

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) BURK Robert Date: 12-10-18

Address: (Street Address) 335 7th StW Po Box 302 (Apt./Unit #) _____

(City) EvotA (State) MN (ZIP Code) 55934

Phone: 507-545-215 Email: Bob and Mary Burk@evactor.net

Social Security No. 47256 8495 Date Available: _____

Position Applied for: City of Rochester Desired Salary: _____

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? _____ Referral Name: mike Schaber

If under 18, please list age: _____

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

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School				
College				
Bus. Or Trade School				
Professional School				

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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: _____

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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 Robert Bunk Date: 12/10/18



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) Burk		First Name (Given Name) Robert		Middle Initial J	Other Last Names Used (if any) N/A
Address (Street Number and Name) 335 W. 7th St.		Apt. Number N/A	City or Town Eyota		State MN ZIP Code 55934
Date of Birth (mm/dd/yyyy) 06/20/1948	U.S. Social Security Number 472 - 56 - 8495	Employee's E-mail Address N/A		Employee's Telephone Number (507) 545-2615	

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):

<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 (Alien Registration Number/USCIS Number): <u>N/A</u>
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>N/A</u> Some aliens may write "N/A" in the expiration date field. (See instructions)
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: <u>N/A</u> OR 2. Form I-94 Admission Number: <u>N/A</u> OR 3. Foreign Passport Number: <u>N/A</u> Country of Issuance: <u>N/A</u></p>
QR Code - Section 1 Do Not Write In This Space 

Signature of Employee <i>Robert Burk</i>	Today's Date (mm/dd/yyyy) <i>12/10/18</i>
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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) Burk	First Name (Given Name) Robert	M.I. J	Citizenship/Immigration Status 1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title N/A		Document Title Driver's license issued by state/territory		Document Title Social Security Card (Unrestricted)
Issuing Authority N/A		Issuing Authority Minnesota		Issuing Authority Department of Health, Education and Welf
Document Number N/A		Document Number T610212543707		Document Number 472568495
Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) 06/20/2022		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		Additional Information		QR Code - Section 2 Do Not Write In This Space 
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				

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): (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Kelsey Sikkink</i>	Today's Date (mm/dd/yyyy) 12/10/2018	Title of Employer or Authorized Representative Client Services Manager	
Last Name of Employer or Authorized Representative Sikkink	First Name of Employer or Authorized Representative Kelsey	Employer's Business or Organization Name Corporate Management Group	
Employer's Business or Organization Address (Street Number and Name) 12000 Washington St. Ste. 325	City or Town Tornton	State CO	ZIP Code 80241

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.

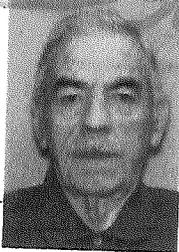
Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s)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

DRIVER'S LICENSE COMMERCIAL



ROBERT JOSEPH BURK
335 W 7TH ST
EYOTA, MN 55934

Date of Birth 06-20-1948 SENIOR

Sex Eyes Class

M BRN A

Height Weight

5-7 180

ISSUED 05-2018

EXPIRES 06-20-2022

T610212543707

Robert J Burk

SOCIAL SECURITY

ACCOUNT NUMBER

472-56-8495

HAS BEEN ESTABLISHED FOR

ROBERT J. BURK

SIGNATURE *Robert J. Burk*

FOR SOCIAL SECURITY AND TAX PURPOSES - NOT FOR IDENTIFICATION

Form W-4 (2018)

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.

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 2018 if both of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2018 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 2018 expires February 15, 2019. 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 2018 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 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 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 2018. 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 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, 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 Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at 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

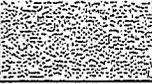
Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can 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 might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. 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, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. 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 income includes all of

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018
▶ 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 Robert J	Last name Bueck	2	Your social security number 472-56-8495
Home address (number and street or rural route) 335 W 9TH ST			3 <input type="radio"/> Single <input checked="" type="radio"/> Married <input type="radio"/> 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 Eyota MN 55934			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 1
6	Additional amount, if any, you want withheld from each paycheck			6 \$
7	I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it) ▶ Robert J Bueck			Date ▶ 12-10-18	
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	10
			First date of employment	Employer Identification number (EIN)

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: Robert J Burk

Printed Name: ROBERT BURK

Date: 12-10-18

AGREED TO:

Corporate Management Group, Inc.

Signature: [Signature]

Printed Name & Title: Siemee Peterson

Date: 12/10/18
12000 Washington Street, Suite 350
Thornton, CO 80241

IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Name: ~~MARY BURK~~ Robert Burk
Address: 335 7th St W Eyota mn 55934
Home Phone: 507-545-2615 -507 261-9815

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

1. Name: MARY BURK
Phone (primary): 507-545-2615
Phone (secondary): 261-4406
2. Name: _____
Phone (primary): _____
Phone (secondary): _____

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

ACKNOWLEDGMENT

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

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

Date: 12-10-18

Associate's Signature: Robert J Burk

Associate's Printed Name: ROBERT J BURK

Social Security #: 472-56-8495

Orientation provided by: SP



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 # 22910

ACH Routing # 129119121541811

Bank Name FIRST ALLIANCE Credit Union

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

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

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

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

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

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

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

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

Bank Name _____

Employee Name Robert J BURK SS# 47215618495

Address 335 WYTHST City Eyota State MI Zip 56934

Employee Signature Robert Burk



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

DATE

APPLICANT'S SIGNATURE

Printed Name: ROBERT BURK

Social Security No. 472-56-8495 Birth date: 4-20-48

Address: 335 W 7TH ST PO BOX 302

City/State/Zip: Eyota MN 55934

†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.

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

OMB No. 1545-1500

▶ See separate instructions.

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

Your name Robert J Burk Social security number ▶ 472-56-8495

Street address where you live 333 7th St W

City or town, state, and ZIP code Evota MN 56934

County Olmsted Telephone number (507) 545-2165

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

- 1 Check here if you are completing this form before August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 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 discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 16 but not age 25 or older, and:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, and
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:
 - Discharged or released from active duty in the U.S. Armed Forces, or
 - Unemployed for a period or periods totaling at least 6 months.
- 5 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.

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 ▶ Robert J Burk

Date 12/20/15

WORK OPPORTUNITY TAX CREDIT

PLEASE CHECK "YES" OR "NO" AND ANSWER ALL QUESTIONS

Name ROBERT BURK
Address 335-7th ST W
City EYOTA State MD Zip 55934 Social Security # 472-568495
Date of Birth 6-20-48 Age 70

Please CHECK ONE ANSWER for each of the following questions, and complete question #5:

- 1. Have you or any family member living with you received Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) during the past 24 months? Yes [] No [X]
2. Have you or any family member living with you received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) at any time during the past fifteen (15) months? Yes [] No [X]
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days? Yes [] No [X]
4. Are you part of the Ticket to Work program? Yes [] No [X]

5. Name of person who received benefits
Relationship City & State where benefits received

6. Are you a veteran? Yes [] No [] and Disabled due to service? Yes [] No [X]
Service Dates: From: To: Branch:

7. Have you been unemployed at any time during the last 12 months? Yes [] No [X]
If yes, dates of unemployment: From: To:
Did you receive unemployment compensation at any point during your unemployment?
If yes, dates received compensation: From: To: Yes [] No [X]

8. Have you been convicted of a felony or released from prison in the last 12 months?
Date of Conviction: Date of Release: Yes [] No [X]
Parole Officer's Name: Parole Officer's Phone #

9. Have you received rehabilitation services from a State approved or Department of Veterans Affairs approved Vocational rehabilitation agency? Yes [] No [X]
Name of Agency Phone #
Address of Agency Counselor's Name

10. Have you attended High School, College or Technical School for more than an average of 10 hours per week at any time during the last 6 months? Yes [] No [X]

11. Did you receive a high school diploma or GED? If yes, date received: 1966 Yes [X] No []
Have you been employed or been admitted to technical school or college since then? Yes [] No []

12. How much in gross wages have you earned TOTAL in the past six months? \$ 5,000.00

I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative, or the Department of Labor.
NEW HIRE SIGNATURE Robert Burk DATE 12-10-18

Questions below to be completed by manager
Starting Wage Position
Has employee worked for this company before? If yes, date and location

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:

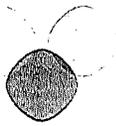
1. When possible, confront the harasser and tell him/her to stop. Sometimes a simple confrontation will end the situation.
2. If confrontation is unsuccessful, immediately contact your CMG supervisor to report the harassment.
3. An investigation will be conducted and appropriate action taken, including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

Employee Signature: _____

Robert R. [Signature]

Date: _____

12/10/18



employer solutions staffing group^{llc}

Leveraging Resources in a Changing Market

**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 ESSG (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 ESSG within 5 calendar days once an assignment ends. I also acknowledge that I have received a separate copy of this form. _____ (Initial)

Robert J Burk
Employee Signature:

12/10/15
Date:

ROBERT J BURK
Employee (please print your name here)

**DRUG AND ALCOHOL
TESTING CONSENT FORM**

1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.

2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events as described in the policy may result in adverse personnel action, including my termination from employment with ESSG. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.

3. I hereby voluntarily consent to ESSG, or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath, or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by ESSG may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to ESSG of the results of my drug and/or alcohol test and other information related to the test.

ROBERT BURK
Individual's Name

12/10/18
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

Employee Non-Compete and Confidentiality Agreement

NONCOMPETE

The Employee and Corporate Management Group (CMG) recognize that due to the nature of Employee's engagement hereunder and the relationship of the Employee to CMG, the Employee will have substantial personal contacts with clients of CMG which are likely to result in the development of strong business and personal ties to and goodwill with the Employee rather than CMG and, as a result, it is likely that such clients would follow the Employee in the event the Employee ceases to be employed by CMG. Accordingly, the Employee agrees as follows:

During the term of employment with CMG the Employee shall not, directly or indirectly, either individually or as a partner, agent, employee, stockholder, officer, director, consultant or otherwise, except for the account of and on behalf of CMG, engage in the practice of temporary employment services. Additionally, during the term of employment with CMG and for a period of twelve months after the cessation of employment, for any reason whatsoever, the Employee shall not solicit or otherwise attempt to establish for himself or for any other person, firm or entity any business relationships with any person or entity which was, at any time during the term of this agreement, a client of CMG.

For a period of twelve months after the cessation of employment, for any reason whatsoever, the Employee shall not directly or indirectly, either individually or as a partner, agent, employee, consultant or otherwise, solicit any person or entity to provide or render temporary employment services within the city limits of any city where CMG has clients at the time of cessation of employment.

For a period of twelve months after the cessation of the Employee's employment with CMG for any reason whatsoever, the Employee shall not directly or indirectly, either individually or as a partner, agent, employee, stockholder, officer, director, consultant or otherwise, solicit for employment or employ any person who was an employee of CMG at any time during the term of this agreement.

The parties hereto agree that to the extent that any provision or portion of this Agreement shall be held, found or deemed to be unreasonable, unlawful or unenforceable by a court of competent jurisdiction, then any such provision or portion thereof shall be deemed to be modified to the extent necessary in order that any such provision or portion thereof shall be legally enforceable to the fullest extent permitted by applicable law; and the parties hereto do further agree that any court of competent jurisdiction shall, and the parties hereto do hereby expressly request any court of competent jurisdiction to, enforce any such provision or portion thereof or to modify any such provision or portion thereof in order that any such provision or portion thereof shall be enforced by such court to the fullest extent permitted by applicable law. Any remedy available under this Agreement shall be in addition to, and cumulative with, any remedy available to CMG at law, in equity or otherwise.



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ANTI-HARASSMENT POLICY

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

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

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