



April 25, 2019

Renee Flynn  
W8614 420<sup>th</sup> Ave  
Ellsworth, WI 54011

Dear Renee,

On behalf of Corporate Management Group, I am pleased to confirm our offer of employment to you for the position of Talent Acquisition Specialist effective May 6, 2019. Your primary responsibilities are outlined in the attached position description as well as other duties as assigned.

**Salary:** Your non-exempt compensation will be \$22.00 per hour which will be paid weekly. This amount is subject to deductions for taxes and/or other withholdings as required by law or the policies of the company.

**Retirement Plan:** You are eligible to participate in American Funds retirement plan after 1 year of continuous employment which will be matched dollar for dollar up to 3% of your contribution at that time.

**Vacation and Holiday Time Off:** While vacation and PTO benefits are outlined in the employee handbook, you will be allocated 2 - weeks (80 hours) vacation during your first year of employment to be used and not paid out. Understand if you leave Corporate Management Group you may only be paid out earned but unused vacation time and time will not roll over into the next year. Further vacation time will be earned per the employee handbook.

This offer is contingent on a successful background. You will also be required to verify your eligibility to work in the United States by providing documentation per the list of acceptable documents.

Nothing in this offer is intended to create or imply a contractual relationship. We will have an "at-will" employment relationship, which means that employment can be terminated, with or without reason, at any time at the option of either you or CMG.

Renee, we are looking forward to having you join CMG and feel that you are going to be a great addition to our team. Please feel free to contact me at 952-412-7044 or [taylor@coromgmtgroup.com](mailto:taylor@coromgmtgroup.com) with any questions you may have.

Best Regards,

*Taylor Barsness*

Taylor Barsness

Recruiting Manager

*Renee Flynn*

Employee Signature

05-03-19

Date

*Taylor Barsness*

Manager Signature

5/6/19

Date

# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**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.** You may claim exemption from withholding for 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 605 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

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

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2019</b>	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial <b>Renee E.</b>		Last name <b>Flynn</b>		2 Your social security number <b>395-88-1483</b>	
Home address (number and street or rural route) <b>W98014 420th Ave</b>				3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
City or town, state, and ZIP code <b>Ellsworth WI 54011</b>				4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				5 <b>4</b>	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$	
7 I claim exemption from withholding for 2019, 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 . . . . . ▶				7	
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.) ▶ <b>Renee E. Flynn</b>				Date ▶ <b>5-6-19</b>	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				9 First date of employment	
				10 Employer identification number (EIN)	



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

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

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

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

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

Last Name (Family Name) <b>Flynn</b>		First Name (Given Name) <b>Renée</b>		Middle Initial <b>E</b>	Other Last Names Used (if any) <b>Young</b>	
Address (Street Number and Name) <b>W81014 420th Ave</b>			Apt. Number	City or Town <b>Elsworth</b>		State <b>WI</b>
Date of Birth (mm/dd/yyyy) <b>09/29/1981</b>	U.S. Social Security Number <b>395-88-11483</b>		Employee's E-mail Address <b>ren_pchef@yahoo.com</b>		Employee's Telephone Number <b>715-821-3191</b>	

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

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

1. A citizen of the United States

2. A noncitizen national of the United States (See Instructions)

3. A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_

4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): \_\_\_\_\_  
 Some aliens may write "N/A" in the expiration date field. (See Instructions)

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: \_\_\_\_\_  
 OR  
 2. Form I-94 Admission Number: \_\_\_\_\_  
 OR  
 3. Foreign Passport Number: \_\_\_\_\_  
 Country of issuance: \_\_\_\_\_

QR Code - Section 1  
 Do Not Write In This Space

Signature of Employee Today's Date (mm/dd/yyyy) **5-6-19**

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

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

Signature of Preparer or Translator \_\_\_\_\_ Today's Date (mm/dd/yyyy) \_\_\_\_\_

Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP Employer Completes Next Page STOP



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

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

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

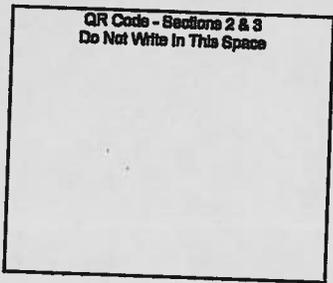
Employee Info from Section 1	Last Name (Family Name) <b>Bauswell</b>	First Name (Given Name) <b>Flynn Renee</b>	M.I. <b>E</b>	Citizenship/Immigration Status <b>T.</b>
<b>List A</b>	<b>OR</b>	<b>List B</b>	<b>AND</b>	<b>List C</b>
<b>Identity and Employment Authorization</b>		<b>Identity</b>		<b>Employment Authorization</b>

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)
Document Title
Issuing Authority
Document Number
Expiration Date (if any)(mm/dd/yyyy)

Document Title <b>Driver License</b>
Issuing Authority <b>STATE OF WISCONSIN</b>
Document Number <b>F450 7258 1849 09</b>
Expiration Date (if any)(mm/dd/yyyy) <b>09 12 2024</b>

Document Title <b>Certificate of Birth</b>
Issuing Authority <b>STATE OF MINNESOTA</b>
Document Number <b>ISA-000057545</b>
Expiration Date (if any)(mm/dd/yyyy)

**Additional Information**



**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): **05/06/2019** (See Instructions for exemptions)

Signature of Employer or Authorized Representative <i>[Signature]</i>	Today's Date (mm/dd/yyyy) <b>05/06/2019</b>	Title of Employer or Authorized Representative <b>Recruiting Manager</b>	
Last Name of Employer or Authorized Representative <b>Bauswell</b>	First Name of Employer or Authorized Representative <b>Taylor</b>	Employer's Business or Organization Name <b>CRB</b>	
Employer's Business or Organization Address (Street Number and Name) <b>400 Broadway Ave</b>	City or Town <b>St. Paul Park</b>	State <b>MN</b>	ZIP Code <b>55071</b>

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

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

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

CERTIFICATE OF BIRTH

STATE FILE NUMBER 1981-MN-051885

FULL NAME	RENEE ELIZABETH YOUNG
DATE OF BIRTH	SEPTEMBER 29, 1981
TIME	11:16 null
SEX	FEMALE
PLACE OF BIRTH	RED WING GOODHUE MINNESOTA
PARENT	KATHLEEN ANN YOUNG
NAME PRIOR TO FIRST MARRIAGE	JOHNSON
PLACE OF BIRTH	MINNESOTA
PARENT	LARRY WILLIAM YOUNG
PLACE OF BIRTH	MINNESOTA

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

THIS IS A TRUE AND CORRECT RECORD OF BIRTH REGISTERED IN THE MINNESOTA OFFICE OF VITAL RECORDS.



25A-000057545

MR&C Certificate ID  
11562442

FILED: NOVEMBER 16, 1981

*Molly Mulcahy Crawford*  
Molly Mulcahy Crawford  
STATE REGISTRAR

ISSUED: NOVEMBER 06, 2018 GOODHUE COUNTY RECORDER

THIS CERTIFICATE IS VALID ONLY WHEN PRINTED ON OFFICIAL WATERMARKED SECURITY PAPER WITH A SECURITY THREAD AND STATE SEAL OF MINNESOTA.



**DRIVER LICENSE  
REGULAR**

**USA  
WISCONSIN**

**NOT FOR  
FEDERAL  
PURPOSES**

41 **F450-7258-1849-09**

9 CLASS **D**

1 **FLYNN**

2 **RENEE ELIZABETH**

8 **W8614 420TH AVE  
ELLSWORTH, WI 54011**



*Renee E. Flynn*

**SEP 81**

15 SEX **F** 16 HGT **5'-04"**  
17 WGT **280 lb** 18 EYES **BRO**  
19 HAIR **BRO** 20 ISS **10/27/2016**  
3 DOB **09/29/1981** 4b EXP **09/29/2024**  
9a END **NONE** 5 DD **OTLV201610271351M:12**





47504-002-718  
MINDO LRV LRV



01301 000144 52



09291981

wisconsin.gov

Anatomical Gift Statement - Upon my death, I wish to donate:

All organs, tissues and eyes  I refuse to make an anatomical gift

Limitations: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

See Wisconsin 88



### 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 \_\_\_\_\_ 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 # 2281563706

ACH Routing # 1071519101517151

Bank Name Associated Bank

Additional Account - Checking or Savings Account (circle one)

Acct # \_\_\_\_\_ Dollar Amount \_\_\_\_\_

ACH

Bank

Addi

Acct:

ACH

Bank

Addi

Acct:

COREY R FLYNN

RENEE FLYNN

W8614 420TH AVE  
ELLSWORTH, WI 54011-4609

79-57  
759 88

3183

DATE \_\_\_\_\_

PAY TO THE ORDER OF

\$

DOLLARS

Associated Bank

MEMO

⑆075900575⑆ 2281563706⑈ 03183

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

Bank Name \_\_\_\_\_

Additional Account - Checking or Savings Account (circle one)

Acct # \_\_\_\_\_ Dollar Amount \_\_\_\_\_

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

Bank Name \_\_\_\_\_

Employee Name Renee Flynn SS# 395, 88, 1483

Address W8614 420th Ave City Ellsworth State WI zip 54011

Employee Signature Renee Flynn



## EMPLOYEE CONFIDENTIALITY AGREEMENT

In consideration of my employment at Corporate Management Group, Inc. (CMG), I understand and agree that it is my duty not to disclose confidential information as specified in this agreement.

CMG employs people on a temporary basis, assigning them to work for client companies. CMG is dependent upon client companies for continued business success. Any information pertaining to client companies is the property of CMG and is necessary for its growth.

Realizing the importance of this material, and as a condition of employment with CMG, I agree that:

I will guarantee to safeguard CMG's client information received. I will not disclose any information gained through the performance of my job without authorization by CMG. I agree to keep all confidential matters of CMG secret during while employed at CMG and shall not disclose any such information without specific written authorization from CMG. Upon the request of CMG, I agree to deliver to CMG upon termination of my employment, for whatever reason, all memorandums, notes, records, reports, manuals or other documents of confidential nature. It is understood that while on CMG premises, CMG employees will conduct themselves in accordance to the expectations of the CMG employees.

5-6-19

Date

  
Signature



## 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

5-6-19

DATE

Renee Flynn

APPLICANT'S SIGNATURE

Printed Name: Renee E. Flynn

Social Security No. 395-88-1483

Birth date: 09/29/1981

Address: W81614 420th Ave Ellsworth, WI 54011

City/State/Zip: Ellsworth, WI 54011

†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.

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: 5-6-19

*Bruce Glynn*



## Recruiting Acknowledgement

I understand and acknowledge that Corporate Management Group (CMG) is an Equal Employment Opportunity employer. We believe in treating each employee and applicant for employment fairly and with dignity. We take personnel action on the basis of merit, experience, and potential, without regard to race, color, national origin, sex, marital status, age, religion, disability, sexual orientation, or Vietnam Era veteran status.

CMG is a voluntary participant of the E-Verify program through the U.S. Department of Homeland Security. Each and every applicant that accepts a position with this Company is screened through the E-Verify database. Any person rejected by the E-Verify database as unauthorized to work in the US will not be hired. In addition, it is our strict practice to thoroughly visually inspect all forms of identification for authenticity.

I also understand and acknowledge it is this Company's practice and expectation of our recruiters and hiring managers to hire only those people legally authorized to work in the United States. Any employee disregarding the seriousness of or fails to follow the protocol of this Company's hiring practices and guidelines will be disciplined with the possibility of termination. Any employee of CMG that knowingly and/or willingly hires an unauthorized individual will be terminated.

Rene Flynn  
Employee Signature

5-18-19  
Date

Rene Flynn  
Print

**CONFIDENTIAL INFORMATION**

The Employee acknowledges that in the Employee's work, the Employee will be making use of, acquiring and adding to confidential information of a special and unique nature and value relating to such matters as, but not limited to, CMG's business operations, internal structure, financial affairs, systems, procedures, manuals, confidential reports and lists of clients, as well as the amount, nature and type of services used and preferred by CMG's clients and the fees paid by such clients, all of which shall be deemed to be confidential information. In consideration of work by CMG, the Employee agrees that during the Employment Period and upon and after ceasing to be employed by CMG for any reason whatsoever, the Employee shall not, for any reason or purpose whatsoever, directly or indirectly, divulge or disclose to any person or entity any of such confidential information which was obtained by the Employee as a result of the Employee's employment with CMG, or any information or knowledge respecting the affairs of CMG or any of its officers, directors, employees, stockholders, agencies or referrers of clients learned or conceived by the Employee while in the employ of CMG, but shall hold all of the same inviolate.

**AGREED TO:**

**Employee's name**

Signature: Renee Flynn

Printed Name: Renee Flynn

Date: 5-10-19

**AGREED TO:**

**Corporate Management Group, Inc.**

Signature: [Signature]

Printed Name & Title: Taylor Business - Recruiting Manager

Date: \_\_\_\_\_

12000 Washington Street, Suite 350  
Thornton, CO 80241

**IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION**

Name: Renee Flynn

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

1. Name: Corey Flynn

Phone (primary): 715-821-0096

Phone (secondary): \_\_\_\_\_

2. Name: Kathy Young

Phone (primary): 715-273-3191

Phone (secondary): 715-~~821~~ 781-6351

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

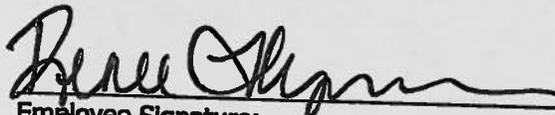


## Notification of Minnesota Law Requirement- Unemployment Acknowledgement

*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.*

It is your responsibility to contact CMG (for instance, by calling 507-923-4955 or using any other form of contact) 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 CMG within 5 calendar days once an assignment ends. I also acknowledge that I have received a separate copy of this form. RF (Initial)



Employee Signature:

Date:

5-6-19

Renee Flynn  
Employee (please print your name here)