

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: Monday-Friday 9am-3pm

Office Number: 507-838-5994

Office Address: 1232 Valley High Dr NW Rochester, Mn 55901



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) Overturff Damion Date: 8/19/12
 Address: (Street Address) 2076 11th Ave SE (Apt./Unit #) APT C
 (City) Rochester (State) MN (ZIP Code) 55904
 Phone: 507-348-8594 Email: Damion Overturff 7414@gmail.com
 Social Security No. 478-32-7490 Date Available: 8/20/12

Position Applied for: _____ Desired Wage: _____

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? _____ 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				
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

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

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

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

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

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

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

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

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 _____ Date: _____

You have applied / are interviewing for the following position:

JOB TITLE: Grinding Palletizer **Starting Wage:** \$12.50 **Shift/Hours:** 1st shift (6:50am – 3pm)

JOB OBJECTIVE: To ensure that packaged meat weighs within the amount specified according to company specifications, is sealed and stacked on a pallet according to specific pattern.

QUALIFICATIONS (based on essential functions):

- Related experience preferred.
- Must be able to read, write, speak and understand simple instructions and directions in the English language.
- Possess basic and accurate mathematic skills.
- Must not pose a direct threat to the health or safety of other individuals in the workplace.
- Must adhere to department dress code.

JOB FUNCTIONS: Every effort has been made to identify the essential functions of this position. However, it in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or an essential function of the position.

DUTIES/RESPONSIBILITIES: Check production schedule to determine product to be packed, availability of necessary packing materials, shrink-wrap and pallets; Weigh all boxes as they come down the line making sure they are within weight limit; Keep up with speed of line; Tape and label; Palletize all labeled boxes according to pre-established pattern, shrink-wrap full pallets; Place pallets in freezer using hand or power jack; Change labels and tape on respective machines when necessary; Change boxes between production changes; Pack patties and assist in cleanup at shift end; Work effectively with others; Be dependable; follow safety rules; Care for property.

MACHINERY: Conveyor, forklift, metal detector, hand/power pallet jacks, tape machine, bar coder, computer, electronic scale.

EQUIPMENT: Hand pallet jack, wrenches, combo, table, knives, luggers, cart.

WORK ENVIRONMENT: Standing on cement floor. Moderate to high noise. Temperature range of 40-50 degrees Fahrenheit.

PHYSICAL REQUIREMENTS (with or without reasonable accommodation): Ability to lift/move 10-50 pounds continuously. Requires varying degrees of pushing, pulling and lift to move boxes. Occasionally perform difficult manipulative tasks. Able to perform tasks requiring action of muscles or groups of muscles such as walking and stooping. Must be able to stand for prolonged periods of time (eight-hour shift).

MENTAL REQUIREMENTS (with or without reasonable accommodation): Able to concentrate on minimal details with little interruption. Able to attend to task/function for 60 minutes at a time. Able to remember verbal and/or written task/assignment for an eight-hour shift.

WORK HOURS: Eight-hour workweek, Monday through Friday. Will be required to work some Saturdays.

I understand by signing this form, I have been informed about what position I am interviewing for.

Applicant Signature: _____ Date: _____

Interviewer Signature: _____ Date: _____

CMG/Rochester Meat Company

Start Date:

Title: Full Time Palletizer

Department: Plant Day

Supervisor: Jim Wisman

Wage: \$12.50 / Hour

Skill Level: 2

Orientation Schedule - 1st Shift

Monday: 8:00am to 1:00pm Shadow, 1:00pm to 4:00pm Orientation

Tuesday: 8:00am to 1:00pm Shadow, 1:00pm to 4:00pm Orientation

Wednesday: Work Regular Schedule 6:50am - 3:00pm

Thursday: Work Regular Schedule 6:50am - 3:00pm

Friday: Work Regular Schedule 6:50am - 3:00pm

Misc Items:

Please park in the employee parking lot behind the plant.

Dress warm, dress in layers. Wear long pants and closed toed shoes.

A locker will be provided. Please bring you own lock.

Initial Drug Screen Result Form

On-site Screening

Specimen ID Number: _____

Collection Test Date: _____

Company Information: (Company administering screening)

 Company Name CMG-Rochester Meats
 Address 1232 Valleyhigh Dr. NW Suite _____
 City Rochester State MN Postal Code 55901
 Collector's Name Biana Elton
 Phone 507-929-9904 Fax _____

Office Use Only

Donor Information: (Person being tested)

 Donor's Name Damion Overturff
 ID# or SSN 475 37 7490
 Identification Type MN ID Expiration 6/17/2025
 Notes _____

Certification Information: (Must be signed by both Donor and Collector)

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and/or alcohol.

Donor's Signature _____ Date _____

I hereby certify that I collected the specimen provided by the aforementioned donor and that, to the best of my knowledge, it was not substituted or adulterated. The specimen temperature and color were acceptable.

Collector's Signature _____ Date _____

Initial Screen Results: (All "Positive" results must be confirmed by GC/MS confirmation)

Drug Name	Device Code	Negative	Positive	Not Tested	Adulteration Panel Results <small>(see color chart and package insert for interpretation)</small>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oxidant: In Range <input type="checkbox"/> Other _____ <input type="checkbox"/> Specific Gravity: In Range <input type="checkbox"/> Other _____ <input type="checkbox"/> pH: In Range <input type="checkbox"/> Other _____
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Opiates/Morphine	OPI/MOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Amphetamines	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Methamphetamine	mAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Barbiturates	BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Triyclic Antidepressants	TCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Propoxyphene	PPX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Methylenedioxymethamphetamine	MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

		Specimen Temperature <small>(90°-100°F)</small>	
Alcohol Screen	ALC	<input type="checkbox"/>	Level _____ In Range <input type="checkbox"/> Other _____

Last Name

First Name

mi MINNESOTA IDENTIFICATION CARD
USA



NOT FOR FEDERAL IDENTIFICATION
1 OVERTURFF
2 DAMION JAMES
3 730 W BROADWAY ST
4 WINONA, MN 55987-2703

4d ID# Y985-210-614-922 4a ISS: 06/18/2021
3b DOB 06/17/2000 4b EXP 06/17/2025

NOT A DRIVER'S LICENSE

15 SEX M 17 WGT. 165 lb
16 HGT 5'-06" 18 EYES BRO -

Damion Overturff

5b DD 000000005016086 06/17/00

