

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



Handwritten signatures and initials

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) Hall, Courtney Date: 06/20/2019

Address: (Street Address) 477 E. Sanborn St. (Apt. /Unit #) 3

(City) Winona, (State) MN (ZIP Code) 55987

Phone: 507 491-2156 Email: CourtneyHall17@gmail.com

Social Security No. 330-70-5778 Date Available: 06/20/2019

Position Applied for: Open Desired Salary: Starting

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? Walk in 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	Hammond High		2	no
College				
Bus. Or Trade School	Dayton Job corp	3849 Germantown PK. Dayton, Ohio	2 1/2	G.E.D. / electronics
Professional School				

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Previous Employment

Company: express employment Phone: _____

Address: Winona, MN Supervisor: _____

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

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: moved AWAY

May we contact your previous supervisor for reference? Yes No

Previous Employment

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

Previous Employment

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

Previous Employment

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: _____

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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 Cotney M. Hall Date: 06-26-2019

Receipt of the new Alive Pet Food, LLC. Attendance and Tardiness Policy Acknowledgement Form

I understand that by signing this form, I am stating that I understand and received a copy of the Alive Pet Food, LLC. Attendance and Tardiness Policy that will be effective date May 15, 2017. I understand and agree that it is my responsibility to abide by the rules, policy and standards set forth regarding the new attendance and tardiness policy.

If I have questions regarding the content or interpretation of this policy, I will bring them to the attention of ESSG, CMG, or Alive.

Name (Printed): Cortney Hall

Signature: Cortney Hall

Date: 6/21/2019

ESSG Representative: ~~Anna~~



New Employee Acknowledgement Form

Welcome to CMG and Alive Pet 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

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

Website: <https://nhov2.esgazure.com/login/cm>

Login Name: 5074912150

Login Password: Che5770

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 items 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: Cortney Apple Date: 6/21/19

TEMPORARY CREDENTIAL



DL/ID #: **B172-046-816-310**
TEMPORARY CREDENTIAL EXPIRATION
10-Oct-2019
DATE OF BIRTH
17-Mar-1981



Minnesota Department of Public Safety
Driver and Vehicle Services Division
445 Minnesota Street, Suite 175 Saint Paul, Minnesota 55101
Phone: 651-297-3298 TTY: 651-282-6555
dvs.dps.mn.gov

APPLICANT INFORMATION

APPLICATION DATE 12-Jun-2019
APPLICATION NAME HALL, CORTNEY MICHAEL

CREDENTIAL INFORMATION

VALID WITHOUT PHOTO

Name	HALL, CORTNEY MICHAEL	Date of Birth	17-Mar-1981
DL/ID Number	B172-046-816-310	Height	6ft 3in
Residence Address	477 E SANBORN ST APT 3 WINONA MN 55987-4094	Eye Color	Black
Card Mailed To	477 E SANBORN ST APT 3 WINONA MN 55987-4094	Sex	Male
Station Location	Winona (685)	Weight	265 lbs.
Credential Type	Standard ID	Organ Donor	No
Card Type	State ID	Veteran	No
Endorsements	None		
Restrictions	None		

**THIS DOCUMENT IS FOR THE TYPE OF CARD
INDICATED UNTIL THE EXPIRATION DATE
LISTED ABOVE.**

- This document is void if the applicant is not in compliance with all restrictions indicated on the record.

**THIS IS NOT A STAND-ALONE IDENTIFICATION
DOCUMENT**

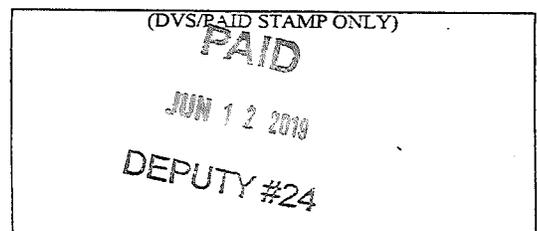
**VALID FOR DRIVING PRIVILEGES IF THE
RECORD INDICATES**

CONTACT US

Visit dvs.dps.mn.gov to:

- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions	651-297-3298
License Status, available 24/7	651-284-1234
DVS Locations	651-297-2126
Motor Vehicle Questions	651-297-2126
TDD/TYY	651-282-6555





MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION APPLICATION RECEIPT

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER

BIRTH DATE (Month/Day/Year)

03179096816310 03171981

FULL LEGAL NAME

Michael Hall

COMPLETE FIRST NAME

COMPLETE MIDDLE NAME

COMPLETE LAST NAME

PREVIOUS LEGAL NAME (ONLY APPLIES IF YOU CHANGED IT SINCE LAST MIN DRIVER'S LICENSE, EDL, ID OR IP APPLICATION)

COMPLETE FIRST NAME

COMPLETE MIDDLE NAME

COMPLETE LAST NAME

FULL RESIDENCE ADDRESS (WHERE YOU LIVE) NOTE: MAKE SURE THIS IS YOUR CURRENT AND VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD.

4777 E Street Southborn St, MN 55967

OPTIONAL MAILING ADDRESS (SEE #1 ON BACK OF WHITE COPY) MAKE SURE THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD.

I AFFIRM THAT THE U.S. POSTAL SERVICE WILL NOT DELIVER MAIL TO MY RESIDENCE ADDRESS SHOWN ABOVE. INITIAL HERE

TO HAVE YOUR CARD SENT TO THE ADDRESS BELOW.

Number: 1112 Street: 1112 Apt#: 1 City: MN State: MN Zip Code: 55967 MN Country: MN

- Check the status of your driving privileges
Schedule a road test

Visit dvs.dps.mn.gov to:

Questions? Contact Us:

- Driver's License Questions: 651-297-3298
License Status, available 24/7 651-284-1234
DVS Locations: 651-297-2005
Motor Vehicle Questions: 651-297-2126
TDD/TTY: 651-282-6555

PAID JUN 12 2010 DEPUTY #24 (DVS USE ONLY)

REG EDL TESTS PASSED (STATE EXAM USE ONLY)
A B C D
DUP MC MBOP
PROV AIR
ID COMB
MBOP DUP
CLP
REG IP
INDICATORS
SENIOR LTD MOBILITY SNOWMOBILE FIREARM S or TC VETERAN
RT Passed RT Waived
OTHER FEES
MC SB PHY\$
REIN FE\$ OTHER
ORGAN DONATION
VISION
PASS NR
PASS WITH CL
INCOMPLETE
ATTACHED:
PROPER ID
INVALIDATED
DL / ID / IP
STATE:
EXP:

I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the statewide service system. I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in M.S. § 169.444 regarding the safety of children around school buses.

Applicant Signature: Michael Hall
Application Date: 6/11/10

THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATED, AND IS NOT A STANDALONE IDENTIFICATION DOCUMENT

- This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification.
This receipt is valid for the type of card indicated, when stamped with the proper validation stamp, for a maximum of 60 days from the application date shown above.
This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record.
Not valid as Enhanced Driver's License (EDL) for border crossings.
Lost, stolen and duplicate EDL cards are deactivated and may not be used for border crossings.



Name: Courtney Hall

Date: 06/21/2019

To be completed during or after interview

Date of interview 06/21/2019

Have you ever been convicted of a crime? Yes No

Explain

Incident Bank Robbery 2007 / Traffic ticket

Employee Signature: Courtney Hall

Interviewer Signature: Diana [Signature]

Employee Photo Release Form

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

Employee Signature Name: Courtney Hall

Date: 06/21/2019

Julie's Race

The dogsled race was about to begin. Julie's team of dogs was lined up at the starting gate. Julie stood behind them. The air was so cold that she could see her breath. Other teams were lined up, too, and the dogs were excited. Julie kept her eyes on the dock. At exactly ten o'clock, she and the other racers yelled, "Mush!" the dogs knew that meant "Go!" They leapt forward and the race began!

Julie had trained months for this race, and she hoped she and her dogs would win. Hour after hour, day after day, Julie's dogs pulled the sled in order to get in shape for the race.

Now, they ran over snowy hills and down into frozen valleys. They stopped only to rest and eat. They wanted to stay ahead of the other teams. The racers had to go a thousand miles across Alaska. Alaska is one of the coldest places on Earth. The dogs' thick fur coats helped keep them warm in the cold wind and weather. In many places along the route, the snow was deep. Pieces of ice were as sharp as a knife. The ice could cut the dogs' feet. To keep that from happening, Julie had put special booties on their feet.

At first, the dogs seemed to pull the sled very slowly. They were still getting used to the race. But on the third day out, they began to pull more quickly. They worked as a team and passed many of the other racers. Once one of the sled's runners slid into a hole and broke. Julie could have given up then, but she didn't. She fixed it and they kept going.

When they finally reached the finish line, they found out that they had come in first place! It was a great day for Julie and her dogs.

1. The author of "Julie's Race" wrote the story in order to do what?
 - a. To describe how dogs stay warm in the cold weather
 - b. To tell about a dogsled race
 - c. To explain how cold it can be in winter
2. Where does the dogsled race take place?
 - a. In Antarctica
 - b. On a track
 - c. In Alaska
3. What happened **BEFORE** the dogs began running?
 - a. The dogs pulled the sled slowly
 - b. Julie and the dogs lined up at the starting gate
 - c. The runner on Julie's sled broke
4. Julie's team of dogs lined up at the starting gate. What does team mean?
 - a. Friends and family
 - b. Many dogs
 - c. A group working together



Case Verification Number: 2019172192607

Report prepared: 06/21/2019

Company Information

Company ID: 1284996

Company Name:
Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate
Management Group

Employee Information

Name: Cortney M. Hall

Date of Birth: 03/17/1981

U.S. Social Security Number: ***-**-5778

Employee's First Day of Employment:
06/21/2019

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: State Issued ID Card

Document Number: *****6310

Expiration Date: 08/12/2019

State: Minnesota

List C Document: Social Security Card

Case Information

Case Status: Closed

Case Submitted By: Diana Elton

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized
Auto Close

Employer Solutions Staffing Group

Employee Safety Orientation Training Program

Part II – Program Quiz

Please double click on the checkbox for the correct answer.

#	True	False	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The safety practices covered in the New Employee Safety Orientation program are a condition of your continued employment.
2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Small injuries that occur on the job do not need to be reported to your staffing company.
3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If you are involved in an accident or injury that requires a doctor's appointment or hospitalization, a representative will conduct an investigation of the accident.
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Following an accident, you are required to submit to a drug screening.
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	When working with chemicals and hazardous materials, it is important to understand and use Safety Data Sheets or SDS.
Multiple Choice:			
6.	Preventing accidents takes a team approach and includes:		
	<input type="checkbox"/>	A.	Knowledge of safe work practices
	<input type="checkbox"/>	B.	Use of required PPE
	<input type="checkbox"/>	C.	Regular safety inspections of machinery and equipment
	<input checked="" type="checkbox"/>	D.	All of the above
7.	Examples of general safety rules to practice include:		
	<input type="checkbox"/>	A.	Always work at a speed that is consistent with safety
	<input type="checkbox"/>	B.	Inspect tools and equipment before use
	<input type="checkbox"/>	C.	Obey warning signs and tags
	<input checked="" type="checkbox"/>	D.	All of the above
8.	Personal protective equipment includes items such as:		
	<input type="checkbox"/>	A.	Safety glasses
	<input type="checkbox"/>	B.	Boots
	<input type="checkbox"/>	C.	Ear plugs
	<input checked="" type="checkbox"/>	D.	All of the above
	<input type="checkbox"/>	E.	None of the above
9.	The "Safe Lifting Zone" is an area of the body that is:		
	<input checked="" type="checkbox"/>	A.	Between the mid-thigh and chest
	<input type="checkbox"/>	B.	Between the feet and neck
	<input type="checkbox"/>	C.	Between the waist and shoulders
	<input type="checkbox"/>	D.	Between the knees and waist

10. To protect yourself from exposures to bloodborne pathogens:

- A. Use personal protective equipment such as gloves and goggles
 - B. Clean work surfaces with bleach and other disinfecting agents
 - C. Wash hands and skin surfaces immediately after contact with blood or bodily fluids
 - D. All of the above
-

.....

Verification

I understand the concepts of this training program and have successfully completed the quiz.

Courtney Hall

Name

06/21/2019

Date

Employer Solutions Staffing Group
Employee Safety Orientation Training Program
Learning Game Questions & Quiz

Part I – Learning Game Questions

Please double click on the checkbox for the correct answer.

#	True	False	
1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	When working at an onsite client location, it is ok to accept jobs that are not within the scope of your approved duties (such as operating a forklift or spending a few seconds filling in for another employee on another job task).
2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	When lifting a load, keep it away from your body.
3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If you have a concern about the condition of your PPE, notify your onsite supervisor.
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Prior to using any chemical, be sure to read and understand the corresponding SDS.
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All injuries and near-misses should be reported to your staffing company.