



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 the sheet stating that you received your login information.

CMG/ ESSG / Reichel Foods Handbook

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

View Paystubs

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

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

Login Name: Meh22659

Login Password: Am@2659

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 times 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: ALBERTA M. **Date:** 5-19-21

AUTHORIZATION TO RELEASE INDUSTRIAL HEARING TEST RESULTS

I understand that a successful hearing test is a condition of my employment by Employer Solution Staffing Group, LLC. to work at the facility of Reichel Foods, Inc., and further, that Employer Solutions Staffing Group may, at its discretion, share the results of any such hearing test with Reichel Foods Inc.

I also understand that Employer Solutions Staffing Group may, at its discretion, conduct periodic hearing tests on me during the course of my employment with Employer Solutions Staffing Group and I consent to such tests.

First Name: A LETA

Middle Name: _____

Last Name: M B HADZEC

Social Security Number: ~~414~~ 474-252654

Date of Birth: 9-29-1994

Gender (Circle one): ☒ Male ☐ Female

My Signature: A LETA M.

Today's Date: 5-17-21

Employee Photo Release Form

I, A LETA, 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.

Employee Signature Name: A LETA

Date: 5-19-21



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **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) <i>M. H. MOORE</i>		First Name (Given Name) <i>A. L. J. A.</i>		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name) <i>5992 RIVERSIDE BLVD</i>		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <i>474-45-2659</i>	Employee's E-mail Address <i>A.L.J.A.29MOORE@AOL</i>			Employee's Telephone Number <i>507-202-8720</i>	

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

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

☒ 1. A citizen of the United States	QR Code - Section 1 Do Not Write in This Space 
☐ 2. A noncitizen national of the United States (See instructions)	
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	

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

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

Signature of Employee <i>A. L. J. A.</i>	Today's Date (mm/dd/yyyy) <i>3-7-20</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



Employer Completes Next Page



Pay Information

Payday is every Friday

Name: _____

ALZAM,

Last 4 of SSN: _____

2659

Please mark what option you choose



Direct Deposit

Bank Name _____

THINK BANK

Routing Number _____

Account Number _____

Circle One

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 the account number that I provide is incorrect.

Initial _____

AM

____ Bank of America Money Network Card

↓ Office Use Only ↓

Routing Number _____

Account Number _____

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: _____

SABKO

Contact # 2

Name: _____

Relationship: _____

FATHER

Relationship: _____

Phone Number: _____

307-202-8720

Phone Number: _____

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.

CMG Preliminary Questions

Name: Alya M

Date: 5/17

Please Mark Yes or No

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

Please Mark Your Preferred Position

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

To be completed during or after interview

Have you ever been convicted of a crime? Yes _____ No X

Explain

Incident _____

Employee Signature A LYA M,

Interviewer Signature ALYAM.

Name: ALIAM
Date: 5-11-21

Rick and Rose

CMG Reading Test

**** Please read the story then answer the multiple-choice questions ****

Rick and Rose were good friends. They worked together at Reichel Foods.

One day they had a lot of work, and not enough employees, this same day the supervisor asked Rick to pack carrots and ranch in 100 boxes. Rick was worried he could not finish this before the day ended. He was going to ask Rose for help but he noticed she was gone. He knew if she didn't help, the boxes would not get packed on time.

The supervisor saw Rick working very hard and went to ask Rose for help. He looked for her in the cafeteria. When he saw her taking a break, he asked her why she wasn't helping Rick. "I didn't know that he needed help," said Rose, "I will go help him right away."

When Rick saw Rose coming to help, he felt happy and supported. "Please don't be afraid to ask me to help. We are good friends and co-workers," she said, "and together we make a great team."

1. Who are Rick and Rose?
 - ☒ a. Co-workers
 - b. Good friends
 - c. Both A & B
2. Rick and Rose work at Reichel Foods. True or false? (circle one)
 - ☒ a. True
 - b. False
3. Where did the supervisor find Rose?
 - ☒ a. Outside
 - b. Working on the line
 - c. In the cafeteria
 - d. In the bathroom
4. How did Rick feel when he saw Rose?
 - a. Mad
 - b. Sad
 - ☒ c. Happy
 - d. Confused
5. What lesson did Rick and Rose learn?
 - ☒ a. Teamwork
 - b. How to make carrots and ranch
 - c. Communication
 - d. Both A & C

Employee Withholding Allowance/Exemption Certificate
2021 State - Minnesota

Choose Filing Status

- ☐ Single; Married, but legally separated; or Spouse is a nonresident alien
- ☒ Married
- ☐ Married, but withhold at higher Single rate

Exempt Status

- ☐ Yes
- ☒ No

Section 1 — Determining Minnesota Allowances

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

B. Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages are \$1500 or less.

C. Enter "1" for your spouse. You may 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.).....

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

E. Enter "1" if you will file as Head of Household (see instructions for qualifying as Head of Household)...

Total number of allowances you are claiming. Add steps A through E. If you plan to itemize deductions on your 2021 Minnesota return, you may also complete the Itemized Deductions and Additional Income Worksheet.....

Total Number of Minnesota allowances

Additional Minnesota withholding you want deducted each pay period

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 withholding allowance/exemption certificate.

I have read and agree: AUGUST M Date: 5-17-21

Employee's Withholding Allowance Certificate (Federal W4)

You may claim exemption from this year withholding if you BOTH: had no federal income tax liability in the previous year and you expect to have no federal income tax liability this year. If you claim exempt, no federal income tax is withheld from your paycheck; you may owe taxes and penalties when you file your current year's tax return.

Would you like to claim exemption from Federal Income Tax?

☐ Yes ☒ No

Choose your filing status

☐ Single or Married filing separately

☒ Married filing jointly (or qualifying widow(er))

☐ 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.)

Are you married filing jointly and your spouse also works?

☒ Yes ☐ No

Do you hold more than one job at a time?

☐ Yes ☒ No

Claim Dependents:

To claim dependents if your income will be \$200,000 or less (\$400,000 or less if married filing jointly)

Do you have qualifying children under age 17?

☒ Yes ☐ No (If yes, how many? 0)

Do you have any other dependents?

☐ Yes ☒ No

Other Adjustments:

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.

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.

Extra Withholding. Enter any additional tax you want withheld each pay period.

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

I have read and agree: ALAN M. Date: 5-17-21

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: ALZEDAM Date: 5-17-21

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: AM (initial)

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 AM (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 any and 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 AM (initial)

New Employee Orientation Training Sign Off

Employee Hygiene

* Video "Employee Hygiene Practices"

Food Safety

Allergens

Food Security

* DVD "Employees are the First Line of Food Defense"

AWAIR Program

Plant/Employee Safety

Right to Know

Lifting Techniques

Hearing Conservation

Orientation Quiz

Intro to SQF

** Important Notice **

** Please press the emergency stop button before sticking your hand in any of the machines **

I am aware of the disciplinary action and/or termination will occur as a result of my failure to follow the rules of the safety policies I have been informed of.

I have been trained and understand my responsibility for each of the training topics listed above.

Employee Name (print):

A LETA M

Employee Signature:

A LETA M

Date:

5-17-21

Training Conducted By:

[Signature]

☒ T/F 18. Product ID and traceability is important in the event of a recall due to a food safety issue.

19. If you see a problem with product quality or food safety, you should tell:

- A. Your Co-Workers During Lunch
- B. A Warehouse Employee
- ☒ C. QA or Supervisor Immediately

☒ T/F 20. Internal Auditing helps us continuously improve our SQF system.

21. Where can you find the Food Safety Policy?

- ☒ A. In the Lunch Room/Break Room
- B. The Bathroom
- C. Supervisors' Office

☒ T/F 22. It is OK to handle cardboard boxes and product contact items at the same time?

☒ T/F 23. If I wash my hands in the restroom, I do NOT need to wash my hands upon entrance into each production area.

☒ T/F 24. I do not have to wear earplugs in required areas if I already have hearing loss?

☒ T/F 25. It is a Safety violation to walk underneath the forklift, even if the driver sees me.

☒ T/F 26. It is my responsibility to follow all Safety policies. If I choose not to use Personal Protective Equipment provided for me and not follow safety guidelines, disciplinary action will result.

27. Where can you find examples of the recommended employee stretches?

- ☒ A. Break Room Bulletin Board
- B. In your Pay Stubs
- C. In the Restrooms

28. When is the best time to stretch?

- A. Before bed
- B. After work
- ☒ C. Before work

Have you or someone in your household received or stopped receiving TANF (Welfare), childcare, housing, or transportation assistance in the past 2 years? YES / NO / NOT SURE

- If you marked yes or not sure, please answer the following questions:

Did you or your household member receive assistance at least 9 months in the past 18 months?

YES / NO / NOT SURE

Did you or your household member receive assistance for at least the past 18 months?

YES / NO / NOT SURE

Did you or your household member receive assistance at least 18 months between August 1997 and August 2018? YES / NO / NOT SURE

Did you or a household member stop receiving assistance in the past 2 years because it exceeded the time limitation? YES / NO / NOT SURE

What was the state in which you received your TANF (Welfare) benefit? (STATE?)

Have you received SSI (Social Security Income) benefits in the last 90 days?

YES / NO / NOT SURE

Have you received vocational rehabilitation services? YES / NO / NOT SURE

- If you marked yes, what rehabilitation service did you received?

STATE AGENCY / VETERANS ADMINISTRATION / TICKET TO WORK

Have you been unemployed for at least 27 weeks in a row, during which you received some unemployment compensation? YES / NO / NOT SURE

- If you marked yes, when were you unemployed?

From (MM/DD/YYYY) to (MM/DD/YYYY)

What state in which you received compensation? (STATE?)

Were you convicted of a felony or released from prison for a felony in the past year?

YES / NO / NOT SURE

What was your conviction date? MM/DD/YYYY

What was your release date? MM/DD/YYYY

What state was your conviction in? (STATE)

What it a Federal or State Conviction? FEDERAL / STATE

Did you receive deferred adjudication? YES / NO / NOT SURE

Have you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit? YES / NO / NOT SURE

Work Opportunity Tax Credit Questionnaire

This Company participates in federal and/or state tax credit programs. The information you give will be used to determine the company's eligibility for these programs and will in no way negatively impact any hiring, retention, or promotion decisions.

Do any of these statements apply to you?

You or a household member received...

- Unemployment compensation in 2020
- Any type of government assistance
- Welfare/TANF
- Food Stamps/SNAP
- Social Security Income benefits

You...

- Have been approved to receive unemployment compensation in 2020
- Served in the U.S. Armed Forces
- Received vocational rehabilitation services
- Were convicted of a felony

YES / NOT SURE / NO

If you marked yes or not sure, please answer the following questions:

Are you under age 40? YES / NO

What is your date of Birth? (MM/DD/YYYY) 9-29-1994

Have you previously worked for Employer Solutions Group? YES / NO

Please Select your answers to the following questions:

Have you received or have been approved to receive unemployment compensation in the last 90 days? YES / NO / NOT SURE

Have you served in the U.S. Military?	YES / <u>NO</u> / NOT SURE
• If you marked yes or not sure, please answer the following questions:	
Were you unemployed for at least 6 months in the past year?	YES / <u>NO</u> / NOT SURE
Have you received SNAP (Food Stamps) in the past 15 months?	YES / <u>NO</u> / NOT SURE
Are you entitled to compensation for a service-related disability?	YES / <u>NO</u> / NOT SURE
Were you discharged or released from active duty in the past year?	YES / <u>NO</u> / NOT SURE
If discharged or released, in what year were you discharged from active duty? (YYYY)	
Branch of Service?	
AIR FORCE / ARMY / COAST GUARD / MARINE CORPS / NATL' GUARD / NAVY	

Have you or a household member received SNAP (Food Stamps) in the past 6 months?
YES / NO / NOT SURE