

# 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) Snead DeShon Date: 12/16/2021

Address: (Street Address) 2015 41st NW (Apt./Unit #) K8

(City) Rochester MN (State) MN (ZIP Code) 55901

Phone: 507 718 0499 Email: Sneadd@gmail.com

Social Security No. 471-35-0741 Date Available: 8th

Position Applied for: Entry level Desired Salary: \$16.00

Shift Available to work:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> 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

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	Pentoster		4	
College				
Bus. Or Trade School				
Professional School				

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### PLEASE READ CAREFULLY APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant  Date: 12/6/21



**MINNESOTA INSTRUCTION PERMIT**

NOT FOR FEDERAL IDENTIFICATION



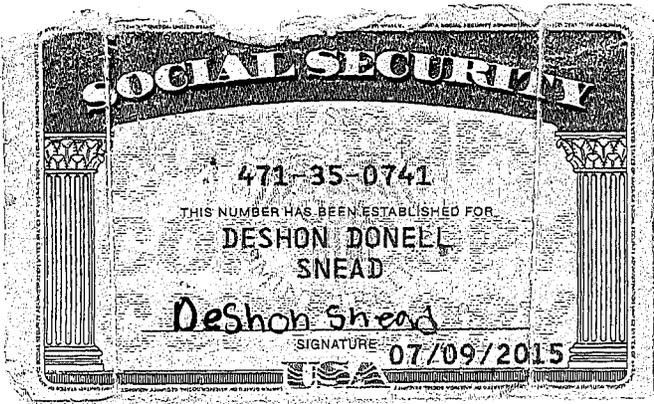
1 SNEAD  
2 DESHON DONELL  
8 1013 E SANBORN ST  
WINONA, MN 55987-4731

4d DL# J230-196-260-205 4a ISS 03/25/2021  
3i DOB 09/06/1998 4b EXP 03/25/2023  
9 CLASS IP 9a END NONE  
12 RESTR NONE

15 SEX M 17 WGT 260 lb  
16 HGT 5'-06" 18 EYES BRO

*Deshon Donell*

55 DD 00000004515364 09/06/98



471-35-0741

THIS NUMBER HAS BEEN ESTABLISHED FOR

DESHON DONEEL  
SNEAD

*Deshon Sneed*

SIGNATURE 07/09/2015

# VOLUNTARY COVID-19 VACCINATION STATUS CERTIFICATION

I understand that providing information regarding my vaccination status is currently voluntary. However, I also acknowledge that failure to provide this information may have an effect on my ability to be placed on specific assignments, should the employing company have a vaccination policy.

Are you vaccinated against COVID-19?

*If Yes-* NO

Are you fully vaccinated or partially vaccinated?

Fully vaccinated

Partially vaccinated

Documentation of Vaccination Status

I hereby voluntarily release my vaccination status to ESSG and their agent.

I read and I agree

*If No-*

If you are exercising your right not to receive the vaccination: Are you willing to submit to regular COVID-19 testing?

Yes

No

I hereby voluntarily release my vaccination status to ESSG and their agent.

I read and I agree

# Employee's Withholding Certificate

OMB No. 1545-0074

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
 ▶ Give Form W-4 to your employer.  
 ▶ Your withholding is subject to review by the IRS.

**2021**

<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial <u>Deborah D</u>	Last name <u>Sheena</u>	(b) Social security number <u>971-35-0791</u>
	Address <u>2015 41st NW</u>		▶ 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 <u>Roanoke, VA 22901</u>		
	(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the 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> Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____		
	Add the amounts above and enter the total here . . . . .	3	\$ _____
<b>Step 4 (optional):</b> Other Adjustments	(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**

▶  ▶ 12/06/2021  
 Employee's signature (This form is not valid unless you sign it.) Date

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

# Pay Information

Payday is every Friday

Name: Deshaun Sheard

Last 4 of SSN: 0741

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Please mark what option you choose

**Direct Deposit**

Bank Name Ward bank

Routing Number 124303201

Account Number 22116177

**Circle One**

Checking  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 DS

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**Bank of America Money Network Card**

↓ Office Use Only ↓

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

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

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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

Initial DS



## AUTHORIZATION TO RELEASE INDUSTRIAL HEARING TEST RESULTS

I understand that a successful hearing test is a condition of my employment by Employer Solution Staffing Group, LLC. to work at the facility of Reichel Foods, Inc., and further, that Employer Solutions Staffing Group may, at its discretion, shar the results of any such hearing test with Reichel Foods Inc.

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

First Name: DeShon

Middle Name: Donell

Last Name: Sheard

Social Security Number: 471-35-0741

Date of Birth: 09/06/1998

Gender (Circle one):  Male  Female

My Signature: [Signature]

Today's Date: 12/6/21

### Employee Photo Release Form

I, DeShon sheard, 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: 12/6/21

# 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).

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

Your name Deshon Sneed Social security number ▶ 471 / 35 / 0741

Street address where you live 2018 41st NW

City or town, state, and ZIP code Rochester MN 55901

County Olmstead Telephone number 507 719 0199

If you are under age 40, enter your date of birth (month, day, year) 09/06/1978

- 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 

Date 12/06/2021

# CMG Preliminary Questions



Name: DeShon Sheard

Date: 12/6/21

### 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

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

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

Explain

Incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature [Signature]

Interviewer Signature [Signature]

## **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** DS **(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** DS **(initial)**



**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) <u>Sneed</u>		First Name (Given Name) <u>Deshon</u>		Middle Initial <u>D</u>	Other Last Names Used (if any)	
Address (Street Number and Name) <u>2015 41st NW</u>			Apt. Number <u>K8</u>	City or Town <u>Rochester</u>		State <u>MN</u>
Date of Birth (mm/dd/yyyy) <u>09/06/1998</u>		U.S. Social Security Number <u>471-35-0741</u>		Employee's E-mail Address <u>Sneed123@gmail.com</u>		Employee's Telephone Number <u>5077180999</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States ( <i>See instructions</i> )	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<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. ( <i>See instructions</i> )	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____          OR          2. Form I-94 Admission Number: _____          OR          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write in This Space	

Signature of Employee <u>[Signature]</u>	Today's Date (mm/dd/yyyy) <u>12/06/2021</u>
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State    ZIP Code

Employer Completes Next Page