

CORPORATE MANAGEMENT GROUP

Employment Application
 245 Industrial Blvd.
 Sauk Rapids, MN 56379
 320-281-5617

CMG
 Rochester, MN



2/7/18 @ 1:15 P

Applicant Information

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

Name: FIRST Jesse MI R LAST Paul Date: 2/7/18

Address: (Street Address) 6415 55th St Se (Apt./Unit #) _____
 (City) Rochester (State) MIN (ZIP Code) 55404

Phone: 507 519 1013 (cell) Email: _____

Social Security No. 469-27-9763 Date Available: Immediately

Position Applied for: Assembly Line? Desired Salary: 10.00 per hr.

Shift Available to work: 1st ___ 2nd ___ 3rd Employment desired: Full-Time ___ Part-Time

What is your means of transportation to work? Car pooling with Zak Gostine

Are you authorized to work in the U.S? Yes ___ No

How did you hear about us? Zak Gostine Referral Name: Zak Gostine

Did you complete this application yourself Yes ___ No If under 18, please check here ___

Weekends OK
 SP 2/7/18

Education				
Type of School	Name of School	Location	Number of Years Completed	Major & Degree
High School	Stewartville HS Futures Choices	Stewartville Byron	12	
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: Dairy Queen Phone: _____
Address: _____ Supervisor: _____
Job Title: Dish Washer/Cook Starting Salary: \$ 6.25 Ending Salary: \$ 7.55
Responsibilities: prep food for day and Dishes when closing / cooking
From: _____ To: _____ Reason for Leaving: Fired

Company: Dahl Copiers Phone: _____
Address: _____ Supervisor: _____
Job Title: receptionist Starting Salary: \$ _____ Ending Salary: \$ 8.00
Responsibilities: answering phone / managing front desk
From: _____ To: _____ Reason for Leaving: on call

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

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: 2/7/18

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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: 2/7/18

MINNESOTA
IDENTIFICATION CARD
NOT A DRIVER'S LICENSE

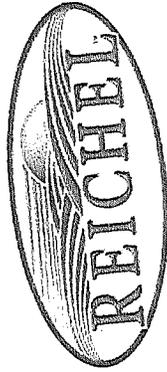


JESSE ROBERT DAHL
1110 PETERSEN LN NW
STEWARTVILLE, MN 55976

Date of Birth 04-28-1993
Sex Eyes Class
M BLU ID
Height Weight
5-6 160

ISSUED 06-2014 EXPIRES 04-28-2018

W893211387220 *Jesse Dahl*



Employee Photo Release Form

I, Jesse Doh 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: Jesse Doh

Date: 2/7/18



Preliminary Questions

For CMG use only

Name: Jesse Paul

Date: 2/7/18

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 to you prefer? 1st ✓

To be completed during or after interview

Date of interview 2/7/18

Have you ever been convicted of a crime? Yes No

Explain

Incident Sexual Crime Case →

Employee Signature Jesse Paul

Interviewer Signature [Signature]



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2018038143334XJ

Report Prepared: 02/07/2018

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Dahl

First Name: Jesse

Date of Birth: 04/28/1993

Social Security Number: *** ** 7763

Hire Date: 02/07/2018

Citizenship Status: A citizen of the United States

Document Information

List B Document: ID card issued by a U.S. federal, state or local government agency

List C Document: Social Security Card

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 02/07/2018

Case Submitted By: KSIK1977

SENSITIVE BUT UNCLASSIFIED



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

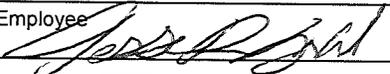
Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name) Dahl		First Name (Given Name) Jesse		Middle Initial R	Other Last Names Used (if any) N/A	
Address (Street Number and Name) 6415 55th ST SE			Apt. Number N/A	City or Town Rochester		State MN
Date of Birth (mm/dd/yyyy) 04/28/1993		U.S. Social Security Number 4 6 9 - 2 7 - 7 7 6 3		Employee's E-mail Address N/A		Employee's Telephone Number (507) 517-1013

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>N/A</u>
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>N/A</u> Some aliens may write "N/A" in the expiration date field. (See instructions)
<p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Alien Registration Number/USCIS Number: <u>N/A</u> OR</p> <p>2. Form I-94 Admission Number: <u>N/A</u> OR</p> <p>3. Foreign Passport Number: <u>N/A</u> Country of Issuance: <u>N/A</u></p>
QR Code - Section 1 Do Not Write In This Space 

Signature of Employee 	Today's Date (mm/dd/yyyy) 02/01/2019
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP! Employer Completes Next Page STOP!



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) Dahl	First Name (Given Name) Jesse	M.I. R	Citizenship/Immigration Status 1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title N/A		Document Title ID card issued by state/territory		Document Title Social Security Card (Unrestricted)
Issuing Authority N/A		Issuing Authority Minnesota		Issuing Authority Social Security Administration
Document Number N/A		Document Number W893211387220		Document Number 469277763
Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) 04/28/2018		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		Additional Information <div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Section 2 Do Not Write In This Space  </div>		
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>[Signature]</i>		Today's Date (mm/dd/yyyy) 02/07/2018	Title of Employer or Authorized Representative Client Services Manager	
Last Name of Employer or Authorized Representative Sikkink	First Name of Employer or Authorized Representative Kelsey		Employer's Business or Organization Name Employer Solutions Staffing Gr	
Employer's Business or Organization Address (Street Number and Name) 7480 Flying Cloud Dr		City or Town Eden Prairie	State MN	ZIP Code 55344

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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MINNESOTA
IDENTIFICATION CARD
NOT A DRIVER'S LICENSE



JESSE ROBERT DAHL
1110 PETERSEN LN NW
STEWARTVILLE, MN 55976

Date of Birth 04-28-1993

Sex	Eyes	Class
M	BLU	ID

Height	Weight
5-6	160

ISSUED 06-2014

EXPIRES 04-28-2018

W893211387220

A handwritten signature in black ink, appearing to read "Jesse Dahl".

**DRUG AND ALCOHOL
TESTING CONSENT FORM**

1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.

2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events as described in the policy may result in adverse personnel action, including my termination from employment with ESSG. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.

3. I hereby voluntarily consent to ESSG, or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath, or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by ESSG may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to ESSG of the results of my drug and/or alcohol test and other information related to the test.

Jesse R Dahl

Individual's Name

2/7/18

Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

EMPLOYER SOLUTIONS STAFFING GROUP
BACKGROUND CHECK AUTHORIZATION

Employee Name: Jesse Robert Dahl
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: 415 Marion Road SE Rochester 559
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: 469 27 7169 DOB: 4/28/93

Phone Number: 507-517-1013

Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and date of birth.

Signature: Jesse Dahl Date: 2/2/18

Notice to CA, MN, and OK Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.