

CORPORATE MANAGEMENT GROUP

Employment Application

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

Office Number: 507-923-4955

Office Address: 3707 Commercial Dr. SW Rochester, MN 55902



Applicant Information

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

Please fully complete pages 1-3

Full Name: (Last Name, First Name) Finstad, Jason Date: 11/12/18

Address: (Street Address) 3705 Willow Heights DR SW (Apt./Unit #) _____
 (City) Rochester (State) MN (ZIP Code) 55902

Phone: 507-269-2568 Email: NA

Social Security No. 471-04-0796 Date Available: ASAP

Position Applied for: Any Available Desired Salary: \$12/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? Walk in Referral Name: Darryl

If under 18, please list age: _____

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? No Yes
Weekend all sp. 25th November

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	DE - H.S.	Exot, MN 55934	1-12	Degree
College	RCTC	Rochester, MN	2	A.A.S. Health Sciences
Bus. Or Trade School	RCTC	Rochester, MN	2	Certificate Auto-Tech
Professional School				

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Previous Employment

Company: Cardinal of MN Phone: ~~512-281-2077~~ 265-6033

Address: Rochester, MN Wellner Dr. NE 55904 Supervisor: Steve ~~Werner~~ Werner

Job Title: DSP Starting Salary: \$ 11.50 Ending Salary: \$ 12.75/HR

Responsibilities: Assisting clients w/ daily cares

From: 2012 To: 2018 Reason for Leaving: Moved

May we contact your previous supervisor for reference? Yes No

Company: RCTC Phone: _____

Address: Rochester, MN 55904 Supervisor: Otha Ratushko / Scott Krook

Job Title: Tutor - Student leadership Starting Salary: \$ _____ Ending Salary: \$ Quarterly Salary / \$1500

Responsibilities: Tutoring & Assisting Faculty w/ daily events/scheduling

From: 2007 To: 2009 Reason for Leaving: Graduated

May we contact your previous supervisor for reference? Yes No

Company: Holzer mudducking Phone: ?

Address: Esota, MN Supervisor: Pat Sutton

Job Title: Mudducker Starting Salary: \$ 12/HR Ending Salary: \$ 15/HR

Responsibilities: Lifting & Leveling Sunken concrete & equipment maintenance

From: 2000 To: 2011 Reason for Leaving: Schooling

May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

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

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: [Signature] Date: 11/12/18

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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:

11/12/18

Name: Jason Finstad

Achoo!

By Cynthia Sherwood

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



Preliminary Questions

For CMG use only

Name: Jason

Date: 11/2/10

1. If hired are you willing to take a drug test? Yes
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? No
3. Are you able to work with pork? Yes
4. Which plant do you prefer? South
5. What shift do you prefer? And.

To be completed during or after interview

Date of interview _____

Have you ever been convicted of a crime? Yes No

Explain

Incident DUI 2005/2001

Employee Signature Jason

Interviewer Signature Heather

Orientation Quiz

Date: 11/12/18Name: Jason Finstad

- T/F 1. No jewelry is allowed except for a plain wedding band (no stones) and must be covered with a glove.
- T/F 2. At the beginning of your shift you can wear your smock in the break room before washing your hands.
- T/F 3. Everyone is allowed to leave or go outside during their break.
4. HACCP stands for:
- A. Hazard Assessment Critical Control Procedures
 - B. Hazard Assessment Crisis Control Point
 - C. Hazard Analysis Critical Control Point
 - D. Hazard Analysis Critical Control Procedures
- T/F 5. Hand washing and clean gloves are the most effective means of preventing the spread of bacteria and viruses that can cause infections and foodborne illnesses.
- T/F 6. All kinds of chemicals can be stored in the production areas.
- T/F 7. All products should be labeled with their allergens.
- T/F 8. Plant doors should remain open and unlocked for everyone to have an easy access to the production areas.
- T/F 9. Employees are instructed to report anything suspicious or out of the norm to plant management or quality assurance immediately.
- T/F 10. It is OK to pick up product from the floor and continue working on the line, because we have sanitizer on the floor.
- T/F 11. Sanitize gloved hands, aprons, and sleeves at the sound of the alarm.
12. What are the allergens we have present in Reichel production?
- A. Eggs, Wheat, Soy, Milk, Treenut (Cashew), Treenut (Almond), Peanuts.
 - B. Soy, Almonds, Crab, Peanuts and Eggs
 - C. Soy, Eggs, Almonds, Peanuts and Milk
 - D. Fish, Walnuts, Shrimp, Milk and Pecans
13. Circle product contact surfaces below:
- Trays Hands Floor Smock Hairnet Slicer Blades
14. What does SQF stand for?
- A. Simple Quality Food
 - B. Safe Quality Food
 - C. Safe Quick Food
- T/F 15. Production Supervisors can remove QA HOLD tags from product or equipment?
- T/F 16. Extra copies of Controlled Documents can be stored on your clipboard?
- T/F 17. If a mistake is made on a form, draw a single line through error, initial it and write the correct information next to it.

T/F 18. Product ID and traceability is important in the event of a recall due to a food safety issue.

19. If you see a problem with product quality or food safety, you should tell:

- A. Your Co-Workers During Lunch
- B. A Warehouse Employee
- C. QA or Supervisor Immediately

T/F 20. Internal Auditing helps us continuously improve our SQF system.

21. Where can you find the Food Safety Policy?

- A. In the Lunch Room/Break Room
- B. The Bathroom
- C. Supervisors' Office

T/F 22. It is OK to handle cardboard boxes and product contact items at the same time?

T/F 23. If I wash my hands in the restroom, I do NOT need to wash my hands upon entrance into each production area.

T/F 24. I do not have to wear earplugs in required areas if I already have hearing loss?

T/F 25. It is a Safety violation to walk underneath the forklift, even if the driver sees me.

T/F 26. It is my responsibility to follow all Safety policies. If I choose not to use Personal Protective Equipment provided for me and not follow safety guidelines, disciplinary action will result.

27. Where can you find examples of the recommended employee stretches?

- A. Break Room Bulletin Board
- B. In your Pay Stubs
- C. In the Restrooms

28. When is the best time to stretch?

- A. Before bed
- B. After work
- C. Before work



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 the sheet stating that you received your login information.

CMG/ ESSG / Reichel Foods Handbook

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

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

Login Name: 5072697568

Login Password: JF@0796

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:** _____

AUTHORIZATION TO RELEASE INDUSTRIAL HEARING TEST RESULTS

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

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

First Name: Jason

Middle Name: Scott

Last Name: Finstad

Social Security Number: 471-04-0794

Date of Birth: 12/24/81

Gender (Circle one): Male Female

My Signature: _____

Today's Date: 11/12/19

Employee Photo Release Form

I, Jason, agree to let Reichel Foods use my picture for internal security purposes. I also agree to submit a written request to Reichel Foods if/when I wish my photo be removed from the company database.

Employee Signature Name: _____

Date: 11/12/19

mi MINNESOTA
USA

**DRIVER'S
LICENSE**



1 FINSTAD
2 JASON SCOTT
8 1316 GAGE CT NW
ROCHESTER, MN 55901

4d DL# T010-248-497-701 4a ISS 08/27/2018
3 DOB 12/24/1981 4b EXP 12/24/2022
9 CLASS D 9a END NONE
12 RESTR NONE

Minnesota

15 SEX M 17 WGT 130 lb
16 HGT 6'-01" 18 EYES BRO
5 DD 2018655236013

Jason Finstad



12/24/81



Case Verification Number: 2018316161108

Report prepared: 11/12/2018



Company Information

Company ID: 1284996

Company Name:
Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate
Management Group

Employee Information

Name: Jason S. Finstad

Date of Birth: 12/24/1981

U.S. Social Security Number: ***-**-0796

Employee's First Day of Employment:
11/12/2018

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: Driver's License

Document Number: *****7701

Expiration Date: 12/24/2022

State: Minnesota

List C Document: Social Security Card

Case Information

Current Case Result: Closed

Case Submitted By: Diana Elton

Case Status: Employment Authorized

Reason for Closure: Employment Authorized
Auto Close



employer solutions staffing group.

Leveraging Resources in a Changing Market

Direct Deposit/Payroll Debit Card Authorization

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card.
If you do not provide a written election, wages will be paid by Payroll Debit Card.

SECTION 1 BASIC INFORMATION

Employee Name JASON Finstad	SSN# (last 4 digits) 0796	Effective Date
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SECTION 2 ELECTRONIC PAY OPTIONS

Direct Deposit (Please complete Sections 3 and 5 below) *Note: Direct Deposit accounts may take up to 7 days to be activated.*

Payroll Debit Card (Please complete Sections 4 and 5 below)

SECTION 3 DIRECT DEPOSIT

ACCOUNT	<input type="checkbox"/> Update Bank Account	<p>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 incurred if the account number that I provide is incorrect.</p> <p>Initial _____ Date _____</p>
	Bank Name:	
	Routing#	
	Account#	
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	

- To help us avoid making an error, please attach a copy of a voided check. (a deposit slip will not work)
- If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods.

SECTION 4 PAYROLL DEBIT CARD

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.

Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)

First Name	M.I.	Last Name	Date of Birth
Street Address (PO BOX NOT ACCEPTABLE)			Social Security#
City	State	Zip	Cell Phone (mobile)

RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Routing #	Payroll Debit Card Account #
------------------------------	------------------------------

I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature: _____ Date: _____

Paper Check (Option available to GA NH and NY residents only)

SECTION 5 AUTHORIZATION

I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). * E-mail is required for pay stub information.

*E-mail: _____ @ _____
this information will only be used to send your paystubs electronically

Employee's Signature: _____ Date: _____

TEST RESULTS REPORT

Test Reference Number _____ Name of Collector _____

COMPANY INFORMATION

Company Name Leechel Foods Phone 923-4955 Fax _____
 Address 3107 Commercial Dr SW City Spencer State/Province MA Zip/Postal Code 55903

DONOR INFORMATION

Employee ID: _____
 Last Name Finsted First Name JASON
 Type of Identification Provided: Driver's License Employee Photo ID Other _____
 Reason for test: Pre-employment Random Reasonable cause Post-accident Other _____

CERTIFICATION

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

Donor Signature _____ Date/Time _____
 I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.
Kelsey Adkins
 Collector signature _____ Date/Time _____

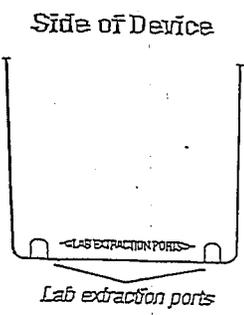
 Laboratory signature _____ Date/Time received _____

TEST RESULTS

Date/Time Collected _____
 Time Interpreted _____

Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amphetamine	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moradone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MEI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Lab personnel obtain specimen samples by puncturing the lab extraction ports on the side of device with a needle and syringe and drawing out the sample.



Cut out this panel to copy/scan results

Notes / Comments _____

