

# CORPORATE MANAGEMENT GROUP



## Employment Application

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri  
Office Number: 507-838-5994  
Office Address: 1825 7<sup>th</sup> 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) Hardy, Quindarian Date: 3/8/24

Address: (Street Address) 3863 10<sup>th</sup> Ave SW (Apt./Unit #) \_\_\_\_\_

(City) Rochester (State) MN (ZIP Code) 55903

Phone: 507-295-4552 Email: Quindarian@Comail.com

Social Security No. 661-01-4241 Date Available: 3/13/24

Position Applied for: 2nd Shift Grinder Desired Wage: 15

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? Indeed Referral Name: \_\_\_\_\_

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

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

### 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

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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.

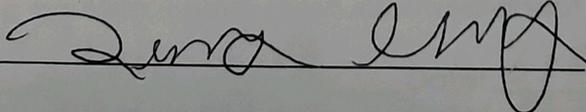
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission 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  Date: 3/8/24

**You have applied / are interviewing for the following position:**

**JOB TITLE:** Grinder **Starting Wage:** \$17.00 **Shift/Hours:** 2<sup>nd</sup> Shift 2:30 P.M. to 11:30 P.M or later

**JOB OBJECTIVE:** To operate grinders to grind raw beef or pork into patties according to company specifications.

**QUALIFICATIONS (based on essential functions):**

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

**JOB FUNCTIONS:** Every effort has been made to identify the essential functions of this position. 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 of the position.

**DUTIES/RESPONSIBILITIES:** set up grinding equipment; gather materials to be used for proper formulation; operate grinding equipment; keep accurate production and raw material sheets as needed; move product to freezers quickly; breakdown equipment for cleaning; perform other duties assigned by supervisor; work well with others; report to work on time; follow rules; care and maintain property and equipment.

This job description does not list all the duties of the job. You may be asked by your supervisor, manager or Executive Committee to perform other duties. You will be evaluated in part based upon your performance of the tasks listed in this job description.

**MACHINERY:** Grinding equipment, bone and gristle remover, snowing equipment, stuffer equipment, metal detector, anyl-ray and basic operating knowledge of Formax machines.

**EQUIPMENT:** Hand pallet jack, combos, luggers, carts, PPE, calculator, hand tools.

**CHEMICALS:** Dry Ice.

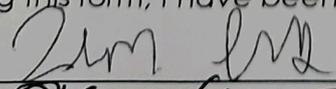
**WORK ENVIRONMENT:** Standing on cement floor. Moderate to high noise. Temperature range of 30-50 degrees Fahrenheit.

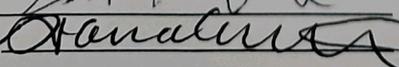
**PHYSICAL REQUIREMENTS (with or without reasonable accommodation):** Ability to lift/move 10-65 pounds continuously. Requires varying degrees of pushing, pulling (of 400-pound tubs), bending and lifting to move boxes. Must be able to continuously perform simple repetitive and manipulative tasks. Able to perform tasks requiring action of muscles or groups of muscles such as walking, reaching, climbing and stooping. Must be able to stand for prolonged periods of time (eight-hour shift).

**MENTAL REQUIREMENTS (with or without reasonable accommodation):** Able to concentrate on details with many interruptions. Able to attend to task/function for 60 minutes at a time. Able to remember verbal and/or written task/assignment for an eight-hour shift. Must be able to read and use a pound percentage scale.

**WORK HOURS:** Eight-hour workweek, Monday through Friday. Will be required to work some weekends.

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

Applicant Signature:  Date: 3/8/24

Interviewer Signature:  Date: 3/8/24

not grinding

3/8 @ 230PM

messed 3/5

## Quin Hardy

### willing to work

Rochester, MN 55902  
quinhardypszc8\_iw8@indeedemail.com  
+1(507)2954552

Authorized to work in the US for any employer

## Work Experience

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### Utility Worker

Rochester transit - Rochester, MN  
March 2018 to February 2023

Utility worker, fueling, cleaning, charting.

### DSP (Direct Support Professional)

Group home - Rochester, MN  
January 2018 to January 2021

Taking care of residents in the group home setting for 3 yrs. Doing what I can to help where help is needed.

## Education

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### High school diploma

John Marshall Senior High School  
September 2015 to May 2018

## Skills

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- Load & Unload
- Mowing
- Communication skills
- Warehouse experience
- Materials handling
- Stocking
- Basic math
- English
- Serving

Part Time  
Dennys } Day Shift.

# 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?      1<sup>st</sup>     2<sup>nd</sup>    3<sup>rd</sup> 

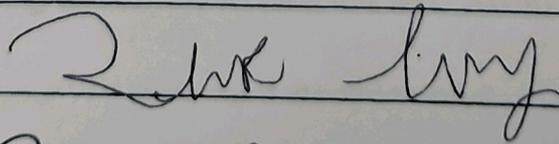
**\*To be completed during or after interview\***

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

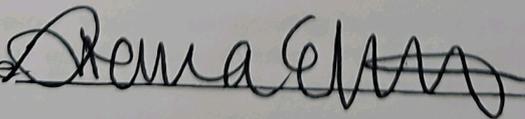
Explain

Incident \_\_\_\_\_

Employee Signature



Interviewer Signature



## Authorization to Enter New Hire Information

By signing below, I authorize a member of Corporate Management Group – Rochester Office – to enter my new hire paperwork into the online Zenopole (NHO) site. I understand that I will be provided access via login name and password to view the forms that they have completed on my behalf.

Employee Signature: X [Signature] Date: X 3/8/24

## Insurance Information

I understand that the CMG Staff defaults to decline insurance when entering my new hire paperwork unless specified otherwise during my interview.

I understand that I have 30 days after my employment starts to apply for insurance through ESSG via the login information provided to me.

I agree: QH (initial)

## Employee Photo Consent Form

I, \_\_\_\_\_, agree to let CMG – Rochester office – to take and upload my photo for security purposes.

Employee Signature Name: X [Signature] Hardy  
Date: 3/8/24

## Electronic W-2 Consent:

The IRS has approved employers to send W-2 electronically to employees. Employees who chose to receive their W-2 statements electronically will have the following advantages. Faster access to your W-2. Ongoing availability to view the W-2. Ability to reprint as many times as needed.

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

By completing the box below, you are consenting to receive your W-2 by email to only the email address that you list. A paper copy will NOT be provided. This option can be changed at any time but remains in effect until you inform ESSG that you would like to revoke your consent.

I consent to receive my W-2 by email at the address listed below from this date forward.

Email:

I agree: QH (initial)



## New Employee Acknowledgement Form

Welcome to CMG and Rochester Meats!

As a new employee, you will be provided with the website, username and password to view the new hire forms that you signed during your CMG interview. Please sign and date the bottom of the sheet stating that you received your login information.

**CMG/ ESSG**

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

**Safety Policy**

**Drug and Alcohol Testing Policy**

**View Paystubs**

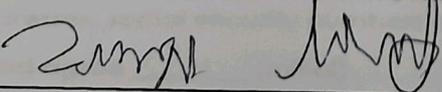
Website: <https://zenople.esgazure.com/login/cm>

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

Login Name: 5072954552

Login Password: Qh@42411

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 items or its content, that it is my responsibility to address my questions with my supervisor or CMG representative, and hereby waive any claim, now or in the future, that I did not receive, did not read or did not comprehend the items or their contents.

Signature:  Date: 8/8/24

## 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 QH (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 QH (initial)



## Notification of Minnesota Law Requirement – Unemployment Acknowledgement

According to Minnesota Statute section 268.095, subdivision 2, paragraph (d), an applicant who, within five calendar days after completion of a suitable job assignment from a staffing service, (1) fails without good cause to affirmatively request an additional suitable job assignment, (2) refuses without good cause an additional suitable job assignment offered, or (3) accepts employment with the client of the staffing service, is considered to have quit employment. This paragraph applies only if, at the time of beginning of employment with the staffing service, the applicant signed and was provided a copy of a separate document written in clear and concise language that informed the applicant of this paragraph and that unemployment benefits may be affected.

It is your responsibility to contact ESSG through the recruiter stated below for additional assignments. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact ESSG through the recruiter stated below within 5 calendar days once an assignment ends. I also acknowledge that I have been provided a copy of this form.

QH (Initial)

Employee Signature: \_\_\_\_\_

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

Print your name: \_\_\_\_\_

*Quindarian Hardy*

3/8/24

Quindarian Hardy



employer solutions staffing group

## PAYROLL DEDUCTION AUTHORIZATION

I, \_\_\_\_\_ (Employee) acknowledge that I owe Employer Solutions Staffing Group for the following:

- A payroll advance in the amount of \$ \_\_\_\_\_
  - this advance will be paid back over the next \_\_\_\_\_ check(s)
  
- Uniform Deduction in the amount of \$ \_\_\_\_\_
  - this uniform deduction is weekly
  - this uniform deduction is a one-time deduction
  
- Other one-time deduction for: Key Card  
in the amount of: \$6.50

I hereby authorize Employer Solutions Staffing Group to deduct the above amount from my paycheck(s) to repay this amount.

Upon termination of my employment, regardless of the reason, I hereby authorize any unpaid amounts to be deducted in full, from my final paycheck.

Dated: 3/8/24

Signed: [Signature]

Printed Name: Quindarian Hardy

## ETHNICITY AND RACE IDENTIFICATION

(Please read the Privacy Act Statement and instructions before completing form.)

Name (Last, First, Middle Initial) <i>Hardy, Quindarius V</i>	Social Security Number <i>661-01-4241</i>	Birthdate (Month and Year) <i>01/22/2000</i>
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Agency Use Only

### Privacy Act Statement

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U.S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

**Specific Instructions:** The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2.

**Question 1. Are You Hispanic or Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Yes       No

**Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.**

RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input checked="" type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

# EMERGENCY CONTACT INFORMATION

Employer Solutions Staffing Group In-Case of an Emergency – Notification Information

Please list at least one person with one working phone number.

We will only contact the name(s) listed below if we are unable to get ahold of you or if there is an emergency.

Contact # 1:

Name: Andy Ward

Relationship: Mother

Phone Number: 507-226-2125

Contact # 2:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This information will remain confidential and will only be used in the case of an emergency.