



## 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/cm>

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

**Login Name:** 5074058859

**Login Password:** N@r06c88

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:** *Michelle E. Wilson* **Date:** 03-01-2023

**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 Solution Staffing Group may, at its discretion, share the results of any such hearing test with Reichel Foods Inc.

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

First Name: Christopher  
 Middle Name: Edward  
 Last Name: Alvarez  
 Social Security Number: 552769960  
 Date of Birth: 09-12-1985  
 Gender (Circle one):  Male  Female  
 My Signature: [Signature]  
 Today's Date: 03-01-2023

**Employee Photo Release Form**

I, \_\_\_\_\_, 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: [Signature]  
 Date: 03-01-2023

# 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:**

Name: Jasmine Phury

Relationship: Sister

Phone Number: 507 973-0865

**Contact # 2**

Name: Irma Isic

Relationship: <sup>Friend</sup>~~(507) 517-5884~~

Phone Number: 507 517-5884

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



Name: Misha Cleme  
 Date: 03-01-2023

**Achool**

**\*\*Read the story and answer the multiple-choice questions below \*\***

Achool! We all sneeze sometimes. Sneezing is a reflex that your body does automatically. That means you cannot make yourself sneeze or stop one once it has started. When you sneeze, your body is trying to get rid of bad things in your nose, such as bacteria. You have extra germs when you have a cold, so you sneeze a lot more. You might also sneeze when you smell pepper!

Inside your nose, there are hundreds of tiny hairs. These hairs filter the air you breathe. Sometimes dust and pollen find their way through these hairs and bother your nasal passages. The nerves in the lining of your nose tell your brain that something is invading your body.

Your brain, lungs, nose, mouth and the muscles of your upper body work together to blow away the invaders with a sneeze. When you sneeze, germs from your nose get blown into the air. Using a tissue or "sneezing into your sleeve" captures most of these germs. It is very important to wash your hands after your sneeze into them, especially during cold and flu season.

Do you ever sneeze when you walk into bright sunlight? Some people say that happens to them often. Scientists believe the UV rays of the sun irritate the nose lining of these people, so they sneeze.

If someone nearby sneezes, remember to tell them "Gesundheit!" that is a funny-looking word which is pronounced "gez-zoo-ont-hite." It is the German word that wishes someone good health after sneezing.

1. Why do people sneeze?
  - a. The tiny hairs in your nose tickle
  - b.** Your body is trying to get rid of bad things
  - c. You can make yourself sneeze when you want to
2. What are the 3 parts of your body that work together with your upper body to sneeze?
  - a. Hand, Elbow, Shoulder
  - b. Ankle, Knee, Hip
  - c.** Brain, Lungs, Mouth
3. What other things can make you sneeze?
  - a.** Pepper, Sun, Dust, and Pollen
  - b. Water, Pop, Flowers, Trees
  - c. Salt, Seasonings, Meat, Fruit
4. What is a German word that people often say to someone that sneezes?
  - a. Good Job
  - b.** Gesundheit
  - c. Hang in there
5. What should you do after your sneeze into your hands especially during cold and flu season? (This should also be done in the production area!)
  - a. Wipe them with a tissue
  - b. Nothing
  - c.** Wash your hands



**Employment Eligibility Verification**  
 Department of Homeland Security  
 U.S. Citizenship and Immigration Services

USCIS  
 Form I-9  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **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) <i>Coleman</i>		First Name (Given Name) <i>Christopher</i>		Middle Initial <i>E</i>	Other Last Names Used (if any)	
Address (Street Number and Name) <i>2214 B...</i>			Apt. Number <i>1</i>	City or Town <i>Lockport MA</i>		State <i>MA</i>
Date of Birth (mm/dd/yyyy) <i>09-12-1985</i>	U.S. Social Security Number <i>336-26-9960</i>		Employee's E-mail Address <i>Cecoleman0912@gmail.com</i>		Employee's Telephone Number	

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)	

*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: \_\_\_\_\_  
 OR  
 2. Form I-94 Admission Number: \_\_\_\_\_  
 OR  
 3. Foreign Passport Number: \_\_\_\_\_  
 Country of Issuance: \_\_\_\_\_

Signature of Employee <i>Christopher E. Coleman</i>	Today's Date (mm/dd/yyyy) <i>09-01-2023</i>
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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*



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

Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

OMB No. 1545-1500

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

Your name Christina Coleman Street address where you live 2219 18 Ave SE  
 City or town, state, and ZIP code Ketchikan, WA 99904 County Chit  
 Telephone number 507 405 8859 if you are under age 40, enter your date of birth (month, day, year) 09-12-1985

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 [Signature]

Date 03-1-2023

Cat. No. 22851L

For Privacy Act and Paperwork Reduction Act Notice, see page 2

Form 8850 (Rev. 3-2016)

## 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 PEC (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 PEC (initial)

## 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: *John E. [Signature]* Date: 03-1-2013

## 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: *LEC* (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

I agree: \_\_\_\_\_ (Initial)

# Pay Information

Payday is every Friday

Name: Christopher Coleman

Last 4 of SSN: 9960

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Please mark what option you choose

**Direct Deposit**

Bank Name \_\_\_\_\_

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

**Circle One**

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

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 \_\_\_\_\_

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Bank of America Money Network Card *See attachment*

↓ Office Use Only ↓

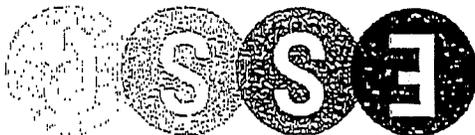
Routing Number \_\_\_\_\_

Account Number 28 73

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

Email Cccoleman0912@yahoo.com  
Initial CEC



employer solutions staffing group

## 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. SM (Initial)

Recruiter: Corporate Management Group

Phone Number: 303-9201425

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



Employee Signature:

Date:

03-01-2023

Employee (please print your name here)

Christina Coleman

# ACCOUNT INFORMATION SLIP/VOLANTE DE INFORMACIÓN DE CUENTA

## STEP 1/PASO 1:

Complete the following information/Completa los siguientes datos

First Name/Nombre:

Last Name/APELLIDO:

Employee ID Number/Número de Empleado:

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

   -   -    

## STEP 2/PASO 2:

Detach this slip and provide it to your employer. You will not need this information, again.

Desprende este volante y entrégaselo a tu patrono o empleador. No necesitarás usar esta información nuevamente.

**FOR EMPLOYER USE ONLY**

**PARA USO DEL PATRONO O EMPLEADOR SOLAMENTE**

**ROUTING NUMBER: 084003997**

**ACCOUNT NUMBER: 7277631800542873**

Money Network<sup>SM</sup> Checks and Money Network Cards are issued by MetaBank<sup>SM</sup>, Member FDIC.

## BALANCE and TRANSACTION LIMITS SCHEDULE

### Load Limitations

Maximum Account Balance<sup>3</sup>

ACH Deposit of Other Funds (Direct Deposit) Load<sup>3</sup>

Load check funds via Mobile App<sup>1,2,3</sup>

Load Cash at Load Location<sup>1,2,3</sup>

Secondary Account

Secondary Account Transfer

### Withdrawal Limitations<sup>1,2</sup>

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

\$8000<sup>3</sup>

\$4000 per day | \$8000 per calendar month<sup>3</sup>

\$25-2500 per check | \$5000 per day | \$10000 per month<sup>3</sup>

\$2500 per transaction and per day | \$5000 per month<sup>1,2,3</sup>

\$8000 maximum account balance

\$1000 per day | \$2000 per month

### Limit Amount<sup>1,2</sup>

\$600 per transaction and per day

\$9999.99 per Check and per day

\$8000 per transaction and per day

\$8000 per transaction | \$16000 per day | \$64000 per month

\$1000 per transaction and per day | \$2000 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)

Please fully complete pages 1-3

Full Name: (Last Name, First Name) Coleman Christopher Date: 3-01-2023

Address: (Street Address) 2214 18 ave SE (Apt./Unit #) \_\_\_\_\_

(City) Rochester (State) MN (ZIP Code) 55904

Phone: 507-405-8859 Email: pecoleman0912@gmail.com

Social Security No. 350-76-9960 Date Available: 3-26-2023

Position Applied for: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

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

*SS  
No  
Concerns  
\$1900*

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	Dunbar H.S. U.O.E.A	3000 South King Drive Chicago IL	4	Colony Art
College	Robert Morris Center R.C.T.C	Chicago IL Superior Rochester	Colony Country welding	Colony Country welding
Bus. Or Trade School	RCTC	Rochester MN	welding	welding
Professional School				

*Weekend  
okay  
Accept*

*Ben-Pending*

**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

**Previous Employment**

Company: Geo Tek Phone: \_\_\_\_\_

Address: Stewart Supervisor: John

Job Title: App line lead Starting Salary: \$ 14.50 Ending Salary: \$ 22.50

Responsibilities: build and copy pallets and shipping orders

From: 10/2011 To: 8/15/2012 Reason for leaving: injury

May we contact your previous supervisor for reference?  Yes  No

Company: Schwab (contractor) Phone: 507-358-2021

Address: Rivina min Supervisor: Mike

Job Title: Construction - SIS Starting Salary: \$ 24 Ending Salary: \$ 24.00

Responsibilities: Build and setup SIS for Steel Frame Renovation

From: 8/2012 To: 11/5/2013 Reason for leaving: 13 hour days outdoors

May we contact your previous supervisor for reference?  Yes  No

Company: Con Last Phone: (507) 517 1001

Address: Adams ave MN Supervisor: Mark

Job Title: Concret pour live pour Starting Salary: \$ 24.50 Ending Salary: \$ 25.00

Responsibilities: Make and Form Concret with Boxes

From: 1-2012 To: 5/11/12 Reason for leaving: Skill There

May we contact your previous supervisor for reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

*Greater Overights*

*Boys Sami*



Corporate Management Group  
Workforce Management & Staffing Experts

# 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.

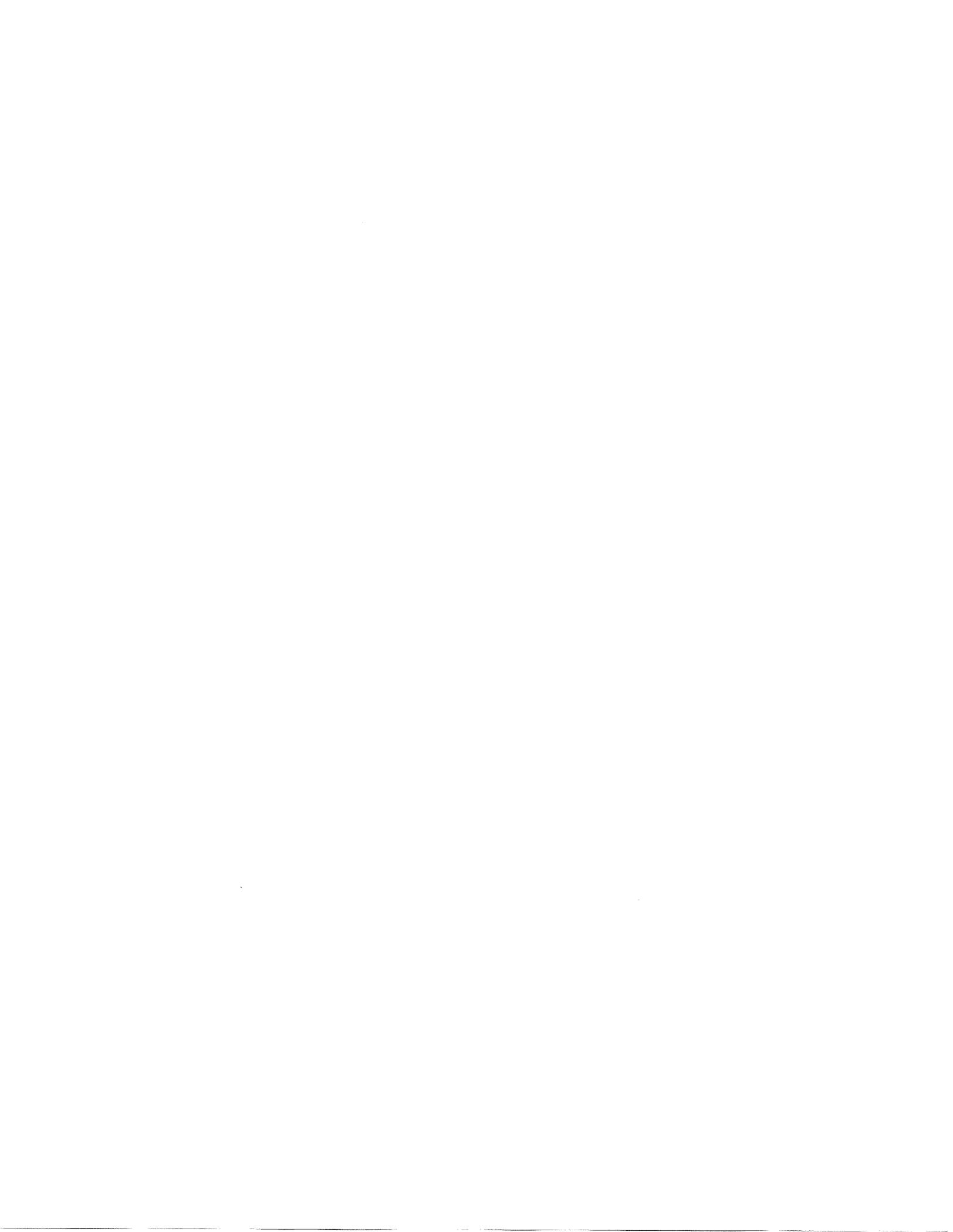
I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon 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

A handwritten signature in black ink, appearing to read 'John E. Calver', is written over a horizontal line.

Date: 03-01-2023



3/1 12p



## christopher coleman

### Looking for Reliable sustainable employment ready to work

Rochester, MN 55904

cecoleman0912986\_e9a@indeedemail.com

+1 507 405 8859

Authorized to work in the US for any employer

## Work Experience

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### **Assembly Line Worker/Production**

GeoTek, INC - Stewartville, MN

October 2021 to January 2022

Main shift Builder wood fabricator for the palettes for shipping and receiving

- Performed quality checks
- Packaged plates
- Assembled materials
- Lifted up to 100 pounds
- Operated a variety instruments including, routine fastening instruments
- Ensured job was performed in a clean and safe working environment
- Loaded and inspected parts and products
- Documented Foreign Object Damage (FOD)
- Inspected finished products
- Recorded production process

### **Shipping and Receiving Clerk**

Anagram International - Stillwater, MN

June 2018 to May 2021

1. shipping receiving
  2. pack out packages
  3. load pallets
- Took orders and packed items for customer deliveries
  - Operated dolly and pallet jack
  - Loaded and unloaded merchandise
  - Organized materials
  - Trained 3 new hires
  - Worked in a Repackage and processing warehouse

### **Butcher/Meat Cutter**

Rochester Meats - Rochester, MN

June 2017 to May 2018

- load meat into batch grinder
- mix fat to protien ratio
- Custom-made orders for customers based on their recipes and specifications of meat blends



## **Metal Polisher**

D and S Manufacturing - Pine Island, MN  
March 2012 to April 2015

- polish and grind metal
- prep for plating
- welding

## Education

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### **Associate's degree in Manufacturing Engineering**

St. Cloud State University; St. Cloud State; SCSU - Saint Cloud, MN  
October 2020 to Present

### **Certification in Carpentry / cabinet making**

Century College Minneapolis st. Paul - Minneapolis-Saint Paul, MN  
June 2018 to May 2021

### **Associate in Arts (AA) in Culinary Arts**

Robert Morris University - Chicago, IL  
August 2004 to May 2006

### **High school diploma or GED**

## Skills

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- CNC laser cutting
- MIG welding
- CNC milling machine
- Blueprint reading
- Welding
- Meat cutting
- metal plating
- Culinary Experience
- Welding
- Kitchen Management Experience
- Manufacturing
- CAD
- Fabrication
- CNC
- Assembly
- Quality Assurance
- Mechanical Knowledge
- CNC Programming
- Organizational skills



- Cleaning
- Lean Manufacturing
- Machining
- Carpentry
- Windows
- Custodial experience
- Quality control

## Certifications and Licenses

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### **Welding**

July 2021 to Present

### **ServSafe**

July 2018 to June 2023

Restaurant Safety and sanitation



# CMG Preliminary Questions



Name: Christy Marie Coleman

Date: 03-1-2023

### 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 2017. explain in person  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature Mirya E. Calmon

Interviewer Signature Kelly M. Sutton



**m** MINNESOTA IDENTIFICATION CARD



NOT FOR FEDERAL IDENTIFICATION  
1 COLEMAN  
2 CHRISTOPHER EDWARD  
6 2214 18TH AVE SE  
ROCHESTER, MN 55904-5824

4d ID# S749-137-278-220 4a ISS 09/02/2021  
3 DOB 09/12/1985 4b EXP 09/12/2025

**NOT A DRIVER'S LICENSE**

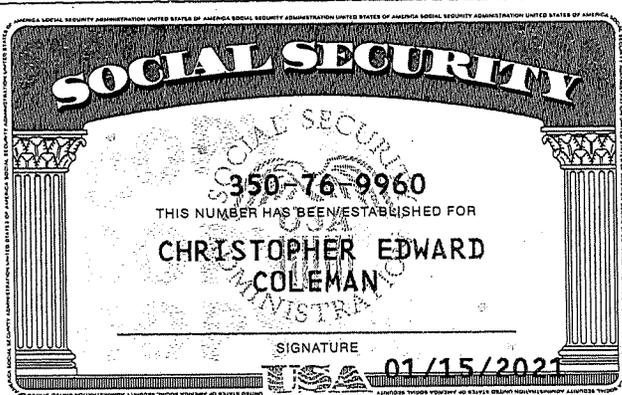
DONOR

15 SEX M 17 WGT 210 lb  
16 HGT 5'-08" 18 EYES BRO -

*Christopher Coleman*

5 DD.00000005206703 09/12/85





**SOCIAL SECURITY**

**350-76-9960**

THIS NUMBER HAS BEEN ESTABLISHED FOR

**CHRISTOPHER EDWARD  
COLEMAN**

SIGNATURE

**01/15/2021**

