



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

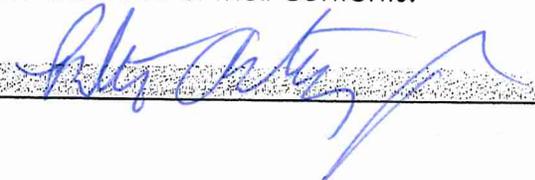
Website: <https://zenople.esgazure.com/login/cmg>

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

Login Name: ~~John~~ 6025991400

Login Password: La Earl7303

I hereby acknowledge that I have been provided with the login information to view the items listed above. I understand that it is my responsibility to read and follow each document provided to me and that if I have any questions concerning the times or its content, that it is my responsibility to address my questions with my supervisor or CMG representative, and hereby waive any claim, now or in the future, that I did not receive, did not read or did not comprehend the items or their contents.

Signature:  Date: 8-3-23



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: 8-3-23

Employee Photo Release Form

I, _____, 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: 8-3-23

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: Brenda Jones

Name: _____

Relationship: MOM

Relationship: _____

Phone Number: 319-830-2265

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.

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: 8-3-22

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: [Initials] (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: [Initials] (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 RA (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 RA (initial)



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: Robert Anthony JR Date: 8-3-23

Pay Information-Payday is every Friday

Name: Robert Anthony JR

Please mark what option you choose

Direct Deposit

Bank Name American Union Routing # 311992909 Account # 1500814348631

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 RA

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 _____

Name: Robert Anthony
Date: 8-3-23

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

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

OMB No. 1545-1500

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 Robert Anthony Jr Social security number ▶ 483-02-7303
Street address where you live 1912 Valley High Dr. NW
City or town, state, and ZIP code Rochester, MN 55901
County Olmsted Telephone number 602-599-1906
If you are under age 40, enter your date of birth (month, day, year) _____

- 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 8-3-23



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>Anthony JR</i>		First Name (Given Name) <i>Robert</i>		Middle Initial (if any) <i>Earl</i>	Other Last Names Used (if any)				
Address (Street Number and Name) <i>1912-Valley High Dr. NW</i>			Apt. Number (if any)	City or Town <i>Rochester</i>	State <i>AZ</i>	ZIP Code <i>85901</i>			
Date of Birth (mm/dd/yyyy) <i>11-09-1982</i>	U.S. Social Security Number <i>4813027303</i>		Employee's Email Address <i>jdotra@gmail.com</i>		Employee's Telephone Number <i>602-599-1406</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.):								
	<input checked="" type="checkbox"/> 1. A citizen of the United States								
	<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)								
	<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)								
<input type="checkbox"/> 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	
Signature of Employee <i>Robert Anthony Jr</i>					Today's Date (mm/dd/yyyy) <i>8/1/23</i>				

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)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
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.

Employee's Withholding Certificate

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

Department of the Treasury
Internal Revenue Service

Step 1: Enter Personal Information	(a) First name and middle initial <i>Robert E</i>	Last name <i>Anthony JR</i>	(b) Social security number <i>483-02 7303</i>
	Address <i>1912 Valleyhigh Dr. NW</i>		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 <i>Rochester, MN 55901</i>		
	(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: 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.

Multiple Jobs or Spouse Works

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 \$ <u>2</u>		
	Multiply the number of other dependents by \$500 \$ <u>2</u>		
	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: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here *[Signature]* *[Date]*

Employee's signature (This form is not valid unless you sign it.) Date

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>Robert E</u>	Last Name <u>Anthony JK</u>	Social Security Number <u>483-02-7303</u>
Permanent Address <u>1912 Valleyhigh Pr. 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 _____
- B Enter "1" if any of the following apply: B _____
 - 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 1
- 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

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 [Signature] Date 8-3-23 Daytime Phone Number 602-599-1406

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



ARIZONA
The Grand Canyon State

DRIVER LICENSE

NOT VALID FOR OFFICIAL FEDERAL PURPOSES

DL ID: D10378951

EXPIRES: 11/09/2047

ISSUE DATE: 06/15/2023

DOB: 11/09/1982



ANTHONY
ROBERT
EARL JR

180 E 63RD AVE
APT 2110
PHOENIX, AZ 85036-4325

SEX: M HT: 6'08" BRO: 145 lb

IGNITION
INTERLOCK

CLASS: 9a ENDORSEMENTS

D: NONE

RESTRICTIONS: NONE

DD: 1195024EBA013805

11/09/1982

11/09/82

YOUR SOCIAL SECURITY CARD

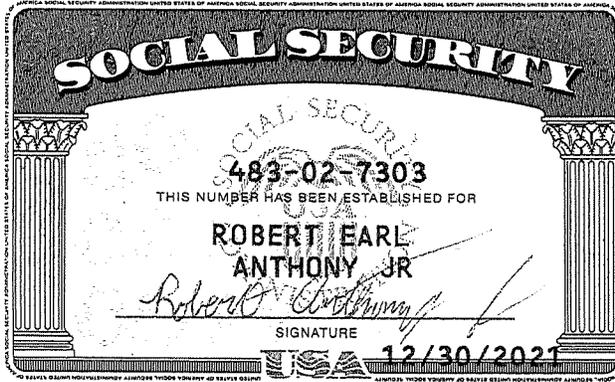
ADULTS: Sign this card in ink immediately.

CHILDREN: Do not sign until age 18 or your first job, whichever is earlier.

Keep your card in a safe place to prevent loss or theft.

DO NOT CARRY THIS CARD WITH YOU.

Do not laminate.



CARD

Do not allow others to use your number if it is lost or stolen. Protect both your card and your record (if you are entitled) if your information changes. You will need to file an application for your identity, and we may request additional information.

Do not allow your employer to use your number if your employer uses the same name as you. This can affect your record your earnings correctly. For reporting purposes. Such use is neither authorized nor permitted by such an organization for Social Security purposes. Private organizations cannot get your Social Security number.

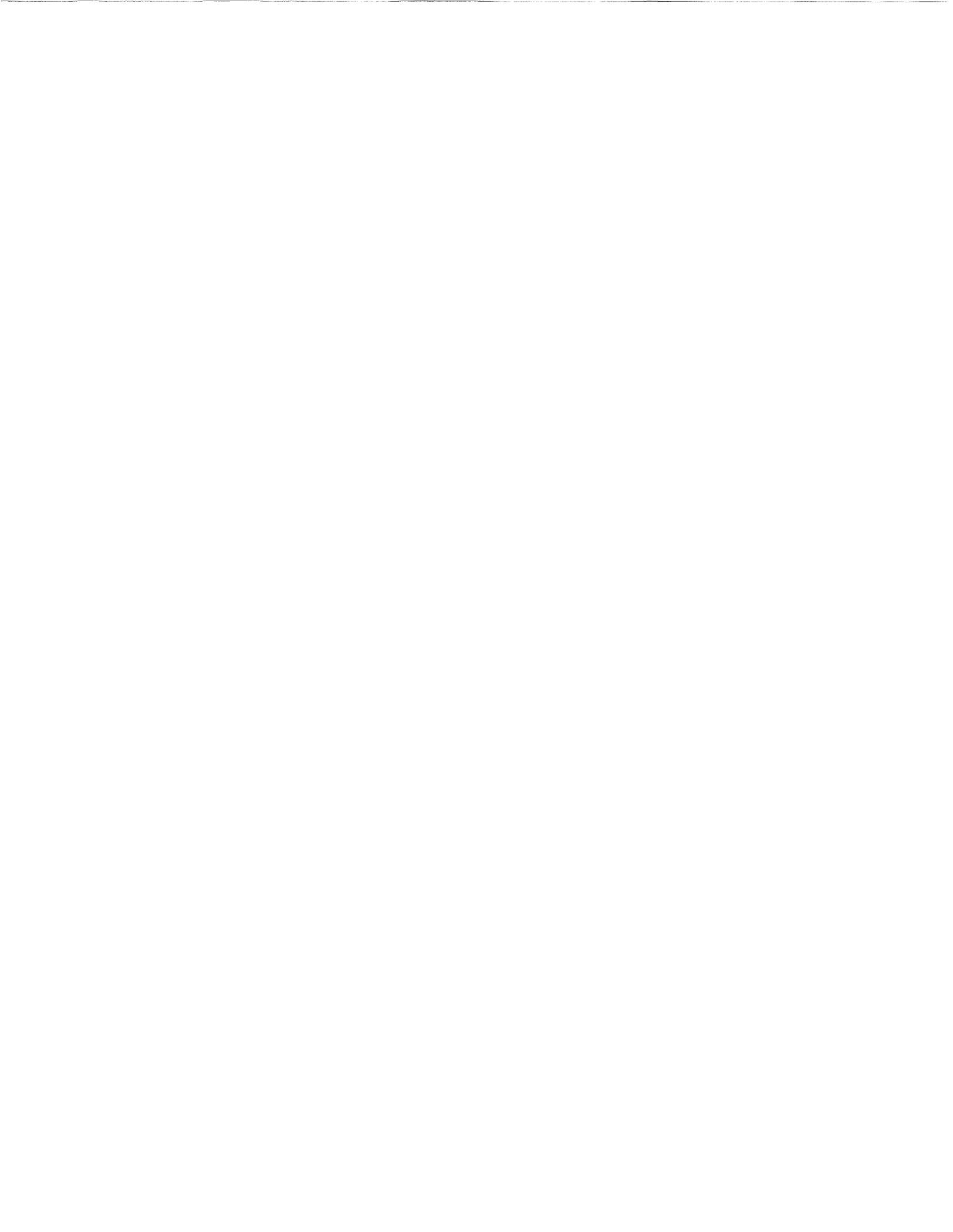
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socialsecurity.gov.



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

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EMPLOYED

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) Anthony Robert Date: 8-2-23

Address: (Street Address) 1912 Valley High Dr. NW (Apt. /Unit #) _____

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

Phone: 602-599-406 Email: jdotra@gmail.com

Social Security No. 483-02-7303 Date Available: 8-3-23

Position Applied for: Sanitation Desired Salary: \$19 with \$2000

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? Indeed Referral Name: _____

If under 18, please list age: _____

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

Sign-on Bonus

IN
Weekends
okay

Good Trans

FT Perm
\$1500
Accepted

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	Hawkeye ^{community} _{colleges}	Waterloo, IA	1	Geed
College	Hawkeye ^{colleges} _{community}	Waterloo, IA	1	CDL
Bus. Or Trade School				
Professional School				

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: _____ 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

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: _____ Date: 8-2-23

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 *[Handwritten Signature]* Date: *8-2-23*



CMG Preliminary Questions



Name: Robert Anthony

Date: 5/3/21

Please Mark Yes or No

- 1. If hired are you willing to take a drug test? Yes No \$
- 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 \$

Please Mark Your Preferred Position

- 4. Which plant do you prefer?

South	North
-------	-------

\$
- 5. What shift to you prefer?

1st	2nd	3rd
-----	-----	-----

\$

Have you ever been convicted of a crime? Yes No

Explain Incident Driving but have licence

Employee Signature *Robert Anthony*

Interviewer Signature *Kelley M South*

Robert Anthony jr

Rochester, MN 55901

robertanthony378_h9x@indeedemail.com

+1 602 599 1406

I have 20 years of experience, including as a Warehouse, as a Worker and as a Construction Flagger in industries including Wholesale Trade-Durable Goods, Business Services and Construction Special Trade Contractors. Most recently, I have been working as a Warehouse at People Ready from January 2017 to May 2017. I hold a High School/GED degree in General from Hawkeye Metro Center.

Authorized to work in the US for any employer

Work Experience

Airline Passenger Assistant

ABM Aviation - Phoenix, AZ

April 2023 to Present

Assistant passenger, customer service,
Airport clearance,

Warehouse Worker

Amazon.com - Phoenix, AZ

June 2021 to Present

Sort, pick, count, pallet, inbound, outboard. Fork lift

Installer

Tradesmen International - Tempe, AZ

November 2020 to Present

Turn empty containers into offices/storages.

Laying floors, building frame, installing windows, installing insulation, running electrical wiring, hooking up electrical panels, light switches, outlets, ceiling lights, & A.C. unit. Install walls & ceilings, tables & cabinets. Fork lift

Road Construction Laborer/ concrete form setting Laborer/ roofer Laborer

Tradesmen International - Tempe, AZ

July 2020 to Present

Window/Door Installer

EXTERIOR REMODELERS OF AMERICA - Phoenix, AZ

January 2020 to July 2020

Install windows & doors. Remodeling, building.

CDL Class A Driver

Western Express - Fontana, CA

November 2017 to January 2020

Over the road team & solo driver

Customer Service Representative

Consumer Cellular - Tempe, AZ

March 2019 to October 2019

Sales, inbound, outgoing calls and sales

Auction Driver

Manheim Auto Auctions - Tolleson, AZ

July 2017 to November 2017

Auction driver, valet driver

Warehouse Worker

People Ready - Cedar Falls, IA

January 2017 to May 2017

Performed manual labor. Labeled containers. Read and interpreted work orders. Loaded and unloaded materials. Operated winches and hoisting devices. Moved materials by hand and using heavy equipment. Sorted cargo. Followed all safety rules and regulations.

Flagger/Laborer

Construction Flagger - Waterloo, IA

February 2016 to May 2017

Performed physical tasks for projects such as highway and heavy construction. Put up and took down traffic barricades. Cleaned up rubble and debris. Controlled traffic in and around work zones. Leveled earth to grade specs. Loaded and unloaded machinery and tools. Spread and finished surfaces of poured concrete. Applied basic math. Wore required personnel safety equipment. Used industry tools such as power drills and water trucks.

Worker

Ronan industries - Waterloo, IA

November 2016 to November 2016

Performed physical tasks for projects such as building. Cleaned and prepared sites. Cleaned up rubble and debris. Assisted other craft workers. Read and interpreted plans, instructions. Applied basic math. Used industry tools such as power drills, power saws.

Concrete Finisher/Laborer

Construction Flagger - Waterloo, IA

April 2014 to September 2016

Performed physical tasks for projects such as highway. Set braces to support excavation sides. Put up and took down scaffolding, braces and traffic barricades. Cleaned up rubble and debris. Controlled traffic in and around work zones. Helped operators align, move and adjust machines, equipment and materials. Leveled earth to grade specs. Positioned and sealed structural components such as concrete wall sections and pipes. Loaded and unloaded building materials and machinery. Took down forms when job is complete. Spread and finished surfaces of poured concrete. Wore required personnel safety equipment.

Driver Helper

Ups - Cedar Falls, IA

November 2015 to December 2015

Loaded and unloaded vehicles. Obtained signed receipts for delivered materials. Read maps and followed directions. Greeted customers. Have a clean driving record. Provided good customer service. Met delivery schedules. Followed all safety policies and procedures. Able to lift up to 50 pounds and up to 100 pounds. Demonstrated excellent self-management skills. Commercial driver's license Class C. Valid driver's license. Knowledge sets include: Delivery.

Demolition Worker

Interior demolition services inc - Cedar Falls, IA

October 2015 to November 2015

Performed physical tasks for projects such as building. Cleaned and prepared sites. Put up and took down scaffolding and braces. Controlled traffic in and around work zones. Helped operators align, move and adjust materials. Loaded and unloaded building materials, machinery and tools. Identified and distributed building materials to appropriate locations. Took down forms when job is complete. Wore required personnel safety equipment.

Warehouse Worker/ production

Crown group - Waterloo, IA

July 2015 to October 2015

Operated machinery used in the production process. Recorded dates and times. Assisted machine operators. Examined products to verify they met quality standards. Lifted heavy loads. Packed finished products. Counted finished products. Tagged parts. Loaded and unloaded items from machines or conveyors. Followed instructions, written or verbal. Maintained cleanliness of assigned area.

Guide or control vehicular or pedestrian traffic

Construction Flagger - Waterloo, IA

April 2014 to September 2014

Waterloo, IA

Monitor traffic flow to locate safe gaps through which pedestrians can cross streets. Direct or escort pedestrians across streets, stopping traffic as necessary. Guide or control vehicular or pedestrian traffic at such places as street and railroad crossings and construction sites. Communicate traffic and crossing rules and other information to students and adults. Record license numbers of vehicles disregarding traffic signals, and report infractions to appropriate authorities. Direct traffic movement or warn of hazards, using signs, flags, lanterns, and hand signals. Learn the location and purpose of street traffic signs within assigned patrol areas. Distribute traffic control signs and markers at designated points. Discuss traffic routing plans and control point locations with superiors. Inform drivers of detour routes through construction sites.

Warehouse Worker

Manpower - Waterloo, IA

May 2013 to October 2013

Performed manual labor. Labeled containers. Read and interpreted work orders. Determined work assignments and equipment needs. Loaded and unloaded materials. Moved materials by hand and using heavy equipment. Assembled product containers. Performed housekeeping duties. Maintained tools and equipment. Followed all safety rules and regulations.

Laborer

Empire FD&R - Waterloo, IA

March 2012 to December 2012

chipped and grinded parts Operated machinery used in the production process. Lifted heavy loads. Counted finished products. Loaded and unloaded items from machines or conveyors. Operated forklifts. Followed instructions, written or verbal. Maintained cleanliness of assigned area. Operated power tools.

Sanitation Laborer

Kaiser's - Waterloo, IA

December 2010 to April 2011

cleaned tyson foods Performed manual labor. Labeled containers. Determined work assignments and equipment needs. Loaded and unloaded materials. Moved materials by hand. Packed containers. Followed all safety rules and regulations. Knowledge sets include: Forklifts, Pallet jacks.

Dry Cleaner, Hand

Varsity Cleaner's - Waterloo, IA

March 2010 to August 2010

Operated washers. Sorted and counted articles removed from dryers. Dry-cleaned garments, fine linens. Determined the needed volume of detergent, water, bleach, softener. Finished laundered items by hanging. Inspected soiled articles to determine sources of stains. Sorted laundry by dirt, cleaning technique required. Notified supervisor of damaged linens. Determined need for rewash.

Food Production Worker

Tyson foods - Waterloo, IA

November 2006 to August 2007

Knowledge sets include: Production.

Sanitation Laborer

Fayette Janitorial - Somerville, TN

March 2005 to March 2006

Cleaning Kellogg cereal and waffles in Rossville and Memphis TN. Kept interior and exterior property clean and orderly. Performed heavy cleaning duties such as cleaning floors, washing walls, cleaning fixtures. Maintained sidewalks and entryways. Gathered and disposed of trash. Used prescribed solutions to clean ceilings, walls. Followed procedures for using chemical cleaners. Followed specs when preparing cleaning solutions. Requisitioned and distributed cleaning supplies. Operated lift trucks. Performed ground related duties. Used hand and power tools such as floor polishers, ladders, vacuum cleaners, mops.

Roofer

Roofer - Waterloo, IA

March 1998 to October 2000

Installed, maintained and repaired various types of roofs. Covered roofs with shingles. Removed debris from roof before applying materials. Cut materials such as roofing paper, felt, shingles. Fit cut materials into structural angles. Nailed or stapled roofing materials to roofs in overlapping strips. Aligned materials with edges of roof. Installed overlapping material over roof insulation. Set up and dismantled scaffolding. Complied with all codes. Wore protective equipment and clothing.

Education

High school diploma

Hawkeye Metro Center

Commercial Driver's License (CDL)

Class A

Expires: November 2022

State: AZ

Skills

- OTR
- Otr Driver
- Class B
- Glass Installation
- Door Hanging
- Drywall
- Concrete Finishing
- Construction
- Roofing
- Delivery Driver Experience
- Moving Experience
- Remodeling
- Electrical Experience
- Concrete Forming
- Carpentry
- Lawn Care
- Box truck
- Detailing
- Analysis skills
- Manual transmission

Certifications and Licenses

CDL Class A

February 2017 to October 2022

Forklift Certified

Drivers License

CDL

