minnesota income tax withheld
 - I expect to have no Minnesota income tax liability this year
- C All of these apply:
 - My spouse is a military service member assigned to a military location in Minnesota
 - My domicile (legal residence) is in another state
 - I am in Minnesota solely to be with my spouse. My state of domicile is _____
- D I am an American Indian that resides and works on a reservation for which I am enrolled (see instructions).
 Enter the reservation name: _____
 Enter your Certificate of Degree of Indian Blood (CDIB)/Enrollment number: _____
- E I am a member of the Minnesota National Guard or an active-duty U.S. military member and claim exempt from Minnesota withholding on my military pay
- F I receive a military pension or other military retirement pay as calculated under U.S. Code, title 10, sections 1401 through 1414, 1447 through 1455, and 12733, and I claim exempt from Minnesota withholding on this retirement pay

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 Form W-4MN.

Employee's Signature <u>Brenda Schwerhoff</u>	Date <u>04-08-24</u>	Daytime Phone Number
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Employees: Give the completed form to your employer.

Employers

See the employer instructions to determine if you must send a copy of this form to the Minnesota Department of Revenue. If required, enter your information below and mail this form to the address in the instructions. (Incomplete forms are considered invalid.) We may assess a \$50 penalty for each required Form W-4MN not filed with us. Keep a copy for your records.

Name of Employer	Minnesota Tax ID Number	Federal Employer ID Number (FEIN)
Address	City	State
		ZIP Code

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2024

Step 1: Enter Personal Information	(a) First name and middle initial <u>Brandon M</u>	Last name <u>Schwarzhoff</u>	(b) Social security number <u>471-29-3079</u>
	Address <u>606 E 4th Ave NW</u>		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code <u>Plainville MN 55944</u>		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input checked="" type="checkbox"/> 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.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) 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	4(a)	\$ _____
	(b) 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	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here Brandon Schwarzhoff 04-08-24
Employee's signature (This form is not valid unless you sign it.) Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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>Schwarzhoff</i>		First Name (Given Name) <i>Brandon</i>		Middle Initial (if any) <i>M</i>	Other Last Names Used (if any)	
Address (Street Number and Name) <i>606 5th Ave NW</i>			Apt. Number (if any)	City or Town <i>Plainville</i>		State <i>MN</i>
Date of Birth (mm/dd/yyyy) <i>11-10-94</i>		U.S. Social Security Number <i>471112191301719</i>		Employee's Email Address <i>Bschwarzhoff@gmail.com</i>		Employee's Telephone Number <i>507-203-4778</i>
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input checked="" type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
		If you check Item Number 4., enter one of these:				
		USCIS A-Number		OR	Form I-94 Admission Number	
				OR	Foreign Passport Number and Country of Issuance	
Signature of Employee <i>Brandon Schwarzhoff</i>				Today's Date (mm/dd/yyyy) <i>04-08-24</i>		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2: Employer Review and Verification Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

Document Title 1	List A	OR	List B	AND	List C
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name Brandon Schwarzhof Social security number ► 471-29-3079
Street address where you live 6065th Ave NW
City or town, state, and ZIP code Plainview MN 55964
County Olmsted Telephone number 507-203-4778
If you are under age 40, enter your date of birth (month, day, year) 11-10-94

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 Check here if any of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but not age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; or
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must 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.

Job applicant's signature ► Brandon Schwarzhof

Date 04-08-24

Name: Bryan Schwab Rick and Rose
Date: 01-07-24 CMG Reading Test

**** Please read the story then answer the multiple-choice questions ****

Rick and Rose were good friends. They worked together at Reichel Foods.

One day they had a lot of work, and not enough employees, this same day the supervisor asked Rick to pack carrots and ranch in 100 boxes. Rick was worried he could not finish this before the day ended. He was going to ask Rose for help but he noticed she was gone. He knew if she didn't help, the boxes would not get packed on time.

The supervisor saw Rick working very hard and went to ask Rose for help. He looked for her in the cafeteria. When he saw her taking a break, he asked her why she wasn't helping Rick. "I didn't know that he needed help," said Rose, "I will go help him right away."

When Rick saw Rose coming to help, he felt happy and supported. "Please don't be afraid to ask me to help. We are good friends and co-workers," she said, "and together we make a great team."

1. Who are Rick and Rose?
 - a. Co-workers
 - b. Good friends
 - c. Both A & B
2. Rick and Rose work at Reichel Foods. True or false? (circle one)
 - a. True
 - b. False
3. Where did the supervisor find Rose?
 - a. Outside
 - b. Working on the line
 - c. In the cafeteria
 - d. In the bathroom
4. How did Rick feel when he saw Rose?
 - a. Mad
 - b. Sad
 - c. Happy
 - d. Confused
5. What lesson did Rick and Rose learn?
 - a. Teamwork
 - b. How to make carrots and ranch
 - c. Communication
 - d. Both A & C



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. sw (Initial)

Recruiter: Corporate Management Group

Phone Number: 303-9201425

Address: 1501 W. 124th Ave Unit 500 Westminster, CO 80234

Employee Signature: Brandon Schwertler Date: 04-08-24

Pay Information-Payday is every Friday

Name: _____

Please mark what option you choose

Direct Deposit

Bank Name _____ Routing # _____ Account # _____

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 _____

Bank of America Money Network Card

I authorize ESSG to send my paycheck stub electronically to the email address that is listed below.

Email See Attached

Initial _____

ACCOUNT INFORMATION SLIP/VOLANTE DE INFORMACIÓN DE CUENTA

STEP 1:

Complete the following information/Completa los siguientes datos

First Name/Nombre:

Last Name/Apellido:

Employee ID Number/Número de Empleador:

Social Security Number (optional)/Número de Seguro Social (opcional)

STEP 2:

Employer: Detach this slip and retain information for your records.

Desprende este volante y entrégaselo a tu patron o empleador. No necesitas usar esta información nuevamente.

FOR EMPLOYER USE ONLY:
PARA USO DEL PATRONO O EMPLEADOR SOLAMENTE

ROUTING NUMBER: 084003997

ACCOUNT NUMBER: 7277631800864608

Money Network Checks and Money Network Cards are issued by Pathward, N.A., Member FDIC.

BALANCE AND TRANSACTION LIMITS SCHEDULE

Load Limitations^{1,2,3}

Maximum Account Balance
ACH Deposit of Other Funds (Direct Deposit)
Load Check Funds Via Mobile App^{*1,2}
Load Cash at Load Location
Secondary Account Secondary
Account Transfer

Limit Amount^{1,2,3}

\$8,000
\$4,000 per day | \$8,000 per calendar month
\$25- \$2,500 per check | \$5,000 per day | \$10,000 per month
\$1,100 per transaction | \$2,500 per day | \$5,000 per month
\$8,000 maximum account balance
\$1,000 per day | \$2000 per month

Withdrawal Limitations^{1,2}

ATM Withdrawal Limit Money
Network Check Limit
Bank/Teller Over the Counter Withdrawal
ACH Transfer to Domestic Bank
ACH Transfer to International Bank

Limit Amount^{1,2}

\$600 per transaction and per day
\$9,999.99 per Check and per day
\$8,000 per transaction and per day
\$8,000 per transaction | \$16,000 per day | \$64,000 per month
\$1,000 per transaction and per day | \$2,000 per month



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)

Full Name: (Last Name, First Name) Schwartzhoff Brandon Date: 04-08-24

Address: (Street Address) 606 5th Ave NW (Apt. /Unit #) _____

(City) Plainview (State) MN (ZIP Code) 55964

Phone: 507-203-4728 Email: Bschwartzhoff@gmail.com

Social Security No. 471-29-3079 Date Available: 04-10-24

Position Applied for: warehouse Desired Wage: 20

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: Doherty Staffing Solutions Phone: 507-577-0805

Address: DFA Zumbrota/1313 North Star Dr Zumbrota Supervisor: Jorg

Job Title: Factory worker

Responsibilities: run machines

From: 2023 To: 2024 Reason for Leaving: staff liquidated

May we contact your previous supervisor for reference? Yes No

Company: Fedex Phone: _____

Address: _____ Supervisor: Brandon Blackste

Job Title: Package handler

Responsibilities: load and manage trucks

From: 2022 To: 2023 Reason for Leaving: looked for pay increase

May we contact your previous supervisor for reference? Yes No

*M, W-F
18-25
w/ kids
OK KS*

*→ bagged cheese
→ warehouse
→ pallet jack*

*→ 1 year
→ jerk light
→ warehouse
→ scanning*

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 Brandon Schwarchoff Date: 04-24-08

Brandon M. Schwarzhoff

614 16th St. NW Rochester, MN 55901 (C)
Bmschwarzhoff@gmail.com (C)

(507)316-1729 (C)

Employment Objective: To secure a position that utilizes my customer service and bartending skills.

Education: Plainview-Elgin-Millville Highschool (Graduated 2013)
Minnesota School of Bartending (Graduated 2015)
- Certified Degree in Bartending/Mixology

Job Experience:

Pannekoeken (507) 287-0722
6 1st Ave NW, Rochester, MN 55901

Cook 4/2018
-Present

Preparing food for orders when they come through. Doing necessary cleaning throughout the shift. Helping co-workers with their duties; such as the Prep-Cook, Dishwashers and Hosts. At the end of the shift, would shut down all equipment and begin deep cleaning all equipment. Organizing the kitchen to be ready for the morning cook. Before clocking out and leaving, would sweep the entire floor and mop.

Amish Ovens (507) 932-5907 2850
Whitewater AveSt. Charles, MN 55972

Chef
11/2017-6/2018

Trained for both open and close; but primarily closed.

Opening: Turned on all equipment, baked chicken and set up steam table items. Necessary food prep throughout day, in between taking orders. Did proper cleaning throughout day, such as doing dishes and wiping down counters during down time. In between prep and orders, also making sure the upstairs hot spots in Amish Market Square were full of soups, sandwiches and any other food items they needed up there. Communicating with the Cashiers of AMS to prepare food ahead of time for the coolers.

Closing: Left over food prep for the day in between food orders. Shutting down & scrubbing equipment and finishing dishes before sweeping and mopping floors. Took out trash and closed down the kitchen itself; lights off, rechecking whole kitchen to make sure all equipment is cleaned to standard. In between prep and orders, also making sure the upstairs hot spots in Amish Market Square were full of soups, sandwiches and any other food items they needed up there. Communicating with the Cashiers of AMS to prepare food ahead of time for the coolers.

Johnny's Saloon
North Main Street Elba, MN 55901

(507) 932-4969 180

Bar
07/2017-11/2017

Manger/Bartender

Opened building, accessed and turned off security alarm. Assembled both tills, such as counting and placing into register. Turned on all lights; including the open signs, beverage signs, TVs & Radio. Pre-open cleaning; mopping floors, wiping down bar and tables. Assembled a list of games for the day, for customers. Opened doors. Took care of guests throughout day, along with keeping the building tidy. Did stock checks during down time, to make sure all beverages were ready for new customers. Cleaned all utensils, and glassware, did post-close cleaning; sweeping/mopping floors, wiping down bar, tables and freshening/cleaning up the bathroom. Closed registers; counted till, collecting the deposit and booking the paperwork for the sales for that day.

Also in charge of taking deposits to the bank, and making out orders for vendors when they came through.

Walmart Supercenter: South
Rochester, MN 55904

(507) 292-0909

25 25th St SE,

Cap

Two

Associate

6-10-2016/8-10-2016

Unloading the truck of stock while organizing boxes of freight on palets to be brought to the floor for each department. Not only Grocery, but also General Merchandise items. Having great multitasking and social skills to delegate where items are stored and helping other members separate the items onto their own palets. Working with other Cap Two Associates to stock the many isles of grocery. When time was provided, organizing the back rooms, to bring in new freight along with store freight that couldn't fit out onto the sales floor. From time to time, having the ability to train new associates in the basic duties of our job.

Walmart Supercenter: North
Rochester, MN 55901

(507)280-7733

3400 55th St NW,

Overnight

Stocker/Remodel

Associate

6-27-15/12-3-16

Stocking the freight that the previous shifts had pulled to the sales floor, starting with the designated isle(s) before assisting other co-workers with excess freight in their isles. Once all freight was done, or co-workers had enough help, we would take back all garbage and cardboard to the appropriate areas of the back room. Was trained on how to use both the cardboard compactor and the plastic compactor, including how to make bails when the compactors were full. After all was taken care of, any over stock freight was brought to the backroom, organized, binned and put on shelves.

Remodeling: Having the ability to work alone and among others to move shelving & build shelving for products and displays. Being able to sort items from shelves to another shelf by using UPC labels and scanners with the new set of modulars. Used heavy equipment to move shelving units along with moving the parts for new shelving and displays. Assembled organized and cleaned back rooms. Along with the knowledge to assemble electronic units, and the ability to disassemble and reassemble register units.

High Plains Cenex
N Wabasha, Plainview, MN 55964

(507)534-2144 445

Deli

Associate

6-10-2013/8-12-2015

Providing fast and friendly service to the customers who came in. Taking calls for Pizza Orders. Following safety instructions to prepare fresh pizzas for orders and made to go. Working with my team to make multiple orders at once as quickly and efficiently as possible. Maintaining cleanliness of the kitchen by sweeping, mopping, scrubbing counters and washing dishes to safety protocol.

Diversified Maitence

4-28-20/4-26-21

Kohl's Custodian

Near singlehandedly cleaned and maintained a large store from daily wear and tear. Kept vigilant eye on the store to have the quickest response possible. Learned and maintained several large pieces of machinery used for sanitization purposes. Halfway through my tenure with Diversified I also picked up work at JC Pennys branch of the company and kept two stores at once.

Interests & Hobbies:

- Creative Writing
- Reading/Acquiring Knowledge
- Cooking

Skills:

Freehand pouring. Blended drinks. Has memorized a good portion of drinks. Can multitask, such as reaching for another bottle without thinking about it too hard to make a drink twice as fast. Knows how to tear apart and rebuild displays/shelving. Certified to use cardboard bailers. Register, and money handling knowledge. Can keep track of busniess ledgers, such as; Reciepts, Money Management,

documents on daily sales. Experience with working with vendors and handling in product.

CMG Preliminary Questions



Name: Brandon Schwartzkopf

Date: 07-08-24

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

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

Explain Incident _____

Employee Signature Brandon Schwartzkopf

Interviewer Signature [Handwritten Signature]



m MINNESOTA DRIVER'S LICENSE
USA

NOT FOR FEDERAL IDENTIFICATION

1 SCHWARZHOFF
2 BRANDON MICHAEL
6 606 5TH AVE NW
PLAINVIEW, MN 55964-1008

4d DL# Z206-201-612-908 4a ISS 06/09/2021
3f DOB 11/10/1994 4b EXP 11/10/2025
9 CLASS D 9a END NONE
12 RESTR NONE

15 SEX M 17 WGT 300 lb
16 HGT 6'-03" 18 EYES BLU

5i DD 00000004935230 11/10/94



SOCIAL SECURITY

471-29-3079

THIS NUMBER HAS BEEN ESTABLISHED FOR

BRANDON MICHAEL
SCHWARZHOFF

Brandon Schwarzhoff
SIGNATURE

USA 12/13/2016

Feb 7452F