



New Employee Acknowledgement Form

Welcome to CMG and Reichel Foods!

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 this form stating that you received your log in information.

CMG/ESSG/Reichel Foods Handbook

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

View Paystubs

Employee Notice of Employment and Wage

Website: <https://zenople.esgazure.com/login/cmg>

****do not fill out the login name or password. CMG will provide you with this information****

Login Name: 5073162623

Login Password: Meda 2241

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 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: 

Date: 10-15-2025

Employee Photo Release Form

I, Isaiah McDaniel 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.

Signature: [Signature]

Date: 10-15-2025

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: Brittney Terrell

Relationship: Sig-other

Phone Number: 1-507-208-1453

Contact #2

Name: Sharon Fawcett

Relationship: Mom/Adopt

Phone Number: 2507-254-5995

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

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

Authorization to Enter New Hire Information

By signing below, I authorize a member of Corporate Management Group to enter my new hire paperwork into ESSG's online Zenople Employee Portal. I understand that I will be provided access via login name and password to view forms that have been entered on my behalf.

Signature: [Signature]

Date: 10-15-2025

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 job offer to apply for insurance through ESSG via the log in information provided to me.

Signature: [Signature]

Date: 10-15-2025

Electronic W-2 Consent

The IRS has approved employers to send W-2's electronically to employees. You will receive your W-2 faster and have access to your W-2 at anytime.

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

Email: Isaiah47McDaniel@gmail.com

Work Opportunity Tax Credit

Please circle Yes or No to the following questions:

-In the last year, have you or anyone you've lived with received SNAP (Supplemental Nutrition Assistance Program also referred to as food stamps)? Yes/No

-In the last two years, have you or anyone you've lived with received TANF (Temporary Assistance for Needy Families also referred to as welfare)? Yes/No

-Are you a veteran of the U.S. Military/Armed Forces? Yes/No

-Are you a person who has a disability? Yes/No

-Have you ever been convicted of a felony? Yes/No

-Are you unemployed? Yes/No

-Have you collected unemployment benefits at any time during your unemployment period? Yes/No

Thank you for taking the time to complete this survey related to IRS Form 8850 (Pre-screening Notice and Certification Request for the Work Opportunity Tax Credit) and the ETA Form 9175 (Long-Term Unemployment Recipient Self-Attestation Form). These forms are used to verify the information you have provided and to manage the important WOTC jobs program.

If you agree with the following declaration, click the submit button to electronically sign the Forms 8850 and (if applicable) 9175. Your electronic signature will authorize the Veterans Administration, Department of Vocational Rehabilitation, Tribal Governments, federal and state unemployment insurance offices, or other applicable agency to release verification of information to TCC. If the name is incorrect, type in your correct name and click the submit button to electronically 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.

Signature: 

Date: 10-15-2023

Direct Deposit

Payday is weekly on Friday.

Bank Name Think Bank Routing # 291945465 Account # 745000704077

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 account number that provide is incorrect.

Please check here if you do not have your account information or have an account. We will provide you with a Bank of America Money Network Card.

Please check here if you would like your paystubs electronically emailed to your email address.

Signature: 

Date: 10-15-2023

Background Check Authorization

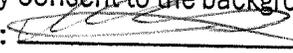
I, hereby authorize and its designated agents and representatives to conduct a comprehensive background check as part of the employment screening process. This background check may include, but is not limited to, the following:

1. Criminal background check: This may involve researching and reporting any criminal convictions or pending criminal cases.
 2. Employment history verification: This may include contacting past employers to verify work history, job titles, dates of employment, and reasons for leaving.
 3. Education verification: This may include verifying academic degrees, diplomas, and certificates from educational institutions.
 4. Professional references: This may involve contacting individuals listed as professional references by the employee to assess their qualifications and suitability for the position.
 5. Credit history check (if applicable): This may include obtaining information related to the employee's credit history and financial responsibility.
- 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: 

Date: 10-15-2023

Notification of Minnesota Law Requirement – Unemployment Acknowledgement

According to Minnesota Statute section 268.095, subdivision 2, paragraph (d), an applicant who, within five calendar days after completion of a suitable job assignment from a staffing service, (1) fails without good cause to affirmatively request an additional suitable job assignment, (2) refuses without good cause an additional suitable job assignment offered, or (3) accepts employment with the client of the staffing service, is considered to have quit employment. This paragraph applies only if, at the time of 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 ESSG through the recruiter stated below for additional assignments. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact ESSG through the recruiter stated below within 5 calendar days once an assignment ends. I also acknowledge that I have been provided a copy of this form.

Signature: 

Date: 10-15-2023



Employment Eligibility Verification
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1515-0047
 Expires 07/31/2025

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) McDaniel		First Name (Given Name) Tsaich		Middle Initial (if any) K.V	Other Last Names Used (if any)	
Address (Street Number and Name) 416 Zumbro Dr NW			Apt. Number (if any) 3	City or Town Rochester		State MN
Date of Birth (mm/dd/yyyy) 06-10-1994		U.S. Social Security Number 4161913121911		Employee's Email Address TsaichKM.McDaniel@gmail.com		Employee's Telephone Number 507-366-2623
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 non-citizen 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 non-citizen (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		Foreign Passport Number and Country of Issuance
Signature of Employee 				Today's Date (mm/dd/yyyy) 10-15-2023		

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: 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					
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					
<input type="checkbox"/> 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.

EEO Information

Please choose one option under the following:

Gender
-No Answer
-Female
<u>-Male</u>
-Non Binary
-Other

Marital Status
-No Answer
-Divorced
-Married
<u>-Unmarried</u>
-Widowed

Ethnicity	Veteran
-Alaska Native -American Indian	-Vietnam Era Veteran
-Asian <u>-Black or African American</u>	-Veteran
-Hispanic Latino -Native Hawaiian	<u>-Non-Veteran</u>
-Other Pacific Islander -Two or more Races	-Other Protected Veteran
-Unknown Ethnicity -White	-Recently Separated Veteran
-No Answer	-Special Disabled Veteran
	-No Answer

Signature: _____

Date: 10-15-2025

Voluntary Self-Identification of "Protected" Veteran Status

Why Are You Being Asked to Complete This Form?

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way.

For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How Do You Know if You Are a Veteran Protected by VEVRAA?

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War which is defined as occurring from August 2, 1990 to the present.

If you believe you belong to any of the categories of protected veterans please indicate by checking the appropriate box below. The categories are defined on the next page and explained further in an "[Am I a Protected Veteran?](#)" infographic provided by OFCCP.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED BELOW

I AM NOT A PROTECTED VETERAN

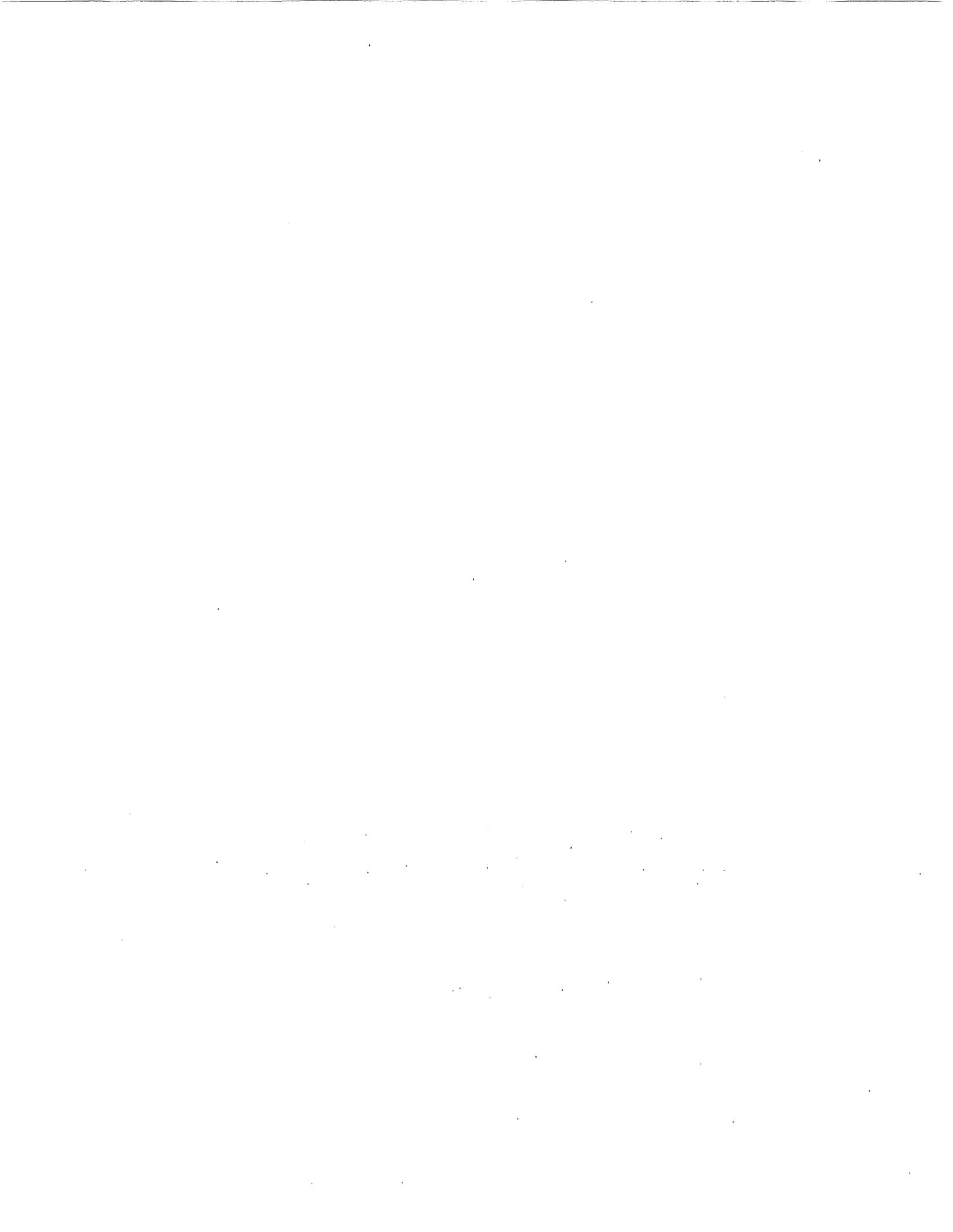
I DO NOT WISH TO ANSWER

Isiah McDaniel

Your Name

10-15-2025

Today's Date



Statement Regarding Employer Solutions Staffing Group II, LLC Plan Electronic Disclosures

Individuals entitled to receive benefits under Employer Solutions Staffing Group II, LLC's Employee Benefits Plan (the Plan) are also entitled to be furnished with certain documents required by ERISA. Employer Solutions Staffing Group II, LLC intends to provide the following documents to you by electronic delivery (as described below):

- the Summary Plan Description (SPD);
- any required Summaries of Material Modifications (SMMs);
- the Summary Annual Report (SAR); and
- any documents required to be furnished under ERISA § 104(b)(4) on request by a participant or beneficiary under the Plan or made available under ERISA § 104(b)(2).

Electronic Delivery Method to Be Used: These ERISA-required documents will be furnished to you in each case as an attachment to an e-mail sent to the e-mail address you specify to us. The attachment will be in Microsoft Word or Adobe PDF. To access the e-mail and attached document, you must have (1) a computer with Internet access; (2) access to a program (either installed or on the internet) on that computer allowing you to send and receive e-mails (such as Gmail, Yahoo Mail, or Outlook); and (3) the application program Adobe Acrobat Reader and Microsoft Word for Windows 97 or higher installed on your computer allowing you to open and read the attached document. To retain a copy of the e-mail and attached document for future reference, you must either (1) be able to print a copy on a printer attached to the computer, or (2) save a copy in electronic form onto a backup system external to your computer's hard drive (e.g., on a zip drive).

If any of these requirements change in a way that creates a material risk that you will no longer be able to access and retain electronically transmitted documents, you will be furnished with notice and required to provide an additional consent for receiving documents electronically.

What You Must Do: To receive documents electronically, you must do the following:

1. Provide us with an e-mail address to which electronic documents should be sent. To update your e-mail address, you must notify ESSG's Employee Benefits Team by sending an e-mail message to benefits@employersolutionsgroup.com that indicates in the subject line: **Change in E-Mail Address for Electronic Disclosure.**

Your Right to a Paper Copy: You have a right to request and obtain a paper version of any electronically transmitted document at no charge. Contact ESSG's Employee Benefits Team at 952-767-9519 or benefits@employersolutionsgroup.com to request a paper copy.

Consent to Receive Employer Solutions Staffing Group II, LLC
Plan Disclosures Electronically

(Initials)

IM

I have read and received the Statement Regarding Employer Solutions Staffing Group II, LLC Plan Electronic Disclosures (the Statement), which is set out above.

IM

I consent to receiving the type of documents described in the Statement by electronic means at the following e-mail address: Isaiah 47 McDaniel@gmail.com

IM

I understand that if my email address changes, I must notify ESSG's Employee Benefits Team by sending an email to: benefits@employersolutionsgroup.com.

IM

I confirm that I have the ability to access information in the electronic form that is described in the Statement. I understand that I will receive copies of the types of documents described in the Statement only in the electronic form described there unless I exercise my right to affirmatively request a paper copy of such document. I understand that I can withdraw this consent at any time by sending an e-mail to ESSG's Employee Benefits Team at benefits@employersolutionsgroup.com with the subject line: CONSENT WITHDRAWN FOR ELECTRONIC DISCLOSURE and include in the body my full name, address and phone number.

IM

I **DO NOT** consent to receiving the type of documents described in the Statement by electronic means.

KS

Print Name:

Isaiah McDaniel

E-mail Address to be used for Electronic Delivery:

Isaiah47McDaniel@gmail.com

Signature:



Date:

10-13-2023

Employee's Withholding Certificate

GMB 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.

2025

Step 1: Enter Personal Information	(a) First name and middle initial <u>John K. V.</u>	Last name <u>Smith</u>	(b) Social security number <u>123-45-6789</u>
	Address <u>176 E. Main St. DN, MO 64501</u>		Does your name match the name on your social security card? If not, be sure you got credit for your earnings. Contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code <u>London, MO 64501</u>		
	(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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)		

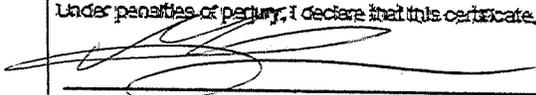
TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you are completing this form after the beginning of the year, expect to work only part of the year, or have changes during the year in your marital status, number of jobs for 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 (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate.
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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): Multiply the number of qualifying children under age 17 by \$2,000 <u>\$</u> Multiply the number of other dependents by \$500 <u>\$</u> Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here <u>3</u> <u>\$</u>
Step 4 (optional): 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 <u>4(a)</u> <u>\$</u>
	(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 <u>4(b)</u> <u>\$</u>
	(c) Extra withholding. Enter any additional tax you want withheld each pay period <u>4(c)</u> <u>\$</u>

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.  Employee's signature (this form is not valid unless you sign it)	<u>10-15-2025</u> Date
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Employers Only	Employer's name and address <u>[Redacted]</u>	First date of employment <u>[Redacted]</u>	Employer identification number (EIN) <u>[Redacted]</u>
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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

N40
10-15



Applicant Information

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

Full Name: (Last Name, First Name) McDaniel, Isaiiah Date: 10-14-25

Address: (Street Address) 416 416 Zumbro Dr. NW (Apt. /Unit #) 3

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

Phone: 507-36-2623 Email: Isaiiah4McDaniel@gmail.com

Social Security No. 169332241 Date Available: 10-14-25

Position Applied for: Production/Operator Desired Wage: \$17.20/hr

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

N
\$16.00
FT/perm

Previous Employment

Company: IBEW - 343 - Union Phone: 507-282-7081

Address: 9-80TH ST SE Rochester MN Supervisor: Union

Job Title: Apprentice

Responsibilities: Electrical Apprentice

From: 03-24 To: N/A Reason for Leaving: None - Still Union

May we contact your previous supervisor for reference? Yes No

Weekends Okay
Adamsen Foods
manu WI

Company: 426 3rd Ave SE, The Landing Phone: 507-884-0423

Address: 426 3rd Ave SE Supervisor: Dondi

Job Title: Support Specialist

Responsibilities: Staff

From: 01-23 To: 06-24 Reason for Leaving: School

May we contact your previous supervisor for reference? Yes No

No Concerns

Accepted

BG -
DT -

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  Date: 10-14-25

CMG Preliminary Questions



Name: Isiah Admed

Date: 10/14/2025

Please Mark Yes or No

- 1. If hired are you willing to take a drug test? Yes No KS
- 2. Do you have any known food allergies to soy, wheat, peanuts, or milk? Yes No KS
- 3. Are you able to work with pork? Yes No KS

Please Mark Your Preferred Position

- 4. Which plant do you prefer? South North KS
- 5. What shift to you prefer? 1st 2nd 3rd IN

Have you ever been convicted of a crime? Yes No

Explain

Incident Boglerly - Intimidation - No theft, Intimidation and
arguing over relationships/property - 2019

Employee Signature [Signature]

Interviewer Signature Kelly M Sutton

Complete after interview

Viewed the Production Video before interview KS initials

Viewed New Hire Manual before interview KS initials

Showed badge for punching in/out and with the call in line number KS initials

Name: Isach McDermott
Date: 10-19-20

Achoo!

By Cynthis Sherwood

****Read the story and answer the multiple choice questions below ****

Achoo! We all sneeze sometimes. Sneezing is a reflex that your body does automatically. That means you cannot make yourself sneeze or stop one once it has started. When you sneeze, your body is trying to get rid of bad things in your nose, such as bacteria. You have extra germs when you have a cold, so you sneeze a lot more. You might also sneeze when you smell pepper!

Inside your nose, there are hundreds of tiny hairs. These hairs filter the air you breathe. Sometimes dust and pollen find their way through these hairs and bother your nasal passages. The nerves in the lining of your nose tell your brain that something is invading your body.

Your brain, lungs, nose, mouth and the muscles of your upper body work together to blow away the invaders with a sneeze. When you sneeze, germs from your nose get blown into the air. Using a tissue or "sneezing into your sleeve" captures most of these germs. It is very important to wash your hands after your sneeze into them, especially during cold and flu season.

Do you ever sneeze when you walk into bright sunlight? Some people say that happens to them often. Scientists believe the UV rays of the sun irritate the nose lining of these people, so they sneeze.

If someone nearby sneezes, remember to tell them "Gesundheit!" that is a funny-looking word which is pronounced "gezz-oont-hite." It is the German word that wishes someone good health after sneezing.

1. Why do people sneeze?
 - a. The tiny hairs in your nose tickle
 - b. Your body is trying to get rid of bad things
 - c. You can make yourself sneeze when you want to
2. What are the 3 parts of your body that work together with your upper body to sneeze?
 - a. Hand, Elbow, Shoulder
 - b. Ankle, Knee, Hip
 - c. Brain, Lungs, Mouth
3. What other things can make you sneeze?
 - a. Pepper, Sun, Dust, and Pollen
 - b. Water, Pop, Flowers, Trees
 - c. Salt, Seasonings, Meat, Fruit
4. What is a German word that people often say to someone that sneezes?
 - a. Good Job
 - b. Gesundheit
 - c. Hang in there
5. What should you do after your sneeze into your hands especially during cold and flu season? (This should also be done in the production area!)
 - a. Wipe them with a tissue
 - b. Nothing
 - c. Wash your hands

10/14 2pm

Isaiah McDaniel

Rochester, MN 55901
isaiahmcdaniel8_8kd@indeedemail.com
+1 507 316 2623



Willing to relocate: Anywhere

Work Experience

Electrical Apprentice

International Brotherhood of Electrical Workers (IBEW)-Rochester, MN
April 2024 to Present

Assisting with electrical work

Apprentices help electricians with a variety of tasks, such as diagnosing, repairing, installing, testing, and maintaining electrical equipment.

Learning technical skills

Apprentices learn about electrical theory, blueprint reading, mathematics, electrical code requirements, and safety and first-aid practices. They may also receive specialized training in soldering, communications, fire alarm systems, and elevators.

Using tools

Apprentices learn to use a variety of hand and power tools, including pliers, measuring tape, voltage testers, and drills.

Following instructions

Apprentices learn to understand and carry out oral and written instructions.

Maintaining records

Apprentices maintain accurate records and reports on completed assignments.

Onsite Support Specialist

The Landing-Rochester, MN
November 2023 to May 2024

On-site support duties include.

Mental health support training

De-Escalation training

Social services coordination

Keep track Of a hundred and sixty five (Minnimum) different mental profiles Daily Requiring proper Planning To facilitate a safe environment for everyone.

Restoration Crew Lead , Project Coordinator

Service Master Of Rochester-Rochester, MN
August 2022 to November 2023

My Responsibility- facilitate the emergency prevention, cleanup and restoration of residential and commercial property following fire, smoke, water or mold damage.

To do this job you must have a great attitude and the ability to work efficiently in high demand situations.

I find these basic skills are essential if you're looking to excel with Water and Fire Restoration.

Be a dependable people person, energetic, a strong hard worker with a get-up-and-go attitude.

Work efficiently in an ever-changing environment that's not only enjoyable but a challenge to be met.

Other responsibilities include construction, installation, carpet cleaning, and Restoration.

My Job Responsibilities & Requirements:

Supervise and manage projects from beginning to end.

Effective written and oral communications.

Must have valid driver's license with a clean driving record for at minimum of 3 years

Participate in mandatory rotating on-call schedule to include nights and weekends.

Perform production processes as scheduled and ensure quality control

Ability to lift a minimum of 50+ pounds regularly; as well as the ability to repetitively push/pull/lift/carry objects.

Ability to climb ladders, work at ceiling heights, work in tight spaces (e.g., crawl spaces, attics).

Ability to sit/stand/walk for prolonged periods of time.

Customer Support

Ability to work with/around cleaning products/chemicals

Pressure washed exteriors

Swept, dusted, mopped, and shined facilities, offices, properties and buildings

Maintained commercial buildings

Trained in industrial cleaning

Cleaned ceilings, bathrooms, furniture, drywall, carpets and rooms

Cleaned vents

Sanitized facilities, equipment, assembly and supplies

Home analysis and emergency containment.

Efficiently cleaned and vacuumed offices, properties, buildings and facilities

Performed weekly deep cleaning

Pressure washed exteriors

Measure and make clean, efficient cuts.

Drywall removal.

Drywall installation.

Floor removal. (Including Hardwood and Linoleum.)

Content removal, cleaning, and instillation.

Cabinet and Countertop removal and instillation.

Damage assessment.

3D Home Mapping.

Claim estimation

OSHA Certified

Adequate knowledge of power tool application and use.

Restoration Technician Content Cleaning Specialist

White's Fire Smoke & Water Damage Restoration-Rochester, MN

April 2022 to August 2022

Job Responsibilities & Requirements:

Supervise and manage projects from beginning to end.

Effective written and oral communications.

Must have valid driver's license with a clean driving record for at minimum of 3 years

Participate in mandatory rotating on-call schedule to include nights and weekends.

Perform production processes as scheduled and ensure quality control

Ability to lift a minimum of 50+ pounds regularly; as well as the ability to repetitively push/pull/lift/carry objects.

Ability to climb ladders, work at ceiling heights, work in tight spaces (e.g., crawl spaces, attics).

Ability to sit/stand/walk for prolonged periods of time.

Ability to work with/around cleaning products/chemicals

Pressure washed exteriors

Swept, dusted, mopped, and shined facilities, offices, properties and buildings

Maintained commercial buildings

Trained in industrial cleaning

Cleaned ceilings, bathrooms, furniture, drywall, carpets and rooms

- Promoted to Lead after 3 months
- Trained in industrial cleaning
- Maintained commercial buildings
- Cleaned furniture, ceilings, bathrooms, rooms, carpets and drywall
- Swept, dusted, mopped, and shined buildings, facilities, offices and properties
- Pressure washed exteriors

Location Manager

Family Video Movie Club-Rochester, MN

January 2018 to March 2019

Responsibilities include-

Managing inventory: Using inventory management software to track stock levels and turnover rates.

They also conduct regular audits to identify areas for improvement.

Managing costs: Controlling costs related to products and labor to meet budgets.

Motivating staff: Keeping staff motivated during busy periods or challenging situations.

Providing customer service: Resolving customer issues professionally and providing a high standard of service.

Developing business strategies: Developing strategies to help the store achieve success in a competitive marketplace.

Recruiting and training staff: Recruiting, hiring, and training store associates and supervisors.

Driving customer engagement: Driving customer engagement inside and outside of the store through events, promotions, and community projects.

Skills Required-

Communication

Being able to communicate clearly and effectively with staff, customers, and upper management

Problem-solving

Being able to resolve customer complaints, employee conflicts, or operational issues

Time management

Being able to manage their own time and that of their employees

Organizational skills

Being able to keep the store organized, from scheduling staff shifts to keeping the backroom navigable

Financial knowledge

Having knowledge of financial terms and principles, and being able to calculate intermediate figures

Machine Operator

Schumann Printers, Inc.-Black River Falls, WI

May 2017 to September 2018

Machine operators, also called machinists, work in factories or production plants using heavy machinery to complete a variety of tasks such as manufacturing, assembly and disassembly, and more. A

Machine

Operator is responsible for monitoring, maintaining and operating warehouse equipment. They are also responsible for cleaning and quality-checking their machinery to ensure everything works as it should.

Quality Control Inspector

Harley-Davidson-Sun Prairie, WI
April 2016 to May 2017

As a Quality Control Inspector I would perform quality control inspections, checks, and tests during the manufacture of products. Inspects materials, parts and products at different stages of production.

Being a Quality Control Inspector records observations and may make recommendations for improving processes. Requires a high school diploma or its equivalent. Additionally, Quality Control

Inspector I typically reports to a supervisor. The Quality Control Inspector I may require 0-1 year of general work experience. Possesses a moderate understanding of general aspects of the job. Works under the close direction of senior personnel in the functional area.

Communications Specialist

Frontier Communications-Sun Prairie, WI
February 2015 to November 2016

Communications specialists develop and nurture relationships between an organization, members of the media and the public. Often, they are the public face of an organization. These professionals rely on exceptional writing and public speaking skills to represent their company across various media platforms.

As a Communication Specialist I was also required to take calls from customers answering questions or addressing any concerns they may have. Their duties include handling many inbound and outbound calls to and from customers, listening to customers needs or issues and providing helpful solutions to their problems.

Chipotle Kitchen Manager

Chipotle Mexican Grill-Madison, WI
January 2015 to September 2015

A Kitchen Manager, or Restaurant Manager, is in charge of coordinating and supervising a restaurant's kitchen staff according to food safety standards. Their duties include hiring, training and scheduling

Cooks, performing quality control on food leaving the kitchen and ordering inventory to keep up with demand.

Education

Business Administration

Madison Area Technical College-Madison, WI
June 2016 to October 2017

High school diploma

Sun Prairie High School-Sun Prairie, WI
January 2011 to December 2015

Skills

- Carpet cleaning (2 years)
- Presentation skills
- Kitchen Experience (2 years)
- Heavy lifting
- Construction

- Project management
- Retail sales
- Packaging
- Order fulfillment
- Presentation Skills (4 years)
- POS (1 year)
- Fire Restoration (1 year)
- Process Improvement (2 years)
- Pricing (1 year)
- Water damage restoration (1 year)
- Assembly
- Valid LICENSE (8 years)
- Remodeling
- Restoration (1 year)
- Quality Inspection (1 year)
- Assembly (4 years)
- Mold Remediation (1 year)
- Construction Estimating (1 year)
- Sales (2 years)
- Restaurant Experience (2 years)
- Warehouse Experience
- Microsoft Office (1 year)
- Carpentry
- Landscape Maintenance (3 years)
- Cleaning Experience (10+ years)
- Drywall (1 year)
- Large Vehicle Driving
- Kitchen management
- Security (1 year)
- Food Preparation (3 years)
- Meal Preparation (2 years)
- Leadership (8 years)
- Forklift
- Project coordination (1 year)
- Customer service
- Construction Management
- Mowing (3 years)
- Manufacturing
- Warehouse Supervisor Experience
- Carpentry (1 year)

- Customer support (2 years)
- Leadership
- Machining (1 year)
- Blueprint Reading
- Driving
- Sales
- Supervising Experience (2 years)
- Lawn Care (2 years)
- Facilities Maintenance
- Mold remediation (1 year)
- Commercial Cleaning (1 year)
- Fire restoration (1 year)
- Electrical Experience
- Communication skills (1 year)
- Project Management (1 year)
- Kitchen Management Experience (2 years)
- Handyman
- Packaging (3 years)
- Food Safety (7 years)
- Shift Management (1 year)
- Box truck
- Shift management
- Recruiting (Less than 1 year)
- Plumbing
- Public Speaking (3 years)
- Quality Assurance
- Mechanical Knowledge
- Analysis skills
- Data entry (2 years)
- Culinary Experience (5 years)
- Water Damage Restoration (1 year)
- Manufacturing (5 years)
- Residential Cleaning (2 years)
- Restaurant Management (2 years)
- Management (2 years)
- Blueprint reading
- Construction (2 years)
- Warehouse Management
- Restoration Industry Experience (1 year)
- Heavy Lifting (9 years)

- Demolition (1 year)
- Supervising experience
- CNC milling machine (Less than 1 year)
- Customer service (2 years)

Certifications and Licenses

Food Handler Certification

MSHA Certification

Electrician Apprentice

Driver's License

Hazardous Waste Operations & Emergency Response Training



