



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 this form stating that you received your log in information.

**CMG/ESSG/Reichel Foods Handbook**

**Healthcare Notice of Exchange and Website for Enrollment**

**Safety Policy**

**Drug and Alcohol Testing Policy**

**View Paystubs**

**Employee Notice of Employment and Wage**

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

**\*\*do not fill out the login name or password. CMG will provide you with this information\*\***

Login Name: 5075515550

Login Password: keyd0935

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 content, it is my responsibility to address my questions with a CMG representative. I also 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: *J. Leyden* Date: 11/13/2024

## 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.

Signature: J. Leyden Date: 11/13/2024

## Emergency Contact 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

Name: Jessica Carter

Relationship: Girlfriend

Phone Number: (501) 398 9124

Contact #2

Name: Mildred Leyden

Relationship: Aunt

Phone Number: (718) 723-2927

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

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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 to enter my new hire paperwork into ESSG's online Zenople Employee Portal. I understand that I will be provided access via login name and password to view forms that have been entered on my behalf.

Signature: J. Leyden Date: 11/13/2024

## 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 job offer to apply for insurance through ESSG via the log in information provided to me.

Signature: J. Leyden Date: 11/13/2024

## Electronic W-2 Consent

The IRS has approved employers to send W-2's electronically to employees. You will receive your W-2 faster and have access to your W-2 at anytime.

Would you like to receive your W-2 statement electronically? Yes  No

Email: tyleyden<sup>30</sup>@gmail.com

## Work Opportunity Tax Credit

Please circle Yes or No to the following questions:

- In the last year, have you or anyone you've lived with received SNAP (Supplemental Nutrition Assistance Program also referred to as food stamps)? Yes/No
- In the last two years, have you or anyone you've lived with received TANF (Temporary Assistance for Needy Families also referred to as welfare)? Yes/No
- Are you a veteran of the U.S. Military/Armed Forces? Yes/No
- Are you a person who has a disability? Yes/No
- Have you ever been convicted of a felony? Yes/No
- Are you unemployed? Yes/No
- Have you collected unemployment benefits at any time during your unemployment period? Yes/No

Thank you for taking the time to complete this survey related to IRS Form 8850 (Pre-screening Notice and Certification Request for the Work Opportunity Tax Credit) and the ETA Form 9175 (Long-Term Unemployment Recipient Self-Attestation Form). These forms are used to verify the information you have provided and to manage the important WOTC jobs program.

If you agree with the following declaration, click the submit button to electronically sign the Forms 8850 and (if applicable) 9175. Your electronic signature will authorize the Veterans Administration, Department of Vocational Rehabilitation, Tribal Governments, federal and state unemployment insurance offices, or other applicable agency to release verification of information to TCC. If the name is incorrect, type in your correct name and click the submit button to electronically 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.*

Signature: J. Leplew

Date: 11/13/2024

## Direct Deposit

Payday is weekly on Friday.

Bank Name <sup>The</sup> Bancorp Bank Routing # 031101279 Account # 156133271189

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 account number that provide is incorrect.

\_\_\_ Please check here if you do not have your account information or have an account. We will provide you with a Bank of America Money Network Card.

Please check here if you would like your paystubs electronically emailed to your email address.

Signature: J. Leplew

Date: 11/13/2024

## Background Check Authorization

I, hereby authorize and its designated agents and representatives to conduct a comprehensive background check as part of the employment screening process. This background check may include, but is not limited to, the following:

1. Criminal background check: This may involve researching and reporting any criminal convictions or pending criminal cases.
  2. Employment history verification: This may include contacting past employers to verify work history, job titles, dates of employment, and reasons for leaving.
  3. Education verification: This may include verifying academic degrees, diplomas, and certificates from educational institutions.
  4. Professional references: This may involve contacting individuals listed as professional references by the employee to assess their qualifications and suitability for the position.
  5. Credit history check (if applicable): This may include obtaining information related to the employee's credit history and financial responsibility.
- Driving record check (if applicable): This may involve reviewing the employee's driving history, including any traffic violations and accidents.

### Release of Information:

I understand that, in the course of the background check process, may need to disclose my personal information to third-party vendors or agencies for the purpose of obtaining the necessary background information. I consent to the release of such information.

By signing below, I acknowledge that I have read and understand the terms of this consent form and voluntarily consent to the background check described herein.

Signature: J. Leyden Date: 11/13/2024

## 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.

Signature: J. Leyden Date: 11/13/2024

## Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

# 2024

<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial <b>LYSON D</b>	Last name <b>LEYDEN</b>	(b) Social security number <b>099 920935</b>
	Address <b>2109 18th 1/2 Ave NW</b>		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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code <b>Rochester MN, 55901</b>		
(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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(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.

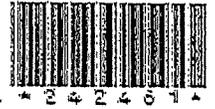
Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> 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 <b>\$ 2000</b> Multiply the number of other dependents by \$500 <b>\$ 500</b> 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 <b>3 \$ 2500</b>	
<b>Step 4 (optional):</b> 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 <b>4(a) \$ 0</b>	
	(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 <b>4(b) \$ 0</b>	
	(c) Extra withholding. Enter any additional tax you want withheld each pay period <b>4(c) \$ 0</b>	

**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: *J. Leyden* 11/13/2024  
 Employee's Signature (This form is not valid unless you sign it.) Date

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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**2024 W-4MIN, Minnesota Withholding Allowance/Exemption Certificate**

**Employees**

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

First Name and Initial <b>LYSON D</b>	Last Name <b>LEYDEN</b>	Social Security Number <b>099920935</b>
Permanent Address <b>2109 18th 1/2 AVE NW</b>	City <b>Rochester</b>	State <b>MN</b>
	ZIP Code <b>55901</b>	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

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

**Section 1 — Determining Minnesota Allowances**

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

B Enter "1" if any of the following apply: ..... **B 1**

- You are single and have only one job
- You are married, have only one job, and your spouse does not work
- Your wages from a second job or your spouse's wages are \$1500 or less

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

D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. .... **D 2**

E Enter "1" if you will use the filing status Head of Household (see instructions). .... **E**

F Add steps A through E. If you plan to itemize deductions on your 2024 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. .... **F 4**

1 Minnesota Allowances. Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet ..... **1**

2 Additional Minnesota withholding you want deducted for each pay period (see instructions) ..... **25 0.00**

**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-4MIN.

Employee's Signature: **J. Leyden** Date: **11/13/2024** Daytime Phone Number: \_\_\_\_\_

Employer: 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-4MIN 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

**EEO Information**

Please choose one option under the following:

<b>Gender</b>
-No Answer
-Female
<u>-Male</u>
-Non Binary
-Other

<b>Marital Status</b>
-No Answer
-Divorced
-Married
<u>-Unmarried</u>
-Widowed

<b>Ethnicity</b>
-Alaska Native
-Asian
-Hispanic Latino
-Other Pacific Islander
-Unknown Ethnicity
-No Answer
-American Indian
<u>-Black or African American</u>
-Native Hawaiian
-Two or more Races
-White

<b>Veteran</b>
-Vietnam Era Veteran
-Veteran
<u>-Non-Veteran</u>
-Other Protected Veteran
-Recently Separated Veteran
-Special Disabled Veteran
-No Answer

Signature: I. Lepler

Date: 11/13/2024



# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 07/31/2025

**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.

<b>Section 1: Employee Information and Attestation:</b> 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>LEYDEN</b>		First Name (Given Name) <b>TYSON</b>		Middle Initial (if any) <b>D</b>	Other Last Names Used (if any)	
Address (Street Number and Name) <b>2109 12<sup>th</sup> 1/2 AVE NW</b>			Apt. Number (if any) <b>3</b>	City or Town <b>Rochester</b>	State <b>MN</b> ZIP Code <b>55901</b>	
Date of Birth (mm/dd/yyyy) <b>01/10/1984</b>	U.S. Social Security Number <b>099912019135</b>	Employee's Email Address <b>tleiden30@gmail.com</b>		Employee's Telephone Number <b>(507)551-5550</b>		
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>L. Leyden</i>				Today's Date (mm/dd/yyyy) <b>11/13/2024</b>		
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.						
<b>Section 2: Employer Review and Verification:</b> Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.						
List A		OR		List B	AND	List C
Document Title 1						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 2 (if any)		Additional Information				
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 3 (if any)						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.						
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy)	
Last Name, First Name and Title of Employer or Authorized Representative				Signature of Employer or Authorized Representative		
				Today's Date (mm/dd/yyyy)		
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code			

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

# CORPORATE MANAGEMENT GROUP

Employment Application

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

Office Number: 507-923-4955

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



## Applicant Information

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

Full Name: (Last Name, First Name) LEYDEN TYSON Date: 11/13/2024

Address: (Street Address) 2109 18<sup>th</sup> 1/2 AVE NW (Apt./Unit #) 3

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

Phone: (507) 551-5550 Email: tyleypden30@gmail.com

Social Security No. 099920935 Date Available: 11/14/2024

Position Applied for: \_\_\_\_\_ Desired Wage: \$16

Shift Available to work:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> 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: \_\_\_\_\_ IN

If under 18, please list age: \_\_\_\_\_

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

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference?  Yes  No

**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 J. Leyden Date: 11/13/2024

# CMG Preliminary Questions



Name: Tyson Layden

Date: 11/13/2024

### Please Mark Yes or No

1. If hired are you willing to take a drug test?  Yes  No *KS*
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 *KS KS*

### Please Mark Your Preferred Position

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

Have you ever been convicted of a crime? Yes  No

Explain Incident 5th degree Assault - misdemeanor.

An employee at Hyvee called my toddler son a derogatory racial name and I got upset and told him, I would beat him up for being so racial to a baby.

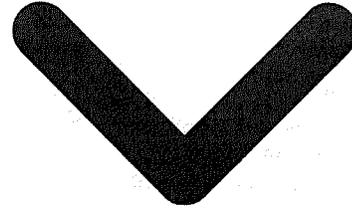
Employee Signature J. Layden

Interviewer Signature Kelly M Sutt



"I increased customer satisfaction by 49% by implementing a new customer service process." Seeking a challenging position in [industry/field] where I can utilize my [skills/experience] to contribute to the success of the company." "To secure a [position title] role in a dynamic company that offers opportunities for professional growth and advancement."

## Experience



### Assistant Grocery Manager • Fresh Thyme Market

May 2023 - Mar 2024

Rochester, MN

The Assistant Grocery Manager manages team member plans, directs and supervises team members in the day to day operations of their respective department area. Delivers exceptional customer service by managing the day to day ordering, receiving, stocking and displaying of related products to maximize profits. Maintains department cleanliness and adheres to all food safety processes.

#### Essential Duties & Responsibilities

- Assists in scheduling, staffing selection, and hiring to achieve staffing needs
- Promotes succession planning by providing career paths, identifying development needs for their respective departments team, and being involved with and accountable for promotion decisions
- Supports disciplinary actions and makes recommendations concerning discharge
- Attain P&L budgeted goals, achieving sales, labor and margin plans for the department
- Reviews sales goals, supply costs, stock loss/shrink results and goals
- Models exceptional, fast and friendly customer service
- Reviews Customer Survey and customer feedback from previous day or week
- Prepares, packages, stocks store and display merchandise appropriately
- Price change compliance
- Food safety compliance
- Ordering of manual ordered items
- Supervises, trains and manages their Department Team in the absence of the Dept. Manager to:
- Stock (including washing, bundling and trimming) rotating, and merchandise facing products according to department procedure
- Ensure all inferior out of code products are not sold and removes from display
- Ensure all products are accurately priced and sales prices are maintained and up to date
- Provides consultation to customers when needed regarding consumer products
- Execute ad set compliance including signage
- Ensure the backroom is neat and organized
- Meet or exceed sales floor conditions expectations in respective department
- Ensures their departments team members are thoroughly trained in all aspect of their jobs and have completed all required training
- Promotes a safe work environment
- Reliable and consistent attendance required
- Proper usage of production planner and fresh dashboard
- Other daily tasks as required

**Front Desk Night Manager • G6 Hospitality LLC / Motel 6**

Jan 2022 - Dec 2023

Rochester, MN

- Manage and monitor activities of all employees in the Front Office department making sure they adhere to the standards of excellence and to the guidelines set in the employee handbook, hotel policies and procedures, coaching, training and correcting where needed.
- Maintain a professional and high-quality service oriented environment at all times
- Manager on duty for the hotel dealing with complaints, problem-solving, disturbances, special requests and any other issues that may arise
- Manage the night shift in the department ensuring all employees perform the tasks assigned to them and coordinate Front Office activities with other departments
- Inform all Overnight staff of nightly activities, group and VIP arrivals as well as special requests and repeat guests.

**Sales Manager • Cricket Wireless**

Apr 2019 - Nov 2022

Rochester, MN

- Ensure high levels of customer satisfaction through excellent sales service
- Assess customers needs and provide assistance and information on product features
- Welcome customers to the store and answer their queries
- Follow and achieve department's sales goals on a monthly, quarterly and yearly basis
- "Go the extra mile" to drive sales
- Maintain in-stock and presentable condition assigned areas
- Actively seek out customers in store
- Remain knowledgeable on products offered and discuss available options
- Process POS (point of sale) purchases
- Cross sell products
- Handle returns of merchandise
- Team up with co-workers to ensure proper customer service
- Build productive trust relationships with customers
- Comply with inventory control procedures
- Suggest ways to improve sales (e.g. planning marketing activities, changing the store's design)
- Working knowledge of customer and market dynamics and requirements
- Track record of over-achieving sales quota
- Hands-on experience with POS transactions
- Familiarity with inventory procedures
- Solid communication and interpersonal skills
- A friendly and energetic personality with customer service focus
- Ability to perform under pressure and address complaints in a timely manner

**Executive Housekeeping Manager • Holiday Inn Express and Suites**

Oct 2020 - Mar 2022

Rochester, MN

- Participate and help in managing preparation of schedules, payroll and workloads for housekeeping staff ensuring maximum efficiency.
- Lead a team of multinational housekeepers, laundry attendants and public space attendants to continuously improve cleanliness and productivity.
- Communicate with all departments regarding any and all matters relate to housekeeping and cleanliness of property including all public spaces.
- Coordinate and execute special projects, such as VIP upgrades for large site inspections and group business.
- Plan and schedule proper staffing accordingly for all special events as in conventions, groups, VIP's.
- Implement policies and procedures to ensure that acceptable standards are met with OSHA, JCAHO, local and state regulations.
- Train and oversees employee compliance with OSHA standards regarding proper usage and dilution of chemical products, equipment safety and usage ,
- Acknowledge budget and payroll guidelines to ensure that each area of responsibility operates within establish cost while providing maximum service.
- Work with guest to make their stay pleasurable with no issues or problems.
- Highly qualified Executive Housekeeping Manager with experience in the industry. Enjoy creative problem solving.
- Responsible for directing the housekeeping program of the hotel to ensure clean, orderly, and attractive conditions of guest rooms and common areas.
- Supervised the work activities of housekeeping staff under the direction of the General Manager.
- Provided limited supervision to housekeeping staff consisting of 1 - 14 employees.
- Provided training including safety and standard operating procedures to all housekeeping personnel as directed by management.
- Ensured adherence to company quality standards by inspecting rooms, including deep cleans.
- Distributed keys and work assignments to staff.
- Addressed guest complaints regarding housekeeping services or equipment.
- Assisted management staff in assuring housekeeping staff is practicing efficient and effective procedures.

Skills : Management Experience, Housekeeping, Microsoft, Organization, Work Well Under Pressure, Team Player, Fast Learner, Positive Attitude, Multi-Tasker.

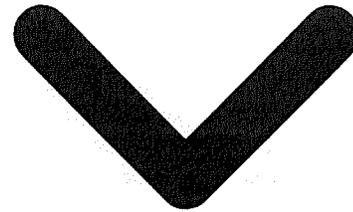
**Customer Service Manager/Assistant Manager • Walmart South SE**

Apr 2012 - Mar 2019

Rochester, MN

•  
Leader in customer service management with 22+ years implementing programs and procedures that reduce error rates, improve service offerings, and achieve company initiatives. Recognized for leadership in team and staff development, orienting staff toward common vision and business objectives. Strategic communicator who brings business units together to execute advanced programmatic goals.

- Leadership skills. ...
  - Effective Team Training. ...
  - Communication Skills. ...
  - Problem Solving Skills. ...
  - Performance Management. ...
  - Operations Management. ...
  - Strategic Thinking.
- 

**Education****Bachelor's, Graphic Design**

Briarcliffe College • Bethpage, NY

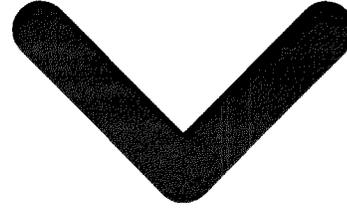
Aug 2003 - May 2007

**High school diploma, Chemistry**

Canarsie High School • Brooklyn, NY

Sep 1999 - Jun 2003

**Skills**



Management (10+ years), typing (10+ years), excel (10+ years), Call Center (10+ years), Customer Experience (10+ years), CCC (10+ years), Front Desk (10+ years), Customer Service (10+ years), Custodial Experience (10+ years), English (10+ years), Cashiering (10+ years), Food service (10+ years), Hospitality (10+ years), Manufacturing (10+ years), Graphic Design (10+ years), Adobe InDesign (10+ years), Adobe Illustrator (10+ years), Adobe Photoshop (10+ years), Illustration (10+ years), Adobe Creative Suite, Typography, Conflict Management, Adobe Premiere, Production management (10+ years), Assembly, Warehouse experience, Sanitation, Heavy lifting, Adobe After Effects, Web Design, Adobe Acrobat, Cleaning, Industrial cleaning, Laundry, Commercial cleaning, Floor care, Environmental services, Janitorial experience, Front desk, Guest relations, Hotel experience, Hospitality, Customer service, Typing, POS, Cash register, Personal assistant experience, Sales, Door-to-door, Hospital experience, Security, Events management, Jewelry sales, Microsoft Office, Administrative experience, Organizational skills, Phone etiquette, Packaging, Warehouse experience, Assembly, Manufacturing, Picking & packing, Store management, Stocking, Communication skills, Retail sales, Basic math, Sales management, Supervising experience, Guest services, Team management, Cold calling, Direct sales, Leadership, Computer skills, Load & unload, Shipping & receiving, Merchandising, Cash handling, Heavy lifting, Mentoring, Customer relationship management, Financial management, Freight, Operating systems, Interviewing, Problem management, Telecommunication, Windows, Salesforce, Social media management, Warehouse management, Conflict management, Apache, Public relations, Teaching, Profit & loss, Financial services, Payroll, Data collection, Cooking, Program management, Production planning, Quality control, Office management, Google Docs, Food handling, Management, English, Time management, Filing, Relationship management, Barista experience, Microsoft Outlook, Microsoft Excel, Microsoft Word, Hand tools, Front loader truck, Rear loader truck, Grocery store, Computer literacy, Patient care, Kitchen experience, Retail math, Debits & credits, Banking, Baking, Product demos, Food service, Restaurant management, Training & development, Project management, Marketing, Construction, Restaurant experience, Working with people with disabilities, Alignment

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**MINNESOTA IDENTIFICATION CARD**

NOT FOR FEDERAL IDENTIFICATION



1 LEYDEN  
2 TYSON DARREN  
8 523 7TH ST NW  
APT 1  
ROCHESTER, MN 55901-2685

4d ID# E945-049-728-418 4b ISS 02/12/2021  
3f DOB 01/10/1984 4b EXP 01/10/2025

**NOT A DRIVER'S LICENSE**

*[Signature]*

15 SEX M 17 WGT 220 lb  
16 HGT 6'-05" 18 EYES BRO  
5f DD 00000004206624

01/10/84



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# SOCIAL SECURITY

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