



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

View Paystubs

↘ Website: <https://zenople.esgazure.com/login/cm>

** do not fill out the below login name and password, CMG will provide you with this information **

Login Name: 6072730136

Login Password: Pjs@0248

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: [Signature] Date: Oct 18 2023



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.

★ My Signature: [Signature]

★ Today's Date: 02-18-2003

Employee Photo Release Form

I, Ramohan Sigan, 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: [Signature]

★ Date: 02-18-2003

EMERGENCY CONTACT INFORMATION

Employer Solutions Staffing Group In-Case of an Emergency – Notification Information

Please list at least one person with one working phone number.

We will only contact the name(s) listed below if we are unable to get ahold of you or if there is an emergency.

Contact # 1:

Contact # 2

Name: Judith Williams

Name: _____

Relationship: Friend

Relationship: _____

Phone Number: 507-275-9376

Phone Number: _____

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

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

Name: John Singh
Date: Oct 18 2023

Rick and Rose CMG Reading Test

**** Please read the story then answer the multiple-choice questions ****

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 her 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 & B
2. Rick and Rose work at Reichel Foods. True or false? (circle one)
 - 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 & C



Notification of Minnesota Law Requirement- Unemployment Acknowledgement

According to Minnesota Statute section 268.095, subdivision 2, paragraph (d), an applicant who, within five calendar days after completion of a suitable job assignment from a staffing service, (1) fails without good cause to affirmatively request an additional suitable job assignment, (2) refuses without good cause an additional suitable job assignment offered, or (3) accepts employment with the client of the staffing service, is considered to have quit employment. This paragraph applies only if, at the time of beginning of employment with the staffing service, the applicant signed and was provided a copy of a separate document written in clear and concise language that informed the applicant of this paragraph and that unemployment benefits may be affected.

It is your responsibility to contact ESSG through the recruiter stated below for additional assignments. If you fail to do so, it may affect your unemployment benefits.

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

Recruiter: Corporate Management Group

Phone Number: 303-9201425

Address: 1501 W. 124th Ave Unit 500 Westminster, CO 80234

* Employee Signature: [Signature] Date: 05

Pay Information-Payday is every Friday

Name: Pratima Manjanna Singh

Please mark what option you choose

Direct Deposit

Bank Name Wells Fargo Routing # 092905278 Account # 1951064003

Circle ONE: Checking or Savings

I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs included if the account number that I provide is incorrect.

Initial PTS

Bank of America Money Network Card

I authorize ESSG to send my paycheck stub electronically to the email address that is listed below.

Email _____

Initial _____

Applicant Certification and Authorization for Background Check

Please read the below statements and initial on the indicated line

(This information will be inputted onto the online NHO form – you will be provided the login information during your interview)

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that comprehensive background checks may be conducted to determine my eligibility for my hire by certain clients of ESSG. 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 ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check. I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or if discovered after I begin my employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

 I have read and agree ES (initial)

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, country 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 dates of birth.

 I have read and agree ES (initial)

Authorization to Enter New Hire Information

By signing below, I authorize a member of Corporate Management Group – Rochester Office – to enter my new hire paperwork into the online Zenople (NHO) site. I understand that I will be provided access via login name and password to view the forms that they have completed on my behalf.

✱ Employee Signature: [Signature] Date: 9-18-2023

Insurance Information

I understand that the CMG Staff defaults to decline insurance when entering my new hire paperwork unless specified otherwise during my interview.

I understand that I have 30 days after my employment starts to apply for insurance through ESSG via the login information provided to me.

✱ I agree: [Signature] (initial)

Electronic W-2 Consent:

The IRS has approved employers to send W-2 electronically to employees. Employees who choose to receive their W-2 statements electronically will have the following advantages. Faster access to your W-2. Ongoing availability to view the W-2. Ability to reprint as many times as needed.

Would you like to receive your W-2 statement electronically?

Yes No

By completing the box below, you are consenting to receive your W-2 by email to only the email address that you list. A paper copy will **not** be provided. This option can be changed at any time but remains in effect until you inform ESSG that you would like to revoke your consent.

I consent to receive my W-2 by email at the address listed below from this date forward.

Email

✱ I agree: [Signature] (initial)

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
 Give Form W-4 to your employer.
 Your withholding is subject to review by the IRS.

2023

Step 1:
 Enter
 Personal
 Information

(a) First name and middle initial Pragimchan J	Last name Singh	(b) Social security number 082-42-0248
Address 2015 41st St NW J-31		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code Rochester, MN 55901		
(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2:
 Multiple Jobs
 or Spouse
 Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.	
	Employee's signature (This form is not valid unless you sign it.) 	Date 04 18 2023

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)



2023 W-4MN, Minnesota Withholding Allowance/Exemption Certificate

Employees

Complete Form W-4MN so your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MN each year and when your personal or financial situation changes. If no Form W-4MN is in effect, the number of withholding allowances claimed will be zero.

First Name and Initial <u>Pramchan J</u>	Last Name <u>Singh</u>	Social Security Number <u>088-82-0248</u>
Permanent Address <u>2015 41st St NW</u>		Marital Status (Check one): <input checked="" type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate
City <u>Rochester MN</u>	State <u>MN</u>	ZIP Code <u>55901</u>

Complete Section 1 OR Section 2, then sign the bottom and give the completed form to your employer.

Section 1 — Determining Minnesota Allowances

- A Enter "1" if no one else can claim you as a dependent A 1
 - B Enter "1" if any of the following apply: B 1
 - You are single and have only one job
 - You are married, have only one job, and your spouse does not work
 - Your wages from a second job or your spouse's wages are \$1500 or less
 - C Enter "1" if you are married. Or 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 _____
 - D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. D _____
 - E Enter "1" if you will use the filing status Head of Household (see instructions)..... E _____
 - F Add steps A through E. If you plan to itemize deductions on your 2023 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. F _____
- 1 Minnesota Allowances. Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet 1 _____
- 2 Additional Minnesota withholding you want deducted for each pay period (see instructions) 2 \$ _____

Section 2 — Exemption From Minnesota Withholding

Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate why you believe you are exempt:

- A I meet the requirements and claim exempt from both federal and Minnesota income tax withholding
- B Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding, because:
 - I had no Minnesota income tax liability last year
 - I received a refund of all Minnesota income tax withheld
 - I expect to have no Minnesota income tax liability this year
- C All of these apply:
 - My spouse is a military service member assigned to a military location in Minnesota
 - My domicile (legal residence) is in another state
 - I am in Minnesota solely to be with my spouse. My state of domicile is _____
- D I am an American Indian that resides and works on a reservation for which I am enrolled (see instructions).
Enter the reservation name: _____
Enter your Certificate of Degree of Indian Blood (CDIB)/Enrollment number: _____
- E I am a member of the Minnesota National Guard or an active-duty U.S. military member and claim exempt from Minnesota withholding on my military pay
- F I receive a military pension or other military retirement pay as calculated under U.S. Code, title 10, sections 1401 through 1414, 1447 through 1455, and 12733, and I claim exempt from Minnesota withholding on this retirement pay

I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false Form W-4MN.

Employee's Signature 	Date <u>Oct 18 2023</u>	Daytime Phone Number <u>507-273-0136</u>
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Employees: Give the completed form to your employer.

Employers

See the employer instructions to determine if you must send a copy of this form to the Minnesota Department of Revenue. If required, enter your information below and mail this form to the address in the instructions. (Incomplete forms are considered invalid.) We may assess a \$50 penalty for each required Form W-4MN not filed with us. Keep a copy for your records.

Name of Employer	Minnesota Tax ID Number	Federal Employer ID Number (FEIN)
Address	City	State ZIP Code

Form **8850**
(Rev. March 2016)

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

Department of the Treasury
Internal Revenue Service

▶ Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name John S Social security number ▶ 082-82-0248

Street address where you live ~~2015~~ 41st St NW

City or town, state, and ZIP code Rochester MN 55901

County _____ Telephone number 507-273-0136

If you are under age 40, enter your date of birth (month, day, year) Nov 23 1993

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; or
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ 

Date Oct 18 2023



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the **Instructions**.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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

Last Name (Family Name) <i>Singh</i>		First Name (Given Name) <i>Praimchan</i>		Middle Initial (if any) <i>J</i>	Other Last Names Used (if any) <i>John</i>	
Address (Street Number and Name) <i>2015 41st St NW Rochester</i>			Apt. Number (if any) <i>J-31</i>	City or Town <i>Rochester</i>		State <i>MM</i>
Date of Birth (mm/dd/yyyy) <i>11/23/1993</i>		U.S. Social Security Number <i>0812182102148</i>		Employee's Email Address <i>PraimchanSingh@gmail.com</i>		Employee's Telephone Number <i>507-273-0136</i>

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (See Instructions.)
- 3. A lawful permanent resident (Enter USCIS or A-Number.)
- 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
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Signature of Employee
[Signature]

Today's Date (mm/dd/yyyy)
10/18/2023

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the **Preparer and/or Translator Certification** on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete **Supplement B, Reverification and Rehire** on Page 4.

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) 3 Singh, Praimchan Date: Oct 18

Address: (Street Address) 2015 41st St NW (Apt./Unit #) J-31

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

Phone: 507-273-0136 Email: PraimchanSingh@gmail.com

Social Security No. 082-82-0844 Date Available: ASAP

Position Applied for: Sanitation Desired Salary: 20\$

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? wife Referral Name: N/A

If under 18, please list age: _____

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? No Yes

(John)
35
Weekends okay
17.00 + 2.00
No Physical
on
Physical Science
FT/perm
Accepted

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School				
College	Potomac State College	Kaysers, WV 101 Fort Ave 26726	2	Associates of Arts / Political Science
Bus. Or Trade School				
Professional School				

BG-Pending
EV-NNT

Boot ~~12~~ 13

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

Previous Employment

Company: SPECTRUM Phone: _____

Address: 3993 Heritage Pl NW Supervisor: Brian Ruggiero

Job Title: Field Technician Starting Salary: \$ 21.50/H Ending Salary: \$ 22.50/H

Responsibilities: Install Spectrum Services

From: May 23 To: Oct 23 Reason for Leaving: Transfer

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

*Forklift
Cert.
Camp*

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

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: 04/18/2023

CORPORATE MANAGEMENT GROUP

Employment Application

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

Office Number: 507-923-4955

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



PLEASE READ CAREFULLY APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

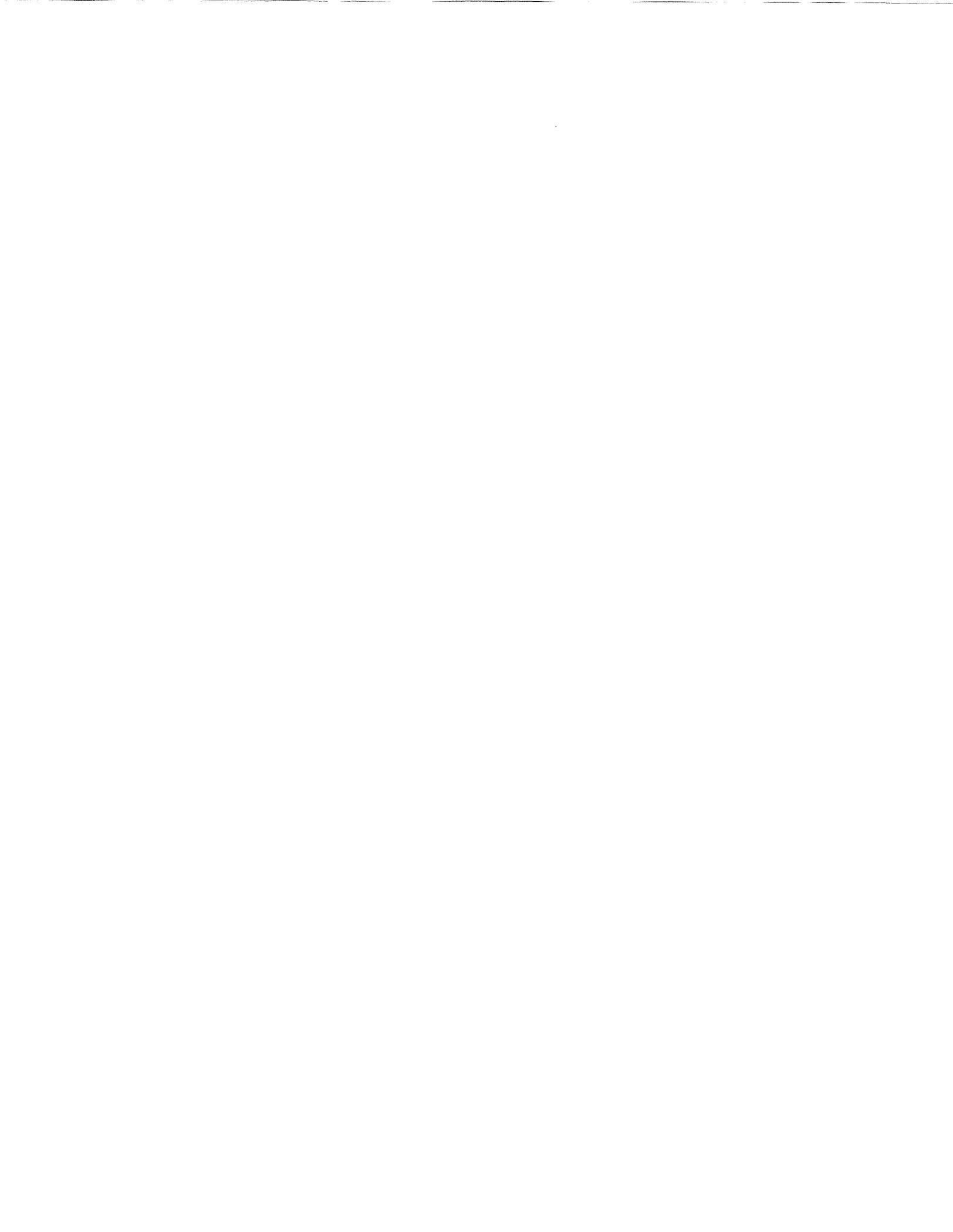
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by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

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant  Date: Oct 18 2023



CMG Preliminary Questions



Name: John Smith

Date: 07-16-2013

Please Mark Yes or No

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

Please Mark Your Preferred Position

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

Have you ever been convicted of a crime? Yes ___ No

Explain Incident _____

Employee Signature *[Signature]*

Interviewer Signature Kelly M Smith

PRAIMCHAN SINGH

Rochester, Minnesota 55901 | (507) 273-0136 | singhpraimchan@gmail.com

Professional Summary

Hello my name is Praimchan Singh , but I go by "John" I served 4 years in Military As Active duty I was a 11th bravo and ranger, I have service the military in deployment to Africa, Afghanistan, Germany and Dubai, I am now a vet who is hard working and seeking long term employment with retirement, I am motivated and determined to master any job that is brought to my attention I am very well disciplined and tactful with organization and understanding and apply knowledge to the task at hand , i would also like to share what values I can bring to a company, I am all for growth, equality, customer satisfaction , quality of product being pushed out at the company, and positive up-beat personality, excellent verbal communication skills , and i also take heave to constructive criticism to get the job done efficiently as possible also Interact well with the rest of the team and offer advice and tips. Plan efficient daily routes to meet customer demands and meet delivery deadlines. Intelligent, quick learner who can recall delivery areas, locate destinations, and explain current product information quickly. Individual who is alert and has a proven track record of safely operating a variety of heavy vehicles. Shipping and packaging GPS and route planning Customer-oriented Strong math aptitude Safety regulations expert Valid Class A Commercial Driver's License Adept at recordkeeping Equipment monitoring Heavy hauling Safe driver training Safe driver in adverse conditions Freight expertise Equipment operation Knowledge of state roads and highways Commercial driving

Skills

- Technical Support
- Technical Analysis
- Equipment Installation
- Safety Management
- Equipment Maintenance
- Professional Communication
- Interpersonal and Written Communication
- Hardware and Software Installation

Work History

Field Technician

06/2023 to Current

Spectrum – Rochester, MN

- Communicated with customers to provide updates, gather information and resolve issues.
- Communicated with supervisor to report progress, discuss issues and seek guidance.
- Collaborated with other field technicians to resolve complex technical issues.
- Delivered high-quality work by diligently following standard operating procedures.

- Prioritized and managed multiple tasks and projects to meet deadlines and enhance customer satisfaction.
- Identified potential problems and prevented equipment failure through performing regular equipment inspections.
- Tested systems, noting issues and completing preventive maintenance.
- Maintained strong focus on safety and efficiency to provide comprehensive support to personnel performing skilled repairs.
- Tended to machines, troubleshoot malfunctions and completed basic repairs to keep equipment fully functional and well-maintained.

Worked with drop bury and also installation of equipment and also working on phone pole

Machine Operator

01/2023 to 06/2023

Kerry Ingredients – Rochester, MN

- Operated machining equipment safely with team of operators.
- Operated multiple machines simultaneously to meet production requirements.
- Followed detailed instructions to operate machines with accuracy and produce quality products.
- Complied with company and OSHA safety rules and regulations.
- Set up and adjusted equipment and properly configured machines for daily operation.
- Loaded raw materials into machines and unloaded finished products to keep manufacturing process running smoothly.
- Monitored machines during operation to detect sounds of malfunction or excessive vibration and adjusted machines to eliminate problems.

Maintenance Worker

01/2022 to 11/2022

Greystar Property Management – Rochester, MN

- Followed safety precautions to avoid personal injury and provide safe work environment.
- Used problem-solving skills to alleviate issues efficiently with minimal supervision.
- Removed outdoor debris and yard clippings into receptacles to properly maintain grounds.
- Followed work orders and specifications for machine and equipment replacement, repair, or maintenance.
- Replaced light bulbs in indoor and outdoor fixtures and checked smoke and carbon monoxide detectors for proper functionality.
- Completed daily, weekly, and monthly checklists on building equipment to maintain records of scheduled maintenance procedures.
- Maintained restroom functionality by repairing leaking faucets, clogged toilets, and other equipment.
- Installed new locks, door handles, and door closers.
- Cleaned and lubricated parts to keep equipment operating at peak performance.



- Followed instructions from supervisor regarding daily job tasks and duties.
- Replaced worn or broken parts on machines and equipment.

EDUCATION Delivery Driver

11/2020 to 04/2022

Bob's Barricades Inc

- Double-checked over [Number] daily deliveries against shipping instructions before delivering to customers
- Any issues with the delivery truck were reported to the next shift driver and shift lead
- Spoke with customers on the phone as well as in person
- Pre-trip and post-trip safety inspections were completed, with any defects or malfunctions being recorded and reported
- Kept and studied detailed mileage and fuel reports to reduce overall fuel costs by [Number]%
- Choose the best routes in accordance with delivery instructions to meet tight deadlines
- Interacted with customers to determine their needs and sales opportunities
- Carefully loaded items into the delivery vehicle to prevent damage during transport
- Kept track of customer orders
- Completed all required paperwork in legible and neat handwriting
- Followed all company policies and procedures during my shift
- Inspected truck equipment and supplies and reported any problems or safety hazards to supervisors following each shift
- Drove a company truck for pick-ups and deliveries in the local and intra-state areas
- Loaded and secured items in trucks to avoid parcel damage during delivery
- Worked overnight shifts to meet coverage needs during peak periods
- Completed and submitted all required logs and paperwork on a daily basis
- Operated heavy lifting equipment, such as fork trucks and cranes, in a safe manner
- Effectively handled customer concerns and issues by [Action]
- Kept a clean and orderly appearance during my shift
- Kept warehouse and associated outside areas neat and clean at all times
- Kept the warehouse and its surrounding areas spotless at all times
- Loaded the truck and properly secured the items to prevent damage for over [Number] deliveries
- Read and understood maps, as well as written and verbal directions
- Drive a delivery vehicle that is both safe and efficient.

Loss Prevention Specialist, Ross dress

08/2019 to 08/2020

- Was promoted to positions of increasing responsibility as a result of my knowledge of loss prevention techniques and store operations
- Used X-ray machines, metal detectors, and Garrett wands to inspect all luggage
- Provided the company with accurate verbal and written reports



- Conducted thorough cash audits and investigations into deposits
- Improved the company's understanding of loss control strategies through on-site client training seminars and the implementation of new programs
- Kept accurate and detailed records of everything that happened during each shift
- Mentored and counseled new engineers in client risk management, internal underwriting issues, and [Task]
- Kept an eye on alarm systems to see if there were any unauthorized entries into restricted areas
- Looked into all security and safety issues
- Followed strict security and safety procedures to protect the company from financial losses resulting from theft or careless mismanagement
- Surveillance, detection, and criminal processing for theft and criminal cases were all under my supervision
- Developed strong customer relationships by gaining their trust in order to implement viable loss control strategies
- Kept track of paperwork procedures in order to avoid costly mistakes
- Assisted law enforcement in the investigation and resolution of theft and fraud cases.

Education

political science

Potomac State College - Keyser, WV

At this time I was studying for political science , and I have not completed but I am working I'm continuing my education to get a degree in

High School

principles

Pencader charter - New Castle, DE

GPA: 3.0





MINNESOTA

DRIVER'S
LICENSE

NOT FOR FEDERAL IDENTIFICATION



1 SINGH
2 PRAIMCHAN JOHN
8 5059 WEATHERSTONE CIR NW
ROCHESTER, MN 55901-5530

4d DL# Q000-117-356-700 4a ISS 08/03/2023
3i DOB 11/23/1993 4b EXP 11/23/2027
9 CLASS D 9a END NONE
12 RESTR NONE



15 SEX M 17 WGT 165 lb
16 HGT 6'-00" 18 EYES BRO

John P. Singh

5i DD.00000008261257 11/23/93 VETERAN



City of New York

Department of Health

Vital Records

CERTIFICATE OF BIRTH REGISTRATION

Below is an exact copy of a certificate of Birth registered for your child. It is sent without charge. If the certificate contains any errors return this copy with the correct information to the Bureau of Vital Records, 125 Worth Street, New York, N.Y. 10013. You will be advised how to have the record corrected. It is important to do this at once.

The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.

Notice. In Issuing this transcript of the record, the Department of Health of the City of New York does not certify to the truth of the statements made thereon as no inquiry as to the facts has been provided by law.



[Signature]
MAYOR

[Signature]
COMMISSIONER OF HEALTH

[Signature]
CITY REGISTRAR

VITAL RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF MANHATTAN

CERTIFICATE OF BIRTH

Birth No. 156-93-118462

93 DEC -1 PM 12:22

1. FULL NAME OF CHILD (Type or Print)		First Name	Middle Name	Last Name
		PRAIMCHAN	JOHN	SINGH
2. SEX	3a. NUMBER OF CHILDREN born of this pregnancy	4a. DATE OF CHILD'S BIRTH (Month) (Day) (Year)	4b. Hour	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
MALE	1	NOVEMBER 23, 1993	9:38	
3b. If more than one, number of this child in order of birth	5a. NEW YORK CITY BOROUGH OF BIRTH		5b. Name of Facility (if not in institution street address)	
	BRONX		BRONX LEBANON HOSPITAL CENTER CONOURSE DIVISION	
5c. TYPE OF PLACE		6a. MOTHER'S FULL MAIDEN NAME		
<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Birthing Center <input type="checkbox"/> Other		DYWANTIE DATARAM		
6b. MOTHER'S DATE OF BIRTH (Month) (Day) (Year)		6c. MOTHER'S BIRTHPLACE (City & State or foreign country)		
12 23 72		GUYANA		
7. MOTHER'S USUAL RESIDENCE a. State b. County		7c. City, town, or location	7d. Street and house number	7e. Zip
NEWYORK BRONX		NEW YORK	1214 SHERIDAN AVENUE	10456
7e. Inside city limits of 7c? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		8a. FATHER'S FULL NAME		
		HEMRAJ SINGH		
8b. FATHER'S DATE OF BIRTH (Month) (Day) (Year)		8c. FATHER'S BIRTHPLACE (City & State or foreign country)		
2 18 70		GUYANA		
9a. NAME OF ATTENDANT AT DELIVERY		9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN		R.N. C.N.M. Other Midwife D.O. M.D.
PATRICIA D'ALBERTI		<i>[Signature]</i>		<i>[Signature]</i>
Information added or amended (Reason)		Signed		
		Name of Signer		
		<i>[Signature]</i>		
		(Type or Print)		
Date		Address		
City Registrar		Date Signed		
		November 23 19 93		

VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

Name DYWANTIE SINGH
 Address 1214 SHERIDAN AVENUE 2F
 City BRONX State NY Zip Code 10456

Print here the mailing address of mother.
 Copy of this certificate will be mailed to her when it is filed with the Department of Health.