

LM 10/14

Meets 10/16 11:30 - note



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE Oct 11, 2013

Name Barber Jessica Ellen
Last First Middle Maiden

Present address 1103 2nd Ave NW
Number Street
Rochester mn 55901
City State Zip

Social Security No. 398 - 02 - 8926

Telephone (507) 398 3426 E-Mail Jessicabarber22@gmail.com

If under 18, please list age _____ Referred by Brandon Huamstad

Position applied for (1) Open Shift available to work
 and salary desired (2) 9.50 1st
 (Be specific) (S) 2nd _____ 3rd _____ *wknds bckrs 10/14*

How many hours can you work weekly? 40+ Can you work nights? YES - prefer not to

Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY FULL- OR PART-TIME

When available for work? ASAP

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No ___ Yes If so, please explain _____

Do you anticipate any absences from work on a regular basis?
 No ___ Yes If so, please explain _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Dover-Eyota</u>	<u>Dover mn 55929</u>	<u>12</u>	<u>Diploma</u>
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes ^{ok 10/10}
If yes, explain number of conviction(s), nature of offense(s), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation. _____

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? Driving

Driver's license number E55500654415 State of issue mn

Operator Commercial (CDL) Chauffeur

Expiration date 11-02-2016

Have you had any accidents during the past three years? Yes No
If so, how many? _____

Have you had any moving violations during the past three years? Yes No
If so, how many? 1 speeding ticket

Please list two references other than relatives or previous employers.

Name <u>Troy McKenzie</u>	Name <u>Brandon Hvamstad</u>
Position <u>Dmo</u>	Position <u>unknown</u>
Company <u>Texas Road House</u>	Company <u>Reichel Foods</u>
Address <u>55st NW Rochester</u>	Address _____
<u>mn</u>	_____
Telephone <u>(507) 990 8814</u>	Telephone <u>(507) 990 9449</u>

→ yhang

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? __ Yes __ No

Branch _____ Specialty _____

Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name <u>Red Lobster</u>	Supervisor name <u>Pat - General manager</u>	
Position <u>Assembler / CT</u>	Employment dates	Pay or salary
Company <u>Red Lobster</u>	From <u>Sept 2011</u>	Start <u>8.50</u>
Address <u>Apache Dr Rochester mn</u>	To <u>Aug. 2013</u>	Final <u>10.15</u>
Telephone <u>(507) 288 0688</u>	Your last job title <u>Crew trainer / Assembler</u>	

Reason for leaving (be specific) took two weeks off. Too much going on and boss never called me back.

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Training in new crew. Lead Assembler. Plating New dishes and Food to be picture perfect

Name <u>Taco Johns</u>	Supervisor name <u>Grizelda</u>	
Position <u>Line crew</u>	Employment dates	Pay or salary
Company <u>Taco Johns</u>	From <u>Feb 2011</u>	Start <u>7.25</u>
Address <u>7th St NW Rochester mn</u>	To <u>Oct 2011</u>	Final <u>7.55</u>
Telephone <u>(507) 281 9409</u>	Your last job title <u>Line crew / Cashier</u>	

Reason for leaving (be specific) New Job offer.

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Prep work, making ~~the~~ food in a timely manner. Cashiering and being Customer friendly.

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name <u>Walmart</u>	Supervisor name <u>Dumion</u>	
Position <u>Cashier</u>	Employment dates	Pay or salary
Company _____	From <u>March 09</u>	Start <u>7.65</u>
Address <u>Albert Lea</u>	To <u>Oct 09</u>	Final <u>8.05</u>
<u>1550 Blake St</u>	Your last job title <u>Cashier</u>	
Telephone <u>(501) 373 7218</u>		
Reason for leaving (be specific) <u>Doctors note leave of absence / moved out of state.</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Red Lining, Cashiering.</u>		

Name <u>Holiday House</u>	Supervisor name <u>Nancy & Joe Dierdreich</u>	
Position <u>Cook/dishwasher/cashier</u>	Employment dates	Pay or salary
Company _____	From <u>Sep 2005</u>	Start <u>5.25</u>
Address <u>Dover mn 55909</u>	To <u>Jun. 2007</u>	Final <u>7.50</u>
Telephone <u>Unknown</u>	Your last job title <u>cook</u>	
Reason for leaving (be specific) <u>Business Closed</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. <u>Cooking, Cleaning, Dishes, Cashuering, waitressing.</u>		

May we contact your present employer? Yes ___ No

Did you complete this application yourself? Yes ___ No

If not, who did? _____

**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.

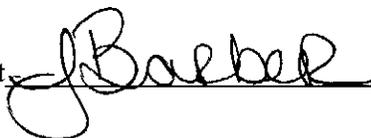
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by 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:

Oct 11th 2013

CMG

Preliminary Questions

Name: Jessica Barber

Date: 10/16/2013

1. If hired, can we run a national background study? yes
2. If hired are you willing to take a drug test? yes
3. Are you able to work with soy, wheat, peanuts & milk? yes
4. Are you able to work with pork? yes
5. Which plant do you prefer? Open
6. What shift do you prefer? 1st

If called for an interview please bring two forms of identification.

(Social Security Card, Birth Certificate, passport and license or permanent resident card)

Rick and Rose

Rick and Rose were good friends. They worked together at Reichel Foods.

One day they had a lot of work, and not enough employees, this same day the supervisor asked Rick to pack carrots and ranch in 100 boxes. Rick was worried he could not finish this before the day ended. He was going to ask Rose for help but he noticed she was gone. He knew if she didn't help, the boxes would not get packed on time.

The supervisor saw Rick working very hard and went to ask Rose for help. He looked for in the cafeteria. When he saw her taking a break, he asked her why she wasn't helping Rick "I didn't know that he needed help," said Rose, "I will go help him right away."

When Rick saw Rose coming to help he felt happy and supported. Please don't be afraid to ask me to help. We are good friends and co-workers, " she said, " and together we make a great team.

1. Who are Rick and Rose?
 - a. Co-Workers
 - b. Good friends
 - c. Both A and B
2. Rick and Rose work at Reichel Foods. True or False?
 - a. True
 - b. False
3. Where did the supervisor find Rose?
 - a. Outside
 - b. Working on the line
 - c. In the cafeteria
 - d. In the bathroom
4. How did Rick feel when he saw Rose?
 - a. mad
 - b. sad
 - c. happy
 - d. confused
5. What lesson did Rick and Rose learn?
 - a. Teamwork
 - b. How to make carrots and ranch
 - c. Communication
 - d. Both A and B

CMG

Applicant Interview Score Card

Name: Jessica Barber Date of Interview: _____

Position/Shift Assignment 1 (S/N) Standby by position _____

Rating weak (1) to strong (5)

1. Understanding of English conversation 1 2 3 4 5

2. Speaks English Fluently 1 2 3 4 5

3. Work experience related to job-food industry 1 2 3 4 5

4. Work history-working presently, yrs in workforce 1 2 3 4 5

5. Criminal background information 1 2 3 4 5

6. Possesses required New Hire documentation 1 2 3 4 5

7. Personality-friendly, pleasant, sense of humor 1 2 3 4 5

8. Appearance-well groomed, cleanliness 1 2 3 4 5

9. Meets requirements to work w/pork, peanuts & soy 1 2 3 4 5

10. Shifts availability-prefers shift that is available for

Open positions, willing to be flexible to shifts

Available. 1 2 3 4 5

Total possible points 50pts. Total points scored 50

Former Employer Rating Bonus Points 1-20 -

Interviewer: Kelsey total points 50

Date: 10/16

MINNESOTA

DRIVER'S LICENSE

JESSICA ELLEN BARBER
908 N BROADWAY #1
ROCHESTER, MN 55906

Date of Birth 11-02-1993
Sex F Eyes BRN
Height 5-4 Weight 110

ISSUED 10-2012 EXPIRES 11-02-2016

E555006544415

J Barber



STATE OF MINNESOTA
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF BIRTH

FULL NAME	JESSICA ELLEN BARBER	STATE FILE NUMBER	1988-MN-056245
DATE OF BIRTH	NOVEMBER 02, 1988		
SEX	FEMALE		
PLACE OF BIRTH	ROBBINSDALE HENNEPIN MINNESOTA		
PARENT NAME AT BIRTH	MICHELLE MAE MCKENZIE		
PARENT	KEVIN MICHAEL BARBER		

ANY AMENDMENT MADE PRIOR TO 08/09/2000 FOR THIS RECORD IS NOT NOTED ON THIS CERTIFICATE.

THIS IS A TRUE AND CORRECT RECORD OF BIRTH REGISTERED IN THE MINNESOTA OFFICE OF THE STATE REGISTRAR.

MR&C Certificate ID
8377009



000137603
55A-000137603

FILED: NOVEMBER 14, 1988

Steve Elkins
STEVE ELKINS
STATE REGISTRAR

ISSUED: AUGUST 21, 2013

OLMSTED COUNTY LICENSE BUREAU



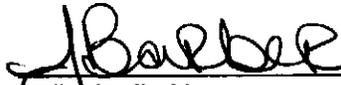
THIS CERTIFICATION IS VALID ONLY WHEN REPRODUCED ON WATERMARKED SECURITY PAPER WITH A RAISED BORDER AND RAISED STATE SEAL OF MINNESOTA.

**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.

4. 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.



Individual's Name

10/16/13

Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

TEST RESULTS RECORD

Test Reference Number _____ Name of Collector _____

COMPANY INFORMATION

Company Name Richel Foods Phone 923-4955 Fax _____
 Address 3707 Commercial Dr SW City Lytlester State/Province MN Zip/Postal Code 55903

DONOR INFORMATION

Last Name Barber Employee I.D. _____
 First Name Jessica
 Type of Identification Provided: Driver's License Employee Photo I.D. 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.

J Barber Donor signature Date / Time 10/16/13 12:13pm

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.

Lily Adkiss Collector signature Date / Time 10/16/13 12:10p

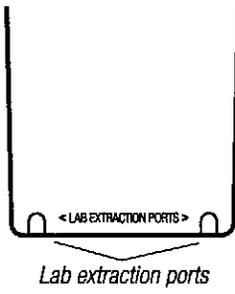
N/A Laboratory signature Date / Time received N/A

TEST RESULTS

Date/Time Collected 10/16/13 12:10p
 Time Interpreted 12:30p

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.

Side of Device



Cut out this panel to copy/scan results

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

Notes / Comments _____

