

Messaged 4/11
CORPORATE MANAGEMENT GROUP

4/15
10AM



Employment Application
Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri
Office Number: 507-838-5994
Office Address: 1825 7th St NW Rochester, MN 55901

"your workforce management & staffing experts"

Applicant Information

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

Full Name: (Last Name, First Name) Chancey Williams Date: 4-9-21

Address: (Street Address) 3096 25th St NW (Apt./Unit #) 120

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

Phone: 507-316-8818 Email: _____

Social Security No. _____ Date Available: Any 4/20

Position Applied for: Sanitation Desired Wage: 17.00

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? Walk in Referral Name: _____

If under 18, please list age: 23

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

Previous Employment

Company: Dairy Queen Phone: 507-282-8633

Address: 320 12th St SE Supervisor: _____

Job Title: Cashier

Responsibilities: _____

From: FEB To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Part-time

*wanted and
swipe*

Previous Employment

Company: Strong Well Phone: _____

Address: _____ Supervisor: _____

Job Title: Fiber glass / LIME WORK 6-8 months

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Area team - Not long
Communication

Team
Vac
June 9-16th

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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 Charunoddy Date: 4-9-24

You have applied / are interviewing for the following position:

JOB TITLE: Sanitation **Starting Wage:** \$15.50 + \$1.50 S/D (\$17.00) **Shift/Hours:** 3rd (10pm – 6am)

JOB OBJECTIVE: To clean and sanitize equipment and work area used in production.

QUALIFICATIONS (based on essential functions):

- Related experience preferred.
- Must be able to understand instructions and directions in the English language.
- Possess basic mathematics skills.

JOB FUNCTIONS: Every effort has been made to identify the essential functions of this positions, however, it in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or an essential function.

DUTIES/RESPONSIBILITIES: Wash, Rinse, Sanitize and set-up equipment for next shift; Dry floors and ceilings; Empty trash; Perform and assist in other related duties as required; Work well with others; Repot to work on time; Follow rules; Care for property.

MACHINERY: Pallet jacks.

EQUIPMENT: Hoses, wooden and plastic pallets, trash bags, foaming containers and wands, machine parts, large broom, grinding plate sharpener, paper towel dispensers, drop cords, pressure washers.

PROTECTIVE EQUIPMENT: bump cap, nitril apron, rubber boots and gloves, face shield and goggles.

CHEMICALS: Caustic foaming chemicals used in sanitizing equipment, oil for drop cords and grease for machine parts.

WORK ENVIRONMENT: Standing on wet cement floors. Extremes of temperatures from – 30 degrees Fahrenheit in spirals to 80 degrees in portion room when hot hoses are in use. Limited visibility due to cold in work areas and the use of heat from water hoses. Slippery floors. Wet environment. Noise level is low after production. Some outdoor work. Work with hot water and high-pressure water.

PHYSICAL REQUIREMENTS (with or without reasonable accommodation): Ability to lift/move 10-80 pounds continuously. Requires varying degrees of pushing, pulling and lifting. Able to perform tasks requiring action of muscles or groups of muscles such as walking, crawling, bending, climbing, and stooping. Able to stand for prolonged periods (8-hour shift). Able to work early hours (after midnight) until morning. Have a good sense of smell and touch.

MENTAL REQUIREMENTS (with or without reasonable accommodation): Able to concentrate on minimal details with little interruption. Able to attend to task/function for 10-20 minutes at a time. Able to remember verbal and/or written task/assignment for an 8-hour shift.

WORK HOURS: Eight-hour work shift with 2 fifteen-minute breaks. Monday – Friday workweek. Will be required to work on Saturdays and some Sundays.

I understand by signing this form, I have been informed about what position I am interviewing for.

Applicant Signature: Chauncey Date: 4-15-24

Interviewer Signature: Williams Date: 4-15-24

Williams 4/15/24

CMG / Rochester Meat Company Interview Questionnaire

Applicant's Name: _____

Date/ Time: _____

Position applied for: _____

1. Why do you want to come work at the Rochester Meat Company?

Drove by close to home - appearance.

2. Can you tell me a little about your previous work experience?

Hotel > ~~Direct~~ Room Service >

3. What did you like most about your present/past jobs?

Environment > Fast past
union

4. What did you like least about one of your present/past jobs?

Unorganized

5. Why did you leave your previous jobs?

Ask for raise > Didn't
would not > start part time

6. Sometimes conflicts can arise with co-workers. How have you handled conflicts with coworkers in the past (or how would you handle a conflict with a co-worker)?

talk out > stay away
* respect *

7. Sometimes disagreements can arise between supervisors and employees. How have you handled disagreements with your supervisor in the past (or how would you handle a disagreement with your supervisor)?

Talk > How > Agree.

8. With any new job there are a lot of things to learn in a short period of time. What would you do if you did not understand how to perform a particular task?

Shadow people > Ask How

9. Rochester Meat Company has a lot of safety rules and procedures. Do you feel that sometimes it is acceptable to ignore safety rules if it helps you complete the job faster?

No

10. While you are working, you notice that something does not seem right with the product or packaging. What would you do?

employee or Manager know.

11. How much weight can you lift without hurting yourself?

N/A

12. Some of the work maybe repetitive in nature. Have you done repetitive work before and how to do you feel about it?

confident.

13. Are you able to work the scheduled shift – Monday through Friday?

YES NO

14. Are you able to work overtime including Saturdays and Sundays?

YES NO

15. You would be working in temperature of 40-50 degrees. Would that be a problem for you?

YES NO

16. Have you ever worked in food service or a restaurant before?

YES NO

Notes:

CMG Preliminary Questions

Name: _____

Date: _____

Please Mark Yes or No

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

2. Are you able to work with pork and beef? Yes No

Please Mark Your Preferred Position

3. What shift do you prefer? 1st 2nd 3rd

To be completed during or after interview

Have you ever been convicted of a misdemeanor or felony? Yes _____ No

Explain

Incident _____

Employee Signature *[Signature]*

Interviewer Signature *[Signature]*

Applicant Certification and Authorization for Background Check

Please read the below statements and initial on the indicated line

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

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

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

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

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

I have read and agree EW **(initial)**

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report / investigative consumer report may include but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, country jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have to include information or data received from other sources Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers and dates of birth.

I have read and agree EW **(initial)**

m MINNESOTA IDENTIFICATION CARD
USA

NOT FOR FEDERAL IDENTIFICATION



1 WILLIAMS
2 CHAUNCEY
8 1212 7TH AVE SE
APT 3
ROCHESTER, MN 55904-7489
4d ID# D000-022-732-400 4a ISS 10/13/2022
3 DOB 02/20/2001 4b EXP 02/20/2026

NOT A DRIVER'S LICENSE

15 SEX M 17 WGT 200 lb
16 HGT 5'-09" 18 EYES BRO

5 DP 00000007010977 02/20/01

SOCIAL SECURITY

472-39-1774

THIS NUMBER HAS BEEN ESTABLISHED FOR

CHAUNCEY
WILLIAMS

SIGNATURE

01/31/201



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 07/31/2026

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

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

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

Last Name (Family Name) <i>Williams</i>		First Name (Given Name) <i>Chalmer</i>		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name) <i>3096 25th St NW</i>			Apt. Number (if any) <i>120</i>	City or Town <i>ROCHESTER</i>		State <i>MN</i>
Date of Birth (mm/dd/yyyy) <i>02/20/2026</i>		U.S. Social Security Number <i>472 39 1774</i>		Employee's Email Address		ZIP Code <i>55901</i>
Employee's Telephone Number						

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

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

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

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

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee

Williams

Today's Date (mm/dd/yyyy)

4-13-24

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

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

List A	OR	List B	AND	List C
Document Title 1		<i>MNFD</i>		<i>SSCARD</i>
Issuing Authority		<i>D000022732400</i>		<i>472-39-1774</i>
Document Number (if any)		<i>02/20/2026</i>		
Expiration Date (if any)				

Document Title 2 (if any)	Additional Information
Issuing Authority	
Document Number (if any)	
Expiration Date (if any)	
Document Title 3 (if any)	
Issuing Authority	
Document Number (if any)	
Expiration Date (if any)	

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

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

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

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

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