

# 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



Feld 3rd

### 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) Luther Benjamin Date: 1/6/20  
 Address: (Street Address) 929 11<sup>th</sup> Ave NE (Apt./Unit #) \_\_\_\_\_  
 (City) Rochester (State) MN (ZIP Code) 55906  
 Phone: 507-421-1611 Email: ben1984jamine@yahoo.com  
 Social Security No. 477-02-2618 Date Available: 2/3/20  
 Position Applied for: 2nd shift CDL Driver Desired Salary: \$19<sup>+</sup>/HR  
 Shift Available to work: 1<sup>st</sup>  2<sup>nd</sup> 3<sup>rd</sup> Employment desired:  Full-Time  Part-Time CDL  
 Are you authorized to work in the U.S?  Yes  No  
 How did you hear about us? Facebook Market place 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	Century	Rochester MN	4	Diploma
College	Northwest Technical Institute	Eden Prairie, MN	2	A.A.S.
Bus. Or Trade School	C.R. England	Salt Lake City UT	1	CDL A
Professional School				

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### Previous Employment

Company: Benchmark Electronics Phone: 507-535-4187

Address: Rochester, MN Supervisor: Joe Eisenbeis

Job Title: Machine Op Starting Salary: \$13.88 Ending Salary: \$14.43/hr

Responsibilities: Build Circuit Boards

From: 07/19 To: — Reason for Leaving: Bullying + Harassment going on without consequence

May we contact your previous supervisor for reference?  Yes  No

Company: Express Employment Professionals Phone: 507-285-1616

Address: Rochester, MN Supervisor: —

Job Title: Assembler Starting Salary: \$12.00 Ending Salary: \$13.88/hr

Responsibilities: Assemble Circuit Boards

From: 12/18 To: 07/19 Reason for Leaving: was hired on through Benchmark

May we contact your previous supervisor for reference?  Yes  No

Company: BLT Phone: 507-421-1611

Address: Rochester, MN Supervisor: (me)

Job Title: Owner/Op Starting Salary: \$79/hr Ending Salary: \$79/hr

Responsibilities: Pre-Trip & Post-Trip Inspections, Vehicle Maint, Accounting, + Dispatch

From: 07/17 To: 11/18 Reason for Leaving: Not enough Profit

May we contact your previous supervisor for reference?  Yes  No

Company: Crete, LLC Phone: 507-289-3371

Address: Rochester, MN Supervisor: Bob Bern

Job Title: Multiple Laser Op Starting Salary: \$12.00 Ending Salary: \$22.94/hr

Responsibilities: Pick order, Program machines, Ensure quality production,

From: 07/10 To: 07/17 Reason for Leaving: Job Security pack for shipping

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: Brian M. J. Smith Date: 01/06/20

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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 Benjamin S. Luth Date: 01/06/20

# CMG Preliminary Questions

Name: Benjamin T. Luther

Date: 01/06/20

## 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

2nd CDL  
alt

**\*To be completed during or after interview\***

Have you ever been convicted of a crime? Yes \_\_\_ No

Explain

Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature Benjamin T. Luther

Interviewer Signature [Signature]

Name: Benjamin T. Luther Rick and Rose

Date: 01/06/20 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



## 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://nhov2.esgazure.com/login/cmog>

Login Name: 5074211011

Login Password: B1@2018

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: Benjamin S. Luff Date: 01/06/20

## 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.

First Name: Benjamin

Middle Name: Thomas

Last Name: Luther

Social Security Number: 477-02-2618

Date of Birth: 04/11/1984

Gender (Circle one):  Male  Female

My Signature: Benjamin T. Luther

Today's Date: 01/06/20

## Employee Photo Release Form

I, Benjamin T. Luther, 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: Benjamin T. Luther

Date: 01/06/20



**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 this form on their first day of employment. Employers do not complete this section.)**

Last Name (Family Name) <b>Luther</b>		First Name (Given Name) <b>Benjamin</b>		Middle Initial <b>T</b>	Other Last Names Used (if any)	
Address (Street Number and Name) <b>929 11<sup>th</sup> Ave NE</b>			Apt. Number	City or Town <b>Rochester</b>		State <b>MA</b>
Date of Birth (mm/dd/yyyy) <b>04/11/1984</b>		U.S. Social Security Number <b>477-02-2618</b>		Employee's E-mail Address <b>Ben1984Jamin@yalee.com</b>		Employee's Telephone Number <b>507-421-1611</b>

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 (See instructions)	
<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. (See instructions)  <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: <b>Benjamin Luther</b>	Today's Date (mm/dd/yyyy) <b>01/06/2020</b>
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**Preparer and/or Translator Certification (Check one)**

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



# EMERGENCY CONTACT INFORMATION

Employer Solutions Staffing Group In-Case of an Emergency – Notification Information

Employee Name: Benjamin T. Luther  
Employee Phone Number: 507-421-1611  
Employee Address: 929 11<sup>th</sup> Ave NE 55906

Emergency Contact – 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:**

Name: Amanda Luther

Relationship: Wife

Phone Number: 507-206-7681

**Contact # 2**

Name: Harold Luther

Relationship: Father

Phone Number: 507-421-1610

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

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

# Pay Information

Payday is every Friday

Name: Benjamin T. Luther

Last 4 of SSN: 2618

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Please mark what option you choose

**Direct Deposit**

Bank Name Thiink Mutual Bank

Account Number \_\_\_\_\_

Circle One

Checking  Savings

Routing Number \_\_\_\_\_

*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 B.T.L.

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**Bank of America Money Network Card**

↓ Office Use Only ↓

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

MINNESOTA

DRIVER'S LICENSE  
COMMERCIAL



BENJAMIN THOMAS LUTHER  
929 11TH AVE NE  
ROCHESTER, MN 55906

Date of Birth 04-11-1984

Sex Eyes Class

M HZL A

Height Weight

6-1 315

ISSUED 05-2018

EXPIRES 04-11-2022

*Benjamin Luther*

V352283389210

## Employee's Withholding Certificate

OMB No. 1545-0074

▶ 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.

2020

<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial <b>Benjamin T.</b>	Last name <b>Luther</b>	(b) Social security number <b>477-02-2618</b>
	Address <b>929 11th Ave NE</b>		▶ 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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code <b>Rochester, MN, 55906</b>		
	(c) <input type="checkbox"/> Single or Married filing separately <input checked="" type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input 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, when to use the online estimator, and privacy.

**Step 2: Multiple Jobs or Spouse Works** 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.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**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.)

<b>Step 3:</b> Claim Dependents	If your 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 and enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional):</b> Other Adjustments	(a) <b>Other income (not from jobs).</b> 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) <b>Deductions.</b> 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) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	4(c)	\$ <b>56.34</b>

<b>Step 5:</b> Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
			01/06/2020
	Employee's signature (This form is not valid unless you sign it.)		Date

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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**Case Verification Number: 2020006175340HG**

Report prepared: 01/06/2020

**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: Benjamin Luther

Date of Birth: 04/11/1984

U.S. Social Security Number: \*\*\*-\*\*-2618

Employee's First Day of Employment: 01/06/2020

Citizenship Status: U.S. Citizen

**Document Information**

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

Document Subtype: Driver's License

Document Number: \*\*\*\*\*9210

Expiration Date: 04/11/2022

State: Minnesota

List C Document: Social Security Card

**Case Information**

Case Status: Closed

Case Submitted By: Sierra Peterson

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close