New Employee Acknowledgement Form

Welcome to CMG!

As a new employee, you will be provided with a CMG Handbook, Drug and Alcohol Policy, Employee Notice of Employment and Wage, and website/app to view paystubs/tax forms. Please sign and date the bottom of this form stating that you received the following information.

CMG Handbook

Drug and Alcohol Testing Policy

Website/App to View Paystubs

Employee Notice of Employment and Wage

Website: https://saashr.com/ta/default.login

HCMTOGO®

-Benefits-Please speak to your CMG Representative regarding client specific Benefits offered.

-It is your responsibility to review the CMG Handbook and direct any questions to your CMG representative.

I hereby acknowledge that I have been provided with 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 content, it is my responsibility to address my questions with a CMG representative. I also 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: Elizabeth Orozco Date: 3.30.26

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 suitable job assignment from 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.

This paragraph applies only if, at the beginning of employment with the staffing service, the applicant signed and was provided a copy of a separate document written in clear and concise language that informed the applicant of this paragraph and that unemployment benefits may be affected.

It is your responsibility to contact CMG directly 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 CMG within 5 calendar days once an assignment ends. I also acknowledge that I have been provided a copy of this form. EO (Initial)

Recruiter: Corporate Management Group

Phone number: 303-920-1425

Address: 1501 W 12th Ave Unit 500

Westminster, CO 80021

Elizabeth Orozco
Employee Signature:

3-30-26
Date:

Elizabeth Orozco
Employe Printed Name:

DEPARTMENT OF LABOR AND INDUSTRY

Employee Notice

1. Employee: Elizabeth Orozco Address: 4703 13th AVE NW
Phone number: 442-646-9409 Email address: SHEZMINE.21@gmail.com
Date employment began:

2. Legal name of employer: Main office/principal place of business address:

Phone number: Email address:

Operating name of employer (if different):

Mailing address (if different):

3. Employment status (exempt or non-exempt):

☐ Employee is exempt from: ☐ minimum wage ☐ overtime ☐ other provisions of Minnesota Statutes 177

Legal basis for exemption:

☐ Employee is non-exempt (entitled to overtime, minimum wage, other protections under Minn. Stat. 177)

4. Rate or rates of pay

Paid by: Hour ☑ Shift ☐ Day ☐ Week ☐ Salary ☐ Piece ☐ Commission ☐ Other method ☐

Overtime is owed after: 40 hours

Allowances claimed:

$ per meal for meal allowance (max = 60% of one hour of adult minimum wage per meal)

$ per day for lodging allowance (max = 75% of one hour of adult minimum wage per day) (or fair market value)

5. Leave benefits available:

☒ Sick leave ☒ Paid vacation ☐ Other paid time off

How benefits are accrued: Number of hours _____ or days _____

per ☐ year ☐ month ☐ per pay period ☐ per hours worked

Terms of use:

6. Deductions that may be made from employee's pay and amounts:

7. Number of days in the pay period: 7 Regularly scheduled payday: Friday

Date employee will receive first payment of wages earned:

8. Other information relevant to this position:

I, the employee, have received a copy of this notice: ☑ Yes ☐ No

Employer signature	Date	Employee signature	Date
		Elizabeth Orozco	3.30.26

Background Check Authorization

I, hereby authorize and its designated agents and representatives to conduct a comprehensive background check as part of the employment screening process. This background check may include, but is not limited to, the following:

1. Criminal background check: This may involve researching and reporting any criminal convictions or pending criminal cases.
2. Professional references: This may involve contacting individuals listed as professional references by the employee to assess their qualifications and suitability for the position.
3.Driving record check (if applicable): This may involve reviewing the employee's driving history, including any traffic violations and accidents.

Release of Information:

I understand that, in the course of the background check process, may need to disclose my personal information to third-party vendors or agencies for the purpose of obtaining the necessary background information. I consent to the release of such information.

By signing below, I acknowledge that I have read and understand the terms of this consent form and voluntarily consent to the background check described herein.

Signature: Elizabeth Orozco **Date:** 3.30.24

Recruiting Acknowledgement

I understand and acknowledge that Corporate Management Group is an Equal Employment Opportunity employer. We believe int treating each employee and applicant for employment fairly and with dignity. We take personnel action on the basis of merit experience, and potential, without regard to race, color, national origin, sex, marital status, age, religion, disability, sexual orientation, or Vietnam Era status.

CMG is a voluntary participant of the E-Verify program though the U.S. Department of Homeland Security. Each and every applicant that accepts a position with his company is screened though the E-Verify database. Any person rejected by the E-Verify database is unauthorized to work in the US and will not be hired.

I also understand and acknowledge it is this company's practice and expectation of our recruiters and hiring managers to hire only those people legally authorized to work in the United States. Any employee disregarding the seriousness of or fails to follow the protocol of the company's hiring practices and guidelines will be disciplined with the possibility of termination. Any employee of CMG that knowingly and/or willingly hires an unauthorized individual will be terminated.

Signature: Elizabeth Orozco **Date:** 3.30.24

HCMTOGO

Authorization of Direct Deposit

The undersigned (hereafter referred to as the "employee") hereby authorizes and requests Smart-HR to make deposits from time to time in the account(s) identified below and authorizes the bank to accept such deposits. It is agreed that these deposits may be made electronically and under the National Automated Clearing House Association. It is agreed that Smart-HR is only responsible for direct deposits of funds that have previously been received from Corporate Management Group hereafter referred to as the employee.

Main Account Checking or Saving Account (circle one)

Account # 3891462836B1

Routing # 031101279

Bank Name THE Bancorp Bank, N.A.

Additional Account Checking or Saving Account (circle one)

Account # _____

Routing # _____

Bank Name _____

Signature Elizabeth Orozco Date 3-30-26

Emergency Contact Information

Please list at least one person with one working phone number. We will only contact the name(s) listed below if we are unable to get ahold of you or if there is an emergency.

Contact #1

Name: MONICA LEMUS

Relationship: FIANCE

Phone Number: 507-424-9815

Contact #2

Name: LILYAN OROZCO

Relationship: DAUGHTER

Phone Number: 442-403-7074

Additional information you want ESSG and our client to know in the event of an emergency:

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 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.

Signature Elizabeth Orozco Date 3-30-26

Employee Non-Compete Agreement

The employee and Corporate Management Group 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 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 shell 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.

These 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 lay; 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 the agreement shall be an addition to, and cumulative with, any remedy available to CMG at law, in equity or otherwise.

Signature Elizabeth Orozco **Date** 3-30-24

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

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.

OMB No. 1545-0074

2026

Step 1: Enter Personal Information

(a) First name and middle initial: ELIZABETH A
Last name: OROZCO
(b) Social security number: 603-70-1277

Address: 4703 13th AVE NW

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

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 *www.ssa.gov*.

(c) ☒ **Single or Married filing separately**
☐ **Married filing jointly or Qualifying surviving spouse**
☐ **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.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

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.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

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.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . 3(a) $ 2200

(b) Multiply the number of other dependents by $500 . . . 3(b) $ 1,000

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . 3 $ 3200

Step 4: 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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . 4(b) $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . 4(c) $

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Elizabeth Orozco
Employee's signature (This form is not valid unless you sign it.)

3-30-26
Date

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

DEPARTMENT OF REVENUE

2026 W-4MN, Minnesota Employee Withholding Certificate

Employees

Complete Form W-4MN so your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MN each year and when your personal or financial situation changes. If no Form W-4MN is in effect, the number of withholding allowances claimed will be zero.

First Name and Initial	Last Name	Social Security Number
ELIZABETH A	OROZCO	663-70-1277

Permanent Address: 4703 13th AVE NW

City: Rochester | State: MN | ZIP Code: 55901

Marital Status *(Check one)*:
- [x] Single; Married, but legally separated; or Spouse is a nonresident alien
- [ ] Married
- [ ] Married, but withhold at higher Single rate

Complete Section 1 OR Section 2, then sign the bottom and give the completed form to your employer.

☐ 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 1
- 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, or 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 you will claim on your tax return. ..... D 2

E Enter "1" if you will use the filing status Head of Household *(see instructions)*..... E 1

F Add steps A through E. If you plan to itemize deductions on your 2026 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. ..... F

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 for each pay period *(see instructions)* ..... 2 $

☐ 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 for which I am enrolled *(see instructions)*.
Enter the reservation name: _____
Enter your Certificate of Degree of Indian Blood (CDIB)/Enrollment number: _____

☐ 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.

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	Date	Daytime Phone Number
Elizabeth Orozco	3-30-26	442-646-9409

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	Minnesota Tax ID Number	Federal Employer ID Number (FEIN)

Address	City	State	ZIP Code

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

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)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)
OROZCO	ELIZABETH	A	

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code
4703 13th AVE NW		Rochester	MN	55901

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number
12/22/1988	603-70-1217	SHEZMINE21@gmail.com	442 646 9409

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.):

- [x] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See Instructions.)
- [ ] 3. A lawful permanent resident (Enter USCIS or A-Number.)
- [ ] 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)
Elizabeth OROZCO	03/30/2026

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employer or the 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 (if any)			STATE ID		SOCIAL SECURITY CARD
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
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)					

Additional Information

☐ 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.

First Day of Employment (mm/dd/yyyy):

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.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on I-9 Central for more information.

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)

Full Name: *(Last Name, First Name)* ELIZABETH, OROZCO Date: 3/25/26

Address: *(Street Address)* 4703 13th AVE NW *(Apt. /Unit #)* _____

(City) ROCHESTER *(State)* MN *(ZIP Code)* 55901

Phone: 442-646-9409 Email: SHEZMINE21@gmail.com

Social Security No. 603-70-1277 Date Available: 3/26/26

Position Applied for: Office Assistant Desired Wage: $ 20.00

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? 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

Previous Employment

Company: WATER EXPRESS Phone: 507-288-8883

Address: 829 3rd AVE SE Supervisor: MORGAN

Job Title: CSR

Responsibilities: NAVIGAT DRIVERS, TAKE ORDERS, PLACE ORDERS

From: JUNE 2024 To: DEC 2025 Reason for Leaving: HAD TO LEAVE STATE FOR FAMILY EMERGENCY

May we contact your previous supervisor for reference? ✓ Yes __ No

Company: TEXTILE Phone: 507 252 7500

Address: 225 Woodlake Dr Supervisor: ADAM

Job Title: SOIL LEAD

Responsibilities: RUN A 15 MAN CREW, GET ORDERS FOR HOSPITALS

From: 2021 To: 2023 Reason for Leaving: HAD SURGERY ON HAND

May we contact your previous supervisor for reference? ✓ Yes __ No

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

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 Elizabeth Orozco Date: 3-25-26

3/25 9A

Elizabeth Orozco

Rochester, MN 55902
elizabethorozco27i4h_xia@indeedemail.com
+1 442 646 9409

Willing to relocate: Anywhere
Authorized to work in the US for any employer

Work Experience

Dispatcher/Customer Service

Waiter express-Rochester, MN
June 2024 to Present

Answering calls
Taking orders
Placing orders
Dealing with payments
Cleaning organization
Packaging

Front Desk Night Auditor

AmericInn By Wyndham-Rochester, MN
February 2023 to September 2023

Greeted guests at front desk and engaged in pleasant conversations while managing check-in process.
Performed nightly updates to room charges and rates.
Kept accounts in balance and ran daily reports to verify totals.
Entered and updated sensitive customer information during check-ins and room changes.

Soil Lead

Text Tile Laundry Service-Rochester, MN
September 2021 to December 2022

Prioritized retaining awareness of new and existing environmental regulations, contracts and organization protocols to maintain compliance.
Conducted site visits to evaluate erosion, identify root causes and devise remedies.
Monitored sites to track progress with plans and assess user conformance with specifications.
Analyzed conservation plans and evaluated projects to verify quality of performance and achievement of objectives.

Cashier /line Cook

Baja Fresh-Blythe, CA
January 2012 to March 2019

Greeted customers entering store and responded promptly to customer needs.
Built relationships with customers to encourage repeat business.
Operated cash register for cash, check, and credit card transactions with excellent accuracy levels.
Worked flexible schedule and extra shifts to meet business needs.

Welcomed customers and helped determine their needs.
Helped customers complete purchases, locate items, and join reward programs.
Restocked and organized merchandise in front lanes.
Counted money in cash drawers at beginning and end of shifts to maintain accuracy.

Receptionist

Education

High School Diploma
Palo Verde High School-Blythe, CA
June 2007

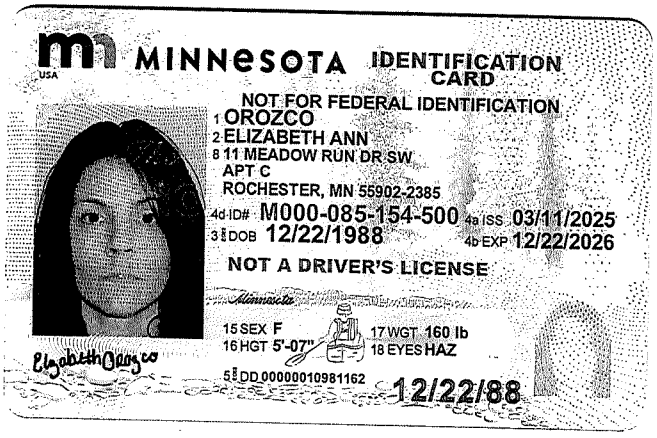
Skills

Automotive service **Customer service management** **Front desk** **OneSite** **Office management** **Welcoming Guests Credit and Cash Payments Registration Processing Front Desk Operations Automated Telephone Systems Attention to Detail Multi-Line Phone Systems Problem Solving Abilities Guest Services Decision Making Abilities** **Custodial experience** **Guest relations** **Fine dining experience** **POS systems** **Basic math** **Guest services** **Hotel experience** **Calendar management** **Bartending** **Live chat** **Manufacturing** **Data entry** **Cash register** **Customer support** **Night audit** **Computer operation** **Microsoft Office** **Cooking** **In-person customer service** **English** **Handling customer inquiries** **Microsoft Excel** **Outbound calling** **Customer service** **Time management** **Packaging** **Cash handling** **Inventory management** **Supervising experience** **Organizational skills** **Driving** **Sales** **Assembly** **Management** **Hospitality** **Windows** **Math** **Administrative experience** **Resort** **Janitorial experience** **Communication skills** **Retail sales** **Negotiation** **Customer communication** **Phone communication** **Attention to detail** **Achieving sales targets** **Leadership** **Computer skills** **Computer literacy** **Phone etiquette** **Clerical experience** **Warehouse experience** **Property leasing** **Materials handling** **Bilingual** **Multi-line phone systems** **Marketing** **Microsoft Word** **Typing**

Languages

- English

How many States will your SS number



MINNESOTA IDENTIFICATION CARD

NOT FOR FEDERAL IDENTIFICATION

1 OROZCO
2 ELIZABETH ANN
8 11 MEADOW RUN DR SW
APT C
ROCHESTER, MN 55902-2385

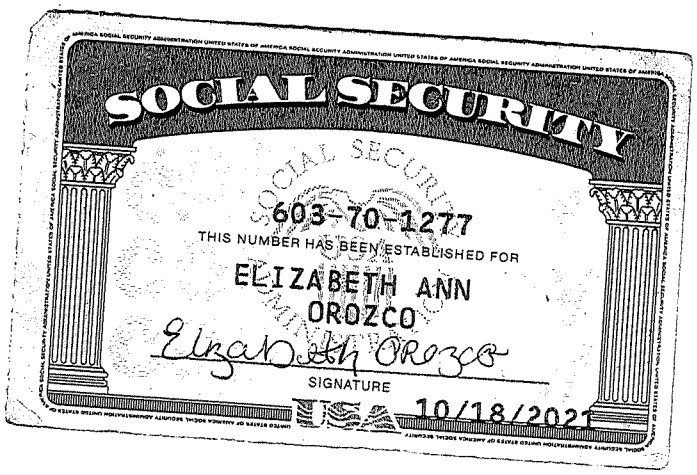
4d ID# M000-085-154-500 4a ISS 03/11/2025
3 DOB 12/22/1988 4b EXP 12/22/2026

NOT A DRIVER'S LICENSE

15 SEX F
16 HGT 5'-07"
17 WGT 160 lb
18 EYES HAZ

5 DD 00000010981162

12/22/88



SOCIAL SECURITY

603-70-1277

THIS NUMBER HAS BEEN ESTABLISHED FOR

ELIZABETH ANN
OROZCO

SIGNATURE

10/18/2021