

# 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) McIntosh Danelle Date: 12/8/2021

Address: (Street Address) 218 7th St. SE (Apt. /Unit #) 4

(City) Pine Island (State) MN (ZIP Code) 55963

Phone: 651-815-2445 Email: danellemcintosh172@gmail.com

Social Security No. 398-02-6146 Date Available: ASAP

Position Applied for: Warning Hooker Att Desired Salary: 14.00

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? Ben Bolt Referral Name: Ben Bolt

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          | <u>Pepin Area Schools</u>               | <u>510 Pine St. Pepin, WI 54759</u> | <u>4</u>                  | <u>Generals</u>    |
| College              |                                         |                                     |                           |                    |
| Bus. Or Trade School | <u>Professional Hair Design Academy</u> | <u>200 Clark WI</u>                 | <u>1</u>                  | <u>Cosmetology</u> |
| Professional School  |                                         |                                     |                           |                    |

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### Previous Employment

Company: CMG Phone: \_\_\_\_\_  
Address: 3707 Commercial Dr SW Supervisor: Ben Bolt  
Job Title: Warming House <sup>Att.</sup> Starting Salary: \$ 11.00 Ending Salary: \$ 11.00  
Responsibilities: opening/closing / keeping Records of Att.  
From: 2018 To: present Reason for Leaving: same Job  
May we contact your previous supervisor for reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: Recovery SSI Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: Recovery SSI Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
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: [Signature] Date: 12/8/21

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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:

12/8/2021

**MINNESOTA  
DRIVER'S LICENSE**

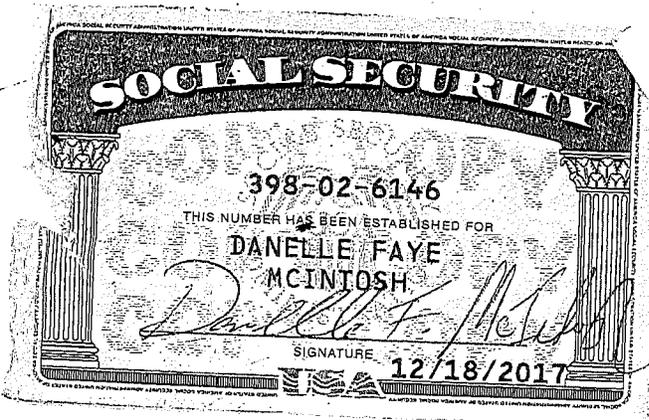


DANELLE FAYE MCINTOSH  
218 7TH ST SE APT 4  
PINE ISLAND, MN 55963

Date of Birth 04-01-1986  
Sex F Eyes BLU Class D  
Height 5-4 Weight 300 DONOR   
ISSUED 11-2016 EXPIRES 04-01-2020

*Danelle McIntosh*

W733264589913



**SOCIAL SECURITY**

398-02-6146

THIS NUMBER HAS BEEN ESTABLISHED FOR

DANELLE FAYE  
MCINTOSH

*Danelle F. McIntosh*

SIGNATURE

12/18/2017

## Employee's Withholding Certificate

2021

▶ 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.

|                                                                                                                                                                                                                                                                                                                                       |                                                                  |                             |                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Step 1:</b><br>Enter Personal Information                                                                                                                                                                                                                                                                                          | (a) First name and middle initial<br><b>Dorelle F.</b>           | Last name<br><b>Montosh</b> | (b) Social security number<br><b>295-02-6146</b>                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                       | Address<br><b>318 7th St SE #4</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<br><b>Pike Island MD 21156</b> |                             |                                                                                                                                                                                                       |
| (c) <input checked="" type="checkbox"/> Single or Married filing separately<br><input type="checkbox"/> Married filing jointly or Qualifying widow(er)<br><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 estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**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](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 2021 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>                              | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):                                                                                                                                              |          |    |
| <b>Claim Dependents</b>                     | 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): Other Adjustments</b> | (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**

*Dorelle F. Montosh*  
 Employee's signature (This form is not valid unless you sign it)

▶ 12-13-2021  
Date

|                       |                                                                                                               |                          |                                      |
|-----------------------|---------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------|
| <b>Employers Only</b> | Employer's name and address<br>Employer Solutions Staffing Group<br>PO BOX 46270 MINNEAPOLIS, MINNESOTA 55344 | First date of employment | Employer identification number (EIN) |
|-----------------------|---------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------|



# 2021 W-4MN, Minnesota Employee Withholding Allowance/Exemption Certificate

## Employees

Complete Form W-4MN so that your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MN each year or when your personal or financial situation changes.

|                                                                |                                                                                                                                                                                                                                              |                                                         |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Employee's First Name and Initial<br><u>Danelle M. Johnson</u> | Last Name<br><u>Johnson</u>                                                                                                                                                                                                                  | Employee's Social Security Number<br><u>358-0260146</u> |
| Permanent Address<br><u>218 7th St, #4</u>                     | Marital Status (Check one):<br><input type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien<br><input type="checkbox"/> Married<br><input type="checkbox"/> Married, but withhold at higher Single rate |                                                         |
| City<br><u>Duane Island</u>                                    | State<br><u>MN</u>                                                                                                                                                                                                                           | ZIP Code<br><u>55467</u>                                |

Read instructions on back. Complete Section 1 OR Section 2, then sign and give the completed form to your employer. Do not complete both Section 1 and Section 2. Completing both sections will make the form invalid.

Section 1 — Determining Minnesota Allowances

A Enter "1" if no one else can claim you as a dependent ..... A 1

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. You may 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 Total number of allowances claimed. Add steps A through E.  
If you plan to itemize deductions on your 2021 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. .... F \_\_\_\_\_

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

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

Minnesota Allowances and Additional Withholding

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 each pay period (see instructions) ..... 2 \_\_\_\_\_

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: Danelle M. Johnson Date: 12-13-2021 Daytime Phone Number: 651-815-7045

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<br><u>Employer Solutions Staffing Group, LLC</u> | Federal Employer ID Number (FEIN)<br><u>208084369</u> | Minnesota Tax ID Number<br><u>30-703675</u> |
| Address<br><u>PO Box 46270</u>                                    | City<br><u>Eden Prairie</u>                           | State<br><u>MN</u>                          |
|                                                                   |                                                       | ZIP Code<br><u>55344</u>                    |

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

OMB No. 1545-1500

▶ See separate instructions.

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

Your name Danielle Mitchell Social security number 398-02-6146  
Street address where you live 218 7th St. SE #4  
City or town, state, and ZIP code Port Island MN 55963  
County Goodhue Telephone number (612) 815-2425  
If you are under age 40, enter your date of birth (month, day, year) 04/01/1986

- 1  Check here if you are completing this form before August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3  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 discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.
  - I am at least age 16 but not age 25 or older, and:
    - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and
    - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, and
    - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:
  - Discharged or released from active duty in the U.S. Armed Forces, or
  - Unemployed for a period or periods totaling at least 6 months.
- 5  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.

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

*Danielle Mitchell*

Date 12/22/09

# EMERGENCY CONTACT INFORMATION

EMPLOYER SOLUTIONS STAFFING GROUP  
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Employee Name: Danelle Metcalfe  
Address: 218 7th St. SE #4 Pino Island MD 53963  
Home Phone: 457-815-2445

| EMERGENCY CONTACTS                                                                         |                                                                                   |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Please list two people (in priority order) who could be contacted in case of an emergency. |                                                                                   |
| <b>Contact #1</b><br>Name: <u>Vickey Amerisma</u><br>Relationship: <u>Mother</u>           | Home Phone: <u>507-824-3108</u><br>Cell Phone: <u>651-815-2365</u><br>Work Phone: |
| <b>Contact #2</b><br>Name: <u>David Metcalfe</u><br>Relationship: <u>Father</u>            | Home Phone: <u>715-442-2136</u><br>Cell Phone:<br>Work Phone:                     |

Additional information you want Employer Solutions Staffing Group and our clients to know in the event of an emergency:

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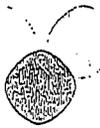
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*This information will remain confidential and will only be used in the case of an emergency.*



# employer solutions staffing group<sup>llc</sup>

Leveraging Resources in a Changing Market

## 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.*

It is your responsibility to contact ESSG (for instance, by calling 507-923-4955 or using any other form of contact) 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 within 5 calendar days once an assignment ends. I also acknowledge that I have received a separate copy of this form. DM (Initial)

Employee Signature:

12-13-2021

Date:

Danielle McIntosh

Employee (please print your name here)

**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.

Danella McIntosh  
Individual's Name

12-13-2021  
Date

**SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6**



## ANTI-HARASSMENT POLICY

It is Corporate Management Group's (CMG) policy that all employees should be able to enjoy a work environment free from all forms of discrimination, including harassment. As such, CMG is committed to vigorously enforcing their Anti-harassment Policy. This policy applies to all employees of the organization (without regard to position) and individuals not directly connected to CMG (e.g., an outside vendor, consultant, customer or guest). Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation or veteran status. Harassment is considered a form of discrimination and is specifically included among the prohibitions under Title VII of the Civil Rights Act of 1964. In addition, retaliation or reprisal taken against anyone who has expressed concern about harassment or discrimination against the individual raising the concern is illegal.

The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as "unwelcome sexual advances, requests for sexual favors, sexual comments, or other verbal or physical acts of a sexual or sex-based nature including, but not limited to drawings, pictures, jokes, and/or teasing where (1) submission to such conduct is made either explicitly or implicitly a term or a condition of an individual's employment; (2) an employment decision is based on an individual's acceptance or rejection of such conduct; or (3) such conduct interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment."

The Anti-harassment Policy prohibits harassment and/or retaliation by any individual employed by, doing business with or for, or visiting CMG. Employees who believe they have been the subject of harassment and/or retaliation or an employee who may have been witness to harassment and/or retaliation must report the incident immediately. Information and/or allegations must be reported to a manager of CMG (**by telephoning 866.920.1425 or 303.920.1425**). Only those who have an immediate need to know, including the alleged target of harassment or retaliation, the alleged harassers or retaliators, and any witnesses may find out the identity of the complainant. All individuals contacted in the course of an investigation will be advised that all persons involved in a charge are entitled to respect and that any retaliation or reprisal against an individual who is an alleged target of harassment or retaliation, who has made a complaint, or who has provided information in connection with a complaint, is a separate violation of CMG's policy. All information will be disclosed only on a need-to-know basis to allow CMG to

investigate and resolve the incident. CMG recognizes the serious nature of harassment and therefore will endeavor to protect the employee who may have been subjected to harassment, any witnesses and the party against whom allegations have been filed to every possible extent.

Harassment is unlawful and has a negative impact on employees. Violation of the Anti-harassment Policy will not be tolerated by CMG and may result in discipline up to and including termination. Offensive acts or conduct have no legitimate business purpose; accordingly, any employee, regardless of his/her position within CMG, who it is determined has engaged in such conduct will be made to bear the full responsibility for such unlawful conduct.

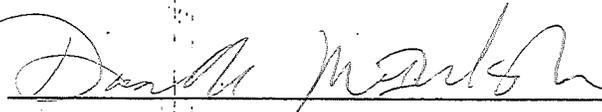
With respect to sexual harassment, the following is prohibited:

1. Unwelcome sexual advances, request for sexual favors, and all other verbal or physical conduct of a sexual or otherwise offensive nature, especially where:
  - Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
  - Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
  - Such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment.
2. Offensive comments, jokes, innuendoes and other sexually-oriented statements.

**If Harassment Occurs:**

1. When possible, confront the harasser and tell him/her to stop. Sometimes a simple confrontation will end the situation.
2. If confrontation is unsuccessful, immediately contact your CMG supervisor to report the harassment.
3. An investigation will be conducted and appropriate action taken, including disciplinary measures. We will investigate, in confidence; all reported incidents of harassment and retaliation.

Employee Signature: \_\_\_\_\_



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

12-13-2011

## Employee Non-Compete and Confidentiality Agreement

### NONCOMPETE

The Employee and Corporate Management Group (CMG) recognize that due to the nature of Employee's engagement hereunder and the relationship of the Employee to CMG, the Employee will have substantial personal contacts with clients of CMG which are likely to result in the development of strong business and personal ties to and goodwill with the Employee rather than CMG and, as a result, it is likely that such clients would follow the Employee in the event the Employee ceases to be employed by CMG. Accordingly, the Employee agrees as follows:

During the term of employment with CMG the Employee shall not, directly or indirectly, either individually or as a partner, agent, employee, stockholder, officer, director, consultant or otherwise, except for the account of and on behalf of CMG, engage in the practice of temporary employment services. Additionally, during the term of employment with CMG and for a period of twelve months after the cessation of employment, for any reason whatsoever, the Employee shall not solicit or otherwise attempt to establish for himself or for any other person, firm or entity any business relationships with any person or entity which was, at any time during the term of this agreement, a client of CMG.

For a period of twelve months after the cessation of employment, for any reason whatsoever, the Employee shall not directly or indirectly, either individually or as a partner, agent, employee, consultant or otherwise, solicit any person or entity to provide or render temporary employment services within the city limits of any city where CMG has clients at the time of cessation of employment.

For a period of twelve months after the cessation of the Employee's employment with CMG for any reason whatsoever, the Employee shall not directly or indirectly, either individually or as a partner, agent, employee, stockholder, officer, director, consultant or otherwise, solicit for employment or employ any person who was an employee of CMG at any time during the term of this agreement.

The parties hereto agree that to the extent that any provision or portion of this Agreement shall be held, found or deemed to be unreasonable, unlawful or unenforceable by a court of competent jurisdiction, then any such provision or portion thereof shall be deemed to be modified to the extent necessary in order that any such provision or portion thereof shall be legally enforceable to the fullest extent permitted by applicable law; and the parties hereto do further agree that any court of competent jurisdiction shall, and the parties hereto do hereby expressly request any court of competent jurisdiction to, enforce any such provision or portion thereof or to modify any such provision or portion thereof in order that any such provision or portion thereof shall be enforced by such court to the fullest extent permitted by applicable law. Any remedy available under this Agreement shall be in addition to, and cumulative with, any remedy available to CMG at law, in equity or otherwise.

CONFIDENTIAL INFORMATION

The Employee acknowledges that in the Employee's work, the Employee will be making use of, acquiring and adding to confidential information of a special and unique nature and value relating to such matters as, but not limited to, CMG's business operations, internal structure, financial affairs, systems, procedures, manuals, confidential reports and lists of clients, as well as the amount, nature and type of services used and preferred by CMG's clients and the fees paid by such clients, all of which shall be deemed to be confidential information. In consideration of work by CMG, the Employee agrees that during the Employment Period and upon and after ceasing to be employed by CMG for any reason whatsoever, the Employee shall not, for any reason or purpose whatsoever, directly or indirectly, divulge or disclose to any person or entity any of such confidential information which was obtained by the Employee as a result of the Employee's employment with CMG, or any information or knowledge respecting the affairs of CMG or any of its officers, directors, employees, stockholders, agencies or referrers of clients learned or conceived by the Employee while in the employ of CMG, but shall hold all of the same inviolate.

AGREED TO:

Employee's name

Signature:

Printed Name:

Date:

AGREED TO:

Corporate Management Group, Inc.

Signature:

Printed Name & Title:

Date:

12000 Washington Street, Suite 350  
Thornton, CO 80241



## Background Investigation Information Release Form

I consent to have a consumer report made as to my credit history, employment history, motor vehicle driving record, social security information, criminal record, and other pertinent information for employment purposes, including initial hiring decisions, promotions, reassignments, and/or retention. I hereby authorize **Corporate Management Group, Inc.** to obtain a background report containing the foregoing information from Express Screening, P.O. Box 812289, Boca Raton, Florida 33481.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request To Express Screening within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify Express Screening, its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from Express Screening, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Express Screening, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

I AUTHORIZE CMG TO CONTACT PRIOR EMPLOYER  YES  NO

12-13-2021

*Donelle McIntosh*

DATE

APPLICANT'S SIGNATURE

Printed Name: Donelle McIntosh

Social Security No. 358-02-10140

Birth date: 04/01/1986

Address: 218 7th St SE #4

City/State/Zip: Dave Kland MN 55963

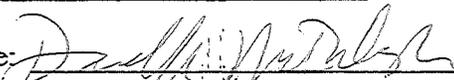
\*Responses to these questions are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another person in the event we discover adverse information during our background investigation.

# ACKNOWLEDGMENT

The associate handbook was reviewed with me, and I have received my personal copy. I also acknowledge that I have been given the opportunity to ask questions and express concerns during my orientation. Additionally, I understand and support the following:

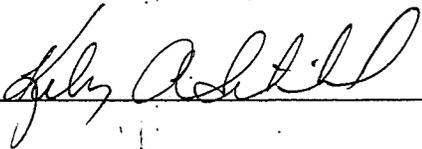
1. This handbook is intended as a guide and not an employment agreement that creates a contractual relationship, and that the employment relationship may be terminated at the will of either party at any time.
2. The changing needs of the business will require alteration in method, practices and policies, and the company will unilaterally revise, as necessary, to meet these changing needs.
3. I agree to **notify** CMG Human Resources **immediately** of any change in my personal data such as phone number, address, emergency notification, etc.
4. I am responsible for the information provided herein and will, upon my separation, return this handbook to CMG Human Resources.

Date: 12-13-2021

Associate's Signature: 

Associate's Printed Name: Danella McIntosh

Social Security #: 398-02-6642

Orientation provided by: 



**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)<br><i>McIntosh</i>              |  | First Name (Given Name)<br><i>Danelle</i>         |                         | Middle Initial                                                   | Other Last Names Used (if any) |                                                     |
| Address (Street Number and Name)<br><i>2187th St SE</i> |  |                                                   | Apt. Number<br><i>4</i> | City or Town<br><i>Phx Island</i>                                |                                | State<br><i>WA</i>                                  |
| Date of Birth (mm/dd/yyyy)<br><i>04/01/1986</i>         |  | U.S. Social Security Number<br><i>398-02-6144</i> |                         | Employee's E-mail Address<br><i>danelle.mcintosh@21721Rg.com</i> |                                | Employee's Telephone Number<br><i>253-7815-2648</i> |

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 (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): _____<br>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: _____<br>OR<br>2. Form I-94 Admission Number: _____<br>OR<br>3. Foreign Passport Number: _____<br>Country of Issuance: _____ | QR Code - Section 1<br>Do Not Write In This Space |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|

|                                                  |                                                |
|--------------------------------------------------|------------------------------------------------|
| Signature of Employee<br><i>Danelle McIntosh</i> | Today's Date (mm/dd/yyyy)<br><i>12-13-2020</i> |
|--------------------------------------------------|------------------------------------------------|

**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 |

