

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) Lastine Brandon Date: 11-15-17
 Address: (Street Address) 408 Warner Ave (Apt. /Unit #) A
 (City) Spring Valley (State) MN (ZIP Code) 55775
 Phone: 507 240226 Email: brandonlastine@yahoo.com
 Social Security No. 468-11-6942 Date Available: 11-16-17
 Position Applied for: See Resume Desired Salary: Open
 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? internet Referral Name: indeed
 If under 18, please list age: _____
 Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? No Yes

*weekends OK
 8p 11/18/17
 2nd south
 room.*

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	galena	reno, NV	4	general
College	rctc	rochester MN	2.5	Business in progress
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  Date: 11-15-17

Brandon Lastine

Staff Accountant - Management and Expansion of Duplex

Spring Valley, MN 55975

brandonlastine@yahoo.com - 507-261-0226

— Email

11-15 @
10:30 am



Willing to relocate: Anywhere

Authorized to work in the US for any employer

WORK EXPERIENCE

Staff Accountant

Management and Expansion of Duplex - Spring Valley, MN - 2017 - Present

55975

507-261-0226 (cell)

Manager

Management and Expansion of Duplex - Spring Valley, MN - 2011 - Present

ran as a business est. 2011.

Press Operator assistant, Newspaper preparation, Delivery driver

- 2007 - 2009

EDUCATION

Galena High School - Reno, NV

TMCC College Reno - Rochester, MN

SKILLS

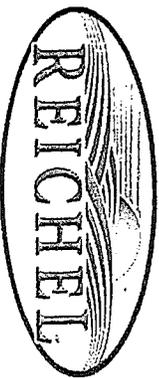
FINANCIAL MANAGEMENT, MAINTENANCE

ADDITIONAL INFORMATION

Skills

Maintenance (9 years), Administrative Duties (7 years), Financial Management (9 years), Resource Management (7

years), Planning 10 years ahead after the first five (10+ years), Work ethics (10+ years) Property security indoor outdoor (5 years) Learn from mistakes and don't let it happen twice



Employee Photo Release Form

I, Brandon Leskine, 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: Brandon Leskine

Date: 11-15-17



Preliminary Questions

For CMG use only

Name: Brandon Justice

Date: 11/15/17

- 1. If hired are you willing to take a drug test? Yes
 - 2. Do you have any known food allergies to soy, wheat, peanuts, or milk? no
 - 3. Are you able to work with pork? yes
 - 4. Which plant do you prefer? open
 - 5. What shift to you prefer? 1st
- will do 2nd shift*

To be completed during or after interview

Date of interview 11/15/17

Have you ever been convicted of a crime? Yes No

Explain

Incident Misdemeanor domestic violence - poor security footage
driving with gross negligence felony - was refused medication
for a psychosis. 2009

Employee Signature [Signature]

Interviewer Signature [Signature]



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 Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name) Lastine		First Name (Given Name) Brandon		Middle Initial W	Other Last Names Used (if any) N/A	
Address (Street Number and Name) 408 Warner Ave.			Apt. Number A	City or Town Spring Valley		State MN ZIP Code 55975
Date of Birth (mm/dd/yyyy) 01/21/1987	U.S. Social Security Number 4 6 8 - 1 1 - 6 9 4 2		Employee's E-mail Address		Employee's Telephone Number (507) 261-0226	

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
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>N/A</u>
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>N/A</u> Some aliens may write "N/A" in the expiration date field. <i>(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.*

1. Alien Registration Number/USCIS Number: N/A
OR
 2. Form I-94 Admission Number: N/A
OR
 3. Foreign Passport Number: N/A
 Country of Issuance: N/A

QR Code - Section 1
 Do Not Write In This Space


Signature of Employee 	Today's Date (mm/dd/yyyy) <u>11-15-17</u>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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



Employer Completes Next Page





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

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) Lastine	First Name (Given Name) Brandon	M.I. W	Citizenship/Immigration Status 1
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List A
OR
List B
AND
List C
 Identify and Employment Authorization Identity Employment Authorization

Document Title N/A	Document Title Driver's license issued by state/territory	Document Title Receipt Replace. Unrestricted SS Card
Issuing Authority N/A	Issuing Authority Minnesota	Issuing Authority Social Security Administration
Document Number N/A	Document Number Y785279662320	Document Number 468116942
Expiration Date (if any)(mm/dd/yyyy) N/A	Expiration Date (if any)(mm/dd/yyyy) 01/21/2020	Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A	Additional Information	QR Code - Section 2 Do Not Write in This Space 
Issuing Authority N/A		
Document Number N/A		
Expiration Date (if any)(mm/dd/yyyy) N/A		
Document Title N/A		
Issuing Authority N/A		
Document Number N/A		
Expiration Date (if any)(mm/dd/yyyy) N/A		

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)

Signature of Employer or Authorized Representative 	Today's Date (mm/dd/yyyy) 11/18/2017	Title of Employer or Authorized Representative Administrative Support	
Last Name of Employer or Authorized Representative Peterson	First Name of Employer or Authorized Representative Sierra	Employer's Business or Organization Name ESSG	
Employer's Business or Organization Address (Street Number and Name) 7480 Flying Cloud Dr	City or Town Eden Prairie	State MN	ZIP Code 55344

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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MINNESOTA

DRIVER'S LICENSE

BRANDON JAMES WESLEY LASTINE
408 WARNER AVE APT A
SPRING VALLEY, MN 55975

Date of Birth 01-27-1987
Sex M Eyes GRN Class D
Height 6-3 Weight 160

ISSUED 06-2016

EXPIRES 01-21-2020



Y785279662320

Brandon Lastine

Social Security Administration

Important Information

Social Security Administration
SOCIAL SECURITY
2443 CLARE LN NE
SUITE 100
ROCHESTER, MN 55906-8419
Date: November 15, 2017

BRANDON JAMES LASTINE
408 WARNER AVE
APT A
SPRING VALLEY, MN 55975

This is a receipt to show that you applied for a Social Security card on November 15, 2017. You should have your card in about 2 weeks. Any document(s) you have submitted are being returned to you with this receipt.

If you do not receive your Social Security card within 2 weeks, please let us know. You may call, write or visit any Social Security office. If you visit an office, please bring this receipt with you. To protect your privacy, we will not disclose a Social Security number over the telephone.

The Social Security Administration is required by law to limit replacement Social Security cards to three per year and ten per lifetime. Do not carry your Social Security card with you. Keep it in a safe location, not in your wallet.

Field Office Manager

**DRUG AND ALCOHOL
TESTING CONSENT FORM**

1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.

2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events as described in the policy may result in adverse personnel action, including my termination from employment with ESSG. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.

3. I hereby voluntarily consent to ESSG, or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath, or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by ESSG may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to ESSG of the results of my drug and/or alcohol test and other information related to the test.



Individual's Name

11-15-17

Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6