



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

Website: <https://nho.esgazure.com/login/cmga>

Login Name: 3238304521

Login Password: Wp@7711

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: Walter J. [Signature] **Date:** 12/10/18



Preliminary Questions

For CMG use only

Name: Walter Pizos

Date: 12/10/18

1. If hired are you willing to take a drug test? Yes
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? No
3. Are you able to work with pork? Yes
4. Which plant do you prefer? North
5. What shift to you prefer? 1

To be completed during or after interview

Date of interview 12-10-18

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

Explain

Incident _____

Employee Signature Walter Pizos

Interviewer Signature Diana [Signature]

CORPORATE MANAGEMENT GROUP

Employment Application

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

Office Number: 507-923-4955

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



Applicant Information

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

Please fully complete pages 1-3

Full Name: (Last Name, First Name) Pazos, Walter Date: 12/10/18
 Address: (Street Address) 402 31st st. NE (Apt./Unit #) 338
 (City) Rochester (State) MN (ZIP Code) 55906
 Phone: 323-830-4521 Email: _____

Social Security No. 359-84-7711 Date Available: ASAP

Position Applied for: Any upon availability Desired Salary: \$14⁰⁰ NORTH

Shift Available to work: 1st 2nd 3rd Employment desired: Full-Time Part-Time 1st

Are you authorized to work in the U.S? Yes No

How did you hear about us? Hiring Sign 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

in seasonal weekends (C/P)

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	<u>Practical Moderno</u>	<u>Guatemala, Guatemala</u>	<u>12</u>	<u>General studies H.S. Diploma</u>
College				
Bus. Or Trade School				
Professional School	<u>Bachelor Practical Moderno</u>	<u>Guatemala, Guatemala</u>	<u>4</u>	<u>Bachelors in Science</u>

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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:

12/10/18

California USA DRIVER LICENSE FEDERAL LIMITS APPLY

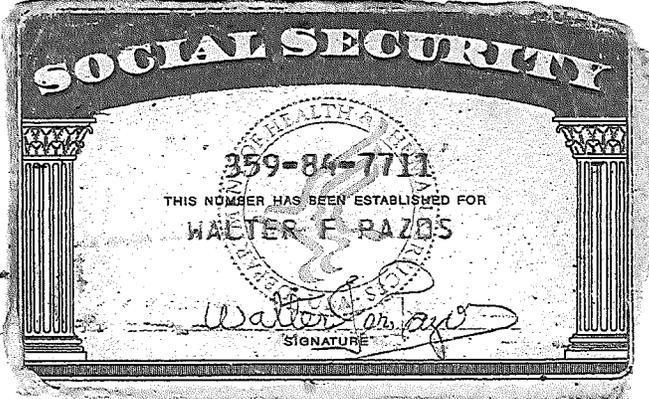


DL **B3400910** CLASS C
EXP **03/13/2023** END NONE
LN **PAZOS**
FN **WALTER FERNANDO**
12327 LAKEWOOD BLVD
DOWNEY, CA 90242
DOB **03/13/1962**
RSTR-NONE 03131962

SEX: M HAIR: BRN EYES: HZL
HGT: 5-06" WGT: 179 lb ISS: 03/01/2018
DD: 03/01/201857609/BBFD/23

Walter Pazos

SOCIAL SECURITY



359-84-7711
THIS NUMBER HAS BEEN ESTABLISHED FOR
WALTER F. PAZOS
Walter F. Pazos
SIGNATURE

EC → Jose (W's nephew) SN 601-8805
W4 → S2



Case Verification Number: 2018344160127

Report prepared: 12/10/2018



Company Information

Company ID: 1284996

Company Name:
Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate
Management Group

Employee Information

Name: Walter F. Pazos Beltran

Date of Birth: 03/13/1962

U.S. Social Security Number: ***-**-7711

Employee's First Day of Employment:
12/10/2018

Citizenship Status: Lawful Permanent Resident Alien/USCIS Number: A042172319

Document Information

List A Document: Permanent Resident Card or Alien Registration Receipt Card (Form I-551)

Document Number: MSC1491338968

Case Information

Current Case Result: Closed

Case Submitted By: Diana Elton

Case Status: Employment Authorized

Reason for Closure: Employment Authorized
Auto Close

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

Office Number: 507-923-4955

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

Previous Employment

Company: A-Throne Phone: 562-981-1197
Address: 1850 E 33rd Street Supervisor: Ricardo Bolocio
Job Title: Fence Installer Starting Salary: \$10.00 Ending Salary: \$16.00
Responsibilities: Install Fences, assist coworkers
From: 9/2008 To: 10/2008 Reason for Leaving: Moved from state.
May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for reference? Yes No

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: [Handwritten Signature] Date: 12/10/16



RICK & ROSE

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

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: Walter

Middle Name: Fernando

Last Name: Pazos

Social Security Number: 359-84-7711

Date of Birth: 3/13/62

Gender (Circle one): Male Female

My Signature: Walter Pazos

Today's Date: 12/10/18

Employee Photo Release Form

I, Walter, 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: Walter Pazos

Date: 12/10/18