



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 1-18-16

Name Mulcahy, Megan Ann
Last First Middle Maiden

Present address 7883 Hermingway Avenue S
Number Street City State Zip
Cottage Grove MN 55016

Social Security No. 473-17-7155

Telephone (651) 276-7891 E-Mail mmulcahy83@yahoo.com

If under 18, please list age Referred by

Position applied for (1) <u>Operations</u> and salary desired (2) _____ (Be specific)	Shift available to work 1 st <u>Yes</u> 2 nd <u>No</u> 3 rd <u>No</u>
---	---

How many hours can you work weekly? 40+ Can you work nights? NO

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

When available for work? 1-18-16

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>Prior Lake</u>	<u>Prior Lake, MN</u>	<u>12</u>	<u>Diploma</u>
College	<u>Cardinal Stritch University</u>	<u>Waukegan, MN</u>	<u>4</u>	<u>BS. Mgmt - 1 cred. remain</u>
Bus. or Trade School				<u>Mgmt Certificate (2009)</u>
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes ___ No

What is your means of transportation to work? Car - Personal

Driver's license number 6907060992716 State of issue MN

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date 06-08-2016

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? _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

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

See Resume

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 _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From	Start
Address _____	To	Final
Telephone (____) _____	Your last job title _____	
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

Name _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From	Start
Address _____	To	Final
Telephone (____) _____	Your last job title _____	
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

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 _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From _____</td> <td>Start _____</td> </tr> <tr> <td>To _____</td> <td>Final _____</td> </tr> </table> Your last job title _____	Employment dates	Pay or salary	From _____	Start _____	To _____	Final _____
Employment dates	Pay or salary						
From _____	Start _____						
To _____	Final _____						
Reason for leaving (be specific) _____							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.							

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From _____</td> <td>Start _____</td> </tr> <tr> <td>To _____</td> <td>Final _____</td> </tr> </table> Your last job title _____	Employment dates	Pay or salary	From _____	Start _____	To _____	Final _____
Employment dates	Pay or salary						
From _____	Start _____						
To _____	Final _____						
Reason for leaving (be specific) _____							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.							

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.

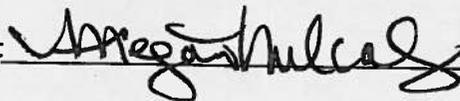
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by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

01-19-2016

(1p)

MEGAN MULCAHY

7883 Hemingway Avenue S ♦ Cottage Grove, MN 55016 ♦ (651) 276-7891 ♦ mmulcahy83@yahoo.c

RECRUITING PROFESSIONAL

EXPERT AT BUILDING RELATIONSHIPS WITH BACKGROUND IN HIGH-VOLUME, FULL-CYCLE CORPORATE AND CONTINGENT LABOR RECRUITING. A COMPETITIVE AND DRIVEN SPIRIT THAT THRIVES IN A FAST-PACED, DEADLINE DRIVEN ENVIRONMENT. ADVANCED SKILLS IN SOURCING FOR THOSE "HARD TO FILL" OPPORTUNITIES, AS WELL AS SOURCING PASSIVE CANDIDATES.

RECRUITING SKILLS

Sourcing
College Recruiting
Internship Recruiting
Employer Branding
Pre-Employment Screening
Salary/Rate Negotiation

Staff Recruitment & Retention
Contingent Workforce/Staffing
MSP Relationship Management
High-Volume Recruiting
Full-Cycle Recruiting
Referral Program Development

Orientation & On-Boarding
Multi-Requisition Management
HRIS/ATS System Operation
HR Vendor Management
Training & Development
HR Policies & Procedures

PROFESSIONAL EXPERIENCE

TRANSPORT AMERICA — Eagan, MN

Driver Recruiter, June 2015-Jan 2016

Recruiter for Class A CDL Drivers. Responsible for filling multiple openings in Teams, Over-the-Road, Regional and Dedicated accounts across the U.S.

Key Results:

- ♦ High volume recruiting in transportation industry
- ♦ Data entry and management of candidates utilizing internal ATS
- ♦ Ensured drivers met company and DOT requirements
- ♦ Coordinated and scheduled drivers for weekly orientations in Indianapolis and Birmingham
- ♦ Developed and managed strong pipeline of candidates

KELLY SERVICES — Edina, MN

Onsite Commercial Recruiter, Sept 2014-June 2015

Onsite recruiting presence for Fortune 500 global manufacturing client located in Edina, MN. Responsible for high-volume recruiting of contingent Machine Operators, Forklift Drivers and CDL Drivers.

Key Results:

- ♦ Onsite presence for high volume recruiting initiatives in light industrial arena
- ♦ Data entry and management of candidates utilizing Bullhorn and internal database
- ♦ Posting of positions utilizing Bullhorn, Career Builder, Monster, Craigslist, MN Works and local Community and Technical College websites
- ♦ Coordinated, scheduled and led onsite recruiting open house events at client site
- ♦ Independently coordinated and participated in offsite recruiting events
- ♦ Maintained and managed strong pipeline of candidates supporting multiple shifts

VOLT CONSULTING GROUP (ONSITE AT 3M) — Maplewood, MN

Contingent Workforce Relationship Manager, 2012 to 2014

MSP Relationship Manager at 3M Corporate Headquarters. Act as a liaison between 3M requesting managers, staffing agencies and contingent labor personnel. Work as an onsite presence providing support and management of the contingent workforce program across multiple divisions. Human Resources and labor related consulting with multiple levels of management. Provide support, consulting and training of systems and processes revolving around contingent labor.

Key Results:

- ◆ Consult on contingent labor with focus in Lab, Engineering, IT and Manufacturing space
- ◆ Consult 3M requesting managers on appropriate job titles, descriptions and bill rates
- ◆ Ensure supplier and 3M requesting manager compliance in Contingent Workforce Program across multiple divisions at 3M
- ◆ Independently manage contingent workforce relationships across multiple divisions at 3M with a contingent workforce headcount of over 700
- ◆ Provide HR consulting on contingent labor increases, policies, terminations and co-employment risk
- ◆ Manage contingent workforce requests and assignments utilizing VMS (Vendor Management Software)
- ◆ Development of relationships and partnerships with numerous contingent workforce suppliers
- ◆ Negotiate contingent labor bill rates with suppliers and requesting managers resulting in significant contingent labor cost savings
- ◆ Review of contingent labor candidate submittals against requesting managers qualifications
- ◆ Provide recruiting and HR expertise in areas of IT, manufacturing, administrative, engineering and laboratory

WALSER AUTOMOTIVE GROUP (CORPORATE) — Bloomington, MN

Recruiter, 2010 to 2012

High volume recruiter supporting over 20 business units. Recruited to help launch DRIVE Management Training Program recruitment initiatives. Independently managed high-volume sales recruitment, resulting in placing over 120 candidates within first 9 months of program. Worked with senior management to fine-tune sourcing, interviewing and hiring processes for sales recruiting at 15 dealership locations throughout Twin Cities. Built relationships from the ground up with several college career centers to gain exposure of our program to upcoming graduates and alumni.

Key Results:

- ◆ Played a key role in ensuring the successful launch of sales recruiting initiatives.
- ◆ Fostered relationships with senior management, hiring managers and candidates.
- ◆ Negotiated compensation at both the exempt and non-exempt level.
- ◆ Developed, presented and implemented company's first candidate referral bonus program for sales candidates. Resulted in 25 referral bonuses within first 12 months with a retention rate of 88%.
- ◆ Suggested and assisted with implementing sales internship program by independently managing recruitment and placement of sales interns. Program saw huge success resulting in doubling of sales intern recruitment for 2012.
- ◆ Independently expanded and developed recruiting relationships with 15 private and public colleges and universities within MN and WI.
- ◆ Fine-tuning of sourcing and behavioral interviewing resulting in higher volume of qualified candidates, increasing retention rate from less than 10% to 60% within first year of recruitment program.
- ◆ Revised job descriptions across all levels. "Shadowed" and interviewed hiring managers to construct an accurate picture of the duties and skills required for management trainee position.
- ◆ Recruiting support of 20 business units in administrative, production, sales, corporate and internships.

HR/Recruiting Contractor, 2008 to 2010

Completed HR/Recruiting contracts for companies including; EcoWater Systems, Comcast and Anderson Corporation. Also completed internal recruiting projects for Express Employment in Eagan and Edina as well as a short-term internal project for Prostaff in Burnsville.

EDUCATION & CERTIFICATIONS

CARDINAL STRITCH UNIVERSITY — Eden Prairie, MN

Certificate of Human Resources Management, Completed October 2009

Bachelor of Science (BS) in Management (11 credits remaining in generals)

Minor Human Resources Management (Completed, 2012)

TRAINING AND PROFESSIONAL AFFILIATIONS

Professional Development:

- ◆ Completed training in the areas of best hiring practices, hiring and the ADA, I-9 Verification and online on-boarding
- ◆ ZeroRisk Behavioral Hiring System Training – Dallas, TX – March 2012

Professional Affiliations:

- ◆ MNACE (Minnesota Association of Colleges and Employers), Member 2010-2012
- ◆ Northwestern College, Career Services Employer Volunteer
- ◆ Bethel College, Career Services Employer Volunteer
- ◆ UW River Falls, Career Services Employer Volunteer
- ◆ Saint Cloud State University, Career Services Employer Volunteer



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire 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) Mulcahy		First Name (Given Name) Megan		Middle Initial A	Other Names Used (if any) Megan A. Silva	
Address (Street Number and Name) 7883 Hemingway Avenue S.			Apt. Number	City or Town Cottage Grove	State MN	Zip Code 55016
Date of Birth (mm/dd/yyyy) 06-08-1983	U.S. Social Security Number 473-17-7155		E-mail Address mmulcahy83@yahoo.com			Telephone Number 651-276-7891

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):

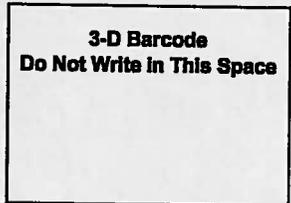
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: Megan Mulcahy	Date (mm/dd/yyyy): 06-18-2016
---	--------------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

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



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

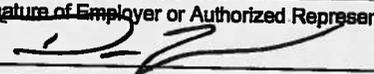
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: US PASSPORT		Document Title:		Document Title:
Issuing Authority: US Dept of STATE		Issuing Authority:		Issuing Authority:
Document Number: 4781075 14		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): 06.22.2021		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write In This Space**

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): 1/18/16 (See instructions for exemptions.)

Signature of Employer or Authorized Representative 		Date (mm/dd/yyyy) 01/18/2016	Title of Employer or Authorized Representative Regional Manager	
Last Name (Family Name) Zezza		First Name (Given Name) Daniel		Employer's Business or Organization Name Corporate Management Group
Employer's Business or Organization Address (Street Number and Name) 404 Broadway Ave			City or Town SAINT PAUL Park	State MIN
			Zip Code 55071	

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$19,000 (Single) or \$18,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent **A** 1

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. **B** 1

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** 1

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** 0

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) **E** 0

F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) **F** 0

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.
 • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child **G** 0

H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) **H** 1

For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2016	
1 Your first name and middle initial Megan A		Last name Mulcahy		2 Your social security number 473-17-7155	
Home address (number and street or rural route) 7883 Hemingway Avenue S		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code Cottage Grove, MN 55016		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		6 Additional amount, if any, you want withheld from each paycheck		7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption.	
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and		• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.		If you meet both conditions, write "Exempt" here.	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		Employee's signature (This form is not valid unless you sign it.) <i>Megan Mulcahy</i>		Date <u>01-18-2016</u>	
8 Employer's name and address (Employer: Complete lines 9 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	



ANTI-HARASSMENT POLICY

It is Corporate Management Group's (CMG) policy that all employees should be able to enjoy a work environment free from all forms of discrimination, including harassment. As such, CMG is committed to vigorously enforcing their Anti-harassment Policy. This policy applies to all employees of the organization (without regard to position) and individuals not directly connected to CMG (e.g., an outside vendor, consultant, customer or guest). Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation or veteran status. Harassment is considered a form of discrimination and is specifically included among the prohibitions under Title VII of the Civil Rights Act of 1964. In addition, retaliation or reprisal taken against anyone who has expressed concern about harassment or discrimination against the individual raising the concern is illegal.

The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as "unwelcome sexual advances, requests for sexual favors, sexual comments, or other verbal or physical acts of a sexual or sex-based nature including, but not limited to drawings, pictures, jokes, and/or teasing where (1) submission to such conduct is made either explicitly or implicitly a term or a condition of an individual's employment; (2) an employment decision is based on an individual's acceptance or rejection of such conduct; or (3) such conduct interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment."

The Anti-harassment Policy prohibits harassment and/or retaliation by any individual employed by, doing business with or for, or visiting CMG. Employees who believe they have been the subject of harassment and/or retaliation or an employee who may have been witness to harassment and/or retaliation must report the incident immediately. Information and/or allegations must be reported to a manager of CMG (by telephoning **866.920.1425** or **303.920.1425**). Only those who have an immediate need to know, including the alleged target of harassment or retaliation, the alleged harassers or retaliators, and any witnesses may find out the identity of the complainant. All individuals contacted in the course of an investigation will be advised that all persons involved in a charge are entitled to respect and that any retaliation or reprisal against an individual who is an alleged target of harassment or retaliation, who has made a complaint, or who has provided information in connection with a complaint, is a separate violation of CMG's policy. All information will be disclosed only on a need-to-know basis to allow CMG to

investigate and resolve the incident. CMG recognizes the serious nature of harassment and therefore will endeavor to protect the employee who may have been subjected to harassment, any witnesses and the party against whom allegations have been filed to every possible extent.

Harassment is unlawful and has a negative impact on employees. Violation of the Anti-harassment Policy will not be tolerated by CMG and may result in discipline up to and including termination. Offensive acts or conduct have no legitimate business purpose; accordingly, any employee, regardless of his/her position within CMG, who it is determined has engaged in such conduct will be made to bear the full responsibility for such unlawful conduct.

With respect to sexual harassment, the following is prohibited:

1. Unwelcome sexual advances, request for sexual favors, and all other verbal or physical conduct of a sexual or otherwise offensive nature, especially where:
 - Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
 - Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
 - Such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment.
2. Offensive comments, jokes, innuendoes and other sexually-oriented statements.

If Harassment Occurs:

1. When possible, confront the harasser and tell him/her to stop. Sometimes a simple confrontation will end the situation.
2. If confrontation is unsuccessful, immediately contact your CMG supervisor to report the harassment.
3. An investigation will be conducted and appropriate action taken, including disciplinary measures. We will investigate, in confidence; all reported incidents of harassment and retaliation.

Employee Signature: _____

Date: 01-18-2016



Background Investigation Information Release Form

I consent to have a consumer report made as to my credit history, employment history, motor vehicle driving record, social security information, criminal record, and other pertinent information for employment purposes, including initial hiring decisions, promotions, reassignments, and/or retention. I hereby authorize **Corporate Management Group, Inc.** to obtain a background report containing the foregoing information from Express Screening, P.O. Box 812289, Boca Raton, Florida 33481.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request To Express Screening within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify Express Screening, its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from Express Screening, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Express Screening, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

I AUTHORIZE CMG TO CONTACT PRIOR EMPLOYER YES NO

01-18-2016

[Signature]

DATE

APPLICANT'S SIGNATURE

Printed Name: Meagan Mulcahy

Social Security No. 473-17-7155

Birth date: 06-08-1983

Address: 7883 Hemingway Avenue South

City/State/Zip: Cottage Grove, MN 55016

†Responses to these questions are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another person in the event we discover adverse information during our background investigation.

IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Name: Megan Ann Mulcahy

Address: 7883 Hemingway Avenue South Cottage Grove, MN 5504

Home Phone: 651-276-7891

Person(s) to contact in case of an emergency on the job (in order of preference):

1. Name: Samuel Maslowski

Phone (primary): 612-221-3361

Phone (secondary): _____

2. Name: Dan Stern

Phone (primary): 651-260-2710

Phone (secondary): _____

Additional information you want CMG and our clients to know in the event of an emergency:

ACKNOWLEDGMENT

The associate handbook was reviewed with me, and I have received my personal copy. I also acknowledge that I have been given the opportunity to ask questions and express concerns during my orientation. Additionally, I understand and support the following:

1. This handbook is intended as a guide and not an employment agreement that creates a contractual relationship, and that the employment relationship may be terminated at the will of either party at any time.
2. The changing needs of the business will require alteration in method, practices and policies, and the company will unilaterally revise, as necessary, to meet these changing needs.
3. I agree to notify CMG Human Resources immediately of any change in my personal data such as phone number, address, emergency notification, etc.
4. I am responsible for the information provided herein and will, upon my separation, return this handbook to CMG Human Resources.

Date: 01-18-2016

Associate's Signature: Megan Mulcahy

Associate's Printed Name: Megan Mulcahy

Social Security #: 473-17-7155

Orientation provided by: [Signature]



Authorization of Direct Deposit

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

Attach a voided check, copy of a check, or spec sheet for each account. Indicate whether it is a checking or saving account. (No deposit slips)

1. Call your bank and confirm the ACH Routing Number(s) and Account numbers for Checking and/or Savings
2. Complete and Sign the form

Main Account (Net Pay) Checking or Savings Account (circle one)

Acct # 1852358163

ACH Routing # 2191107000111

Bank Name TCF Bank

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # / / / / / / / / / /

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # / / / / / / / / / /

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # / / / / / / / / / /

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # / / / / / / / / / /

Bank Name _____

Employee Name Megan Mulcahy SS# 473177155

Address 7883 Hemingway Ave S, City Cottondale State MN Zip 55016

Employee Signature Megan Mulcahy

MEGAN A. MULCAHY
7883 HEMINGWAY AVE S
COTTAGE GROVE, MN 55016-1852

3009
17-70002810115
1852358188

Pay to the
Order of

VOID

VOID

Date

\$ VOID

Dollars



TCF National Bank
tcfbank.com

Memo

VOID

VOID

⑆ 291070001⑆ 1852358188⑆ 03009

Printed Check