

# CORPORATE MANAGEMENT GROUP

## Employment Application

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri

Office Number: 507-838-5994

Office Address: 1825 7<sup>th</sup> St NW Rochester, MN 55901

4117  
@ 3pm



"your workforce management & staffing experts"

### Applicant Information

(APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED)

Full Name: (Last Name, First Name) DAVID JOHN VIGIL Date: 1/31/24  
 Address: (Street Address) 412 14<sup>TH</sup> ST. SE (Apt. /Unit #) 308  
 (City) ROCHESTER (State) MN (ZIP Code) 55904  
 Phone: 720-413-1813 Email: davidj.vigil66@gmail.com  
 Social Security No. 524-15-7449 Date Available: 1/31/24  
 Position Applied for: ANY OPENING Desired Wage: STARTING  
 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? JOHN LAULAND Referral Name: JOHN LAULAND  
 If under 18, please list age: \_\_\_\_\_  
 Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  No  Yes Weekends off.

### Previous Employment

Company: GREEN & FRESH Phone: \_\_\_\_\_  
 Address: 211<sup>ST</sup> AVE SE Supervisor: DAVE  
 Job Title: COOK  
 Responsibilities: PREPPED SIDE DISHES, COOKED, CLEANED & CLOSED  
 From: 1/23 To: 12/23 Reason for Leaving: CLOSED TIL SPRING  
 May we contact your previous supervisor for reference?  Yes  No

Company: BROTHERS BARE GRILL Phone: \_\_\_\_\_  
 Address: 142 S. BROADWAY Supervisor: SCOTT  
 Job Title: DISHWASHER  
 Responsibilities: PREP FOOD, WASHED DISHES & CLOSED  
 From: 10/20 To: 8/22 Reason for Leaving: CONFUCK OF INTEREST  
 May we contact your previous supervisor for reference?  Yes  No

Hard Worker

x was never went back.

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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:

1/31/24

Colorado ★  
Identification Card



94-089-2121 Expires: 12-29-2021  
HN: 5-11" Issued: 01-29-2016  
WT: 230 DOB: 12-29-1966  
Eyes: GRN Previous Type: N  
Sex: M

DAVID JOHN VIGIL  
1196 OURAY ST  
AURORA, CO 80011



CMG / Rochester Meat Company  
Interview Questionnaire

Applicant's Name: David Vigil

Date/ Time: 4/17/24 @ 3pm

Position applied for: Portion PM

1. Why do you want to come work at the Rochester Meat Company?

Hear From others

2. Can you tell me a little about your previous work experience?

cooked / clean -- Food Supervisor / worked power tools / Fast past.

3. What did you like most about your present/past jobs?

work > Hard work.

4. What did you like least about one of your present/past jobs?

N/A

5. Why did you leave your previous jobs?

Closed Down .

6. Sometimes conflicts can arise with co-workers. How have you handled conflicts with coworkers in the past (or how would you handle a conflict with a co-worker)?

Supervisor | - HR - | Leave  
↓

7. Sometimes disagreements can arise between supervisors and employees. How have you handled disagreements with your supervisor in the past (or how would handle a disagreement with your supervisor)?

HR. What path you take.

8. With any new job there are a lot of things to learn in a short period of time. What would you do if you did not understand how to perform a particular task?

Shadow / show

9. Rochester Meat Company has a lot of safety rules and procedures. Do you feel that sometimes it is acceptable to ignore safety rules if it helps you complete the job faster?

No / OSHA / Blood pathologist certified.

10. While you are working, you notice that something does not seem right with the product or packaging. What would you do?

Tell Supervisor

11. How much weight can you lift without hurting yourself?

400 lbs

12. Some of the work maybe repetitive in nature. Have you done repetitive work before and how do you feel about it?

ok with that work.

13. Are you able to work the scheduled shift – Monday through Friday?

YES

NO

14. Are you able to work overtime including Saturdays and Sundays?

YES

NO

15. You would be working in temperature of 40-50 degrees. Would that be a problem for you?

YES

NO

16. Have you ever worked in food service or a restaurant before?

YES

NO

Notes:

**You have applied / are interviewing for the following position:**

**JOB TITLE:** Portion / Cutter **Starting Wage:** \$18.50 **Shift/Hours:** 2<sup>nd</sup> shift (3pm to 12a)

**JOB OBJECTIVE:** To trim and/or cut meat products according to company specifications.

**QUALIFICATIONS (based on essential functions):**

- Related experience preferred.
- Must be able to understand instructions and directions in the English language.
- Possess basic mathematics skills.

**JOB FUNCTIONS:** Every effort has been made to identify the essential function of this position. However, it is 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:** Open packages, run through line and needler; Trim primal cuts to specifications; Trim weight steaks to specifications; Box and weigh trim; Perform packager duties as required; cut end cuts and pieces into desired pieces; put steaks into packaging machine with accuracy in weight and neatness; capable of bagging and weighing; palletize all boxes; use hand jack; fill boxes with finished product; assist in cleanup; work effectively with others; report to work on time; follow rules; care for property

**MACHINERY:** Conveyor, tape machine, bar-coder, packaging machine, needler, cutting machine, computer and electronic scale, Sanova line, Cryovac, Skinner

**EQUIPMENT:** Hand pallet jack, combo, table, knives, luggers, carts, PPE.

**PROTECTIVE EQUIPMENT:** bump cap, nitril apron, rubber boots and gloves, face shield and goggles.

**CHEMICALS:** Bleach.

**WORK ENVIRONMENT:** Standing on cement floor. Moderate to high level of noise. Temperature ranges from 30-50 degrees Fahrenheit (-10 degrees in blast freezer).

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

**MENTAL REQUIREMENTS (with or without reasonable accommodation):** Able to concentrate on minimal details with little interruption. Must be 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. Must be able to read and use a pound percentage scale.

**WORK HOURS:** As required, Monday through Friday workweek. 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: 4.17.24

Interviewer Signature: \_\_\_\_\_

Date: 4.17.24

# CMG Preliminary Questions

Name: \_\_\_\_\_

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

## Please Mark Yes or No

1. If hired, are you willing to take a drug test?  Yes  No

2. Are you able to work with pork and beef?  Yes  No

## Please Mark Your Preferred Position

3. What shift to you prefer?      1<sup>st</sup>       2<sup>nd</sup>      3<sup>rd</sup>

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

Have you ever been convicted of a misdemeanor or felony? Yes  No

Explain Incident Felony - 2022 - Child Molest.  
Probation life 7

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

Interviewer 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 DV (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 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 W (initial)

## Authorization to Enter New Hire Information

By signing below, I authorize a member of Corporate Management Group – Rochester Office – to enter my new hire paperwork into the online Zenopole (NHO) site. I understand that I will be provided access via login name and password to view the forms that they have completed on my behalf.

X Employee Signature:  Date: 4.17.24

## Insurance Information

I understand that the CMG Staff defaults to decline insurance when entering my new hire paperwork unless specified otherwise during my interview.

I understand that I have 30 days after my employment starts to apply for insurance through ESSG via the login information provided to me.

I agree: DV (initial)

## Employee Photo Consent Form

I, DAVID VIGIL, agree to let CMG –to take and upload my photo for security purposes.

Employee Signature Name: 

Date: 4.17.24

## Electronic W-2 Consent:

The IRS has approved employers to send W-2 electronically to employees. Employees who choose to receive their W-2 statements electronically will have the following advantages. Faster access to your W-2. Ongoing availability to view the W-2. Ability to reprint as many times as needed.

Would you like to receive your W-2 statement electronically? Yes  No

By completing the box below, you are consenting to receive your W-2 by email to only the email address that you list. A paper copy will **NOT** be provided. This option can be changed at any time but remains in effect until you inform ESSG that you would like to revoke your consent.

I consent to receive my W-2 by email at the address listed below from this date forward.

Email:  david.j.vigil66@gmail.com

I agree: DV (initial)



## New Employee Acknowledgement Form

Welcome to CMG and ESSG!

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**

**View Paystubs**

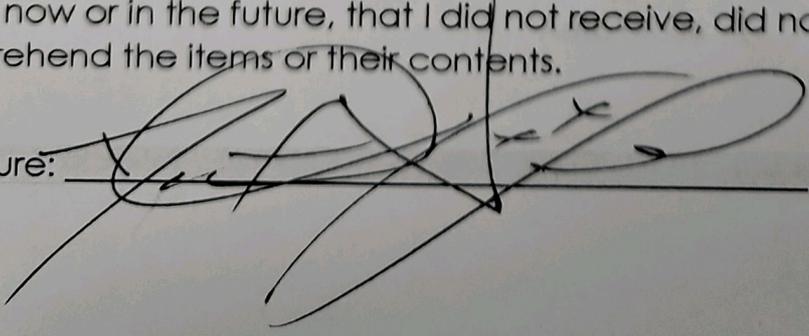
**Website:** <https://zenople.esgazure.com/login/cmig>

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

**Login Name:** 7204131813

**Login Password:** Dv@7449!

I hereby acknowledge that I have been provided with the login information to view the items listed above. I understand that it is my responsibility to read and follow each document provided to me and that if I have any questions concerning the times or its content, that it is my responsibility to address my questions with my supervisor or CMG representative, and hereby waive any claim, now or in the future, that I did not receive, did not read or did not comprehend the items or their contents.

**Signature:**  **Date:** A.17.24

# E-Verify Case Number: 2024108212324KF

Report prepared: 04/17/2024

## Company Information

Company ID: 1284996

Company Name: ESSG - Corporate Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate Management Group

## Employee Information

Name: David Vigil

Date of Birth: 12/29/1966

U.S. Social Security Number: \*\*\*-\*\*-7449

Employee's First Day of Employment:  
04/17/2024

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: \*\*\*\*\*2121

State: Colorado

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



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the **Instructions**.

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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) <b>VIGIL</b>		First Name (Given Name) <b>DAVID</b>		Middle Initial (if any) <b>J</b>	Other Last Names Used (if any)	
Address (Street Number and Name) <b>412 HANCOCK ST SE.</b>			Apt. Number (if any) <b>308</b>	City or Town <b>ROCHESTER</b>		State <b>MN</b>
Date of Birth (mm/dd/yyyy) <b>12/29/1966</b>		U.S. Social Security Number <b>524 157449</b>		Employee's Email Address <b>David.J.Vigil66@gmail.com</b>		Employee's Telephone Number <b>720.413.1813</b>
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<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 (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4., enter one of these:				
		USCIS A-Number		OR	Form I-94 Admission Number	
				OR	Foreign Passport Number and Country of Issuance	
Signature of Employee 				Today's Date (mm/dd/yyyy) <b>4.17.2024</b>		

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)			Additional Information		
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Check here if you used an alternative procedure authorized by DHS to examine documents.

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete **Supplement B, Reverification and Rehire** on Page 4.