



## 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:** 6124307097

**Login Password:** 00@G217

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:** Orlando Sanchez **Date:** 4/20/22

# 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: Martha Oula

Relationship: Ma

Phone Number: 507-589-5290

**Contact # 2**

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

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

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

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





## CMG/Reichel Foods, Inc. \$2,000.00 Retention Bonus

Thank you for accepting a position with CMG and Reichel Foods, Inc. By accepting this position, you are eligible for a \$2,000 Retention Bonus. Please read the below requirements and conditions about the sign-on bonus followed by your signature.

### Requirements and Conditions for the \$2,000 Retention Bonus

- You must pass all Reichel Foods, Inc. hiring requirements before you are eligible for hire
  - o You must complete the CMG/Reichel Foods, Inc. orientation
  - o You must pass a drug screen and background check
  - o You must meet Reichel Foods, Inc. language requirements
  - o You must meet company policies and practices for attendance and performance
- If you resign or your assignment ends, you will forfeit any remaining portion of the Retention Bonus.
- The bonus amount is for \$2,000 total
  - o You will receive weekly payments of \$41.67 for 12 weeks (totaling \$500)
  - o After which, you will receive a \$500 check from CMG after each quarter worked (i.e. 13 weeks) for the following 3 quarters. This totals \$1,500.
- Payroll taxes (including State & Federal Income Taxes) will not be withheld from your \$500 checks that are provided by CMG. You will be responsible for the tax liability when you file your individual income tax returns.
- You will receive a 1099 for payments from CMG for any tax year you were paid the bonus.

*\*I acknowledge that I have read and understand the terms and conditions above regarding the \$2,000 Retention Bonus with CMG and Reichel Foods, Inc.*

Employee Name

Signature

Date

Okello Duke

Okello Duke

4/20/22

CMG Representative Name

CMG Representative Signature

Date

Kelly M Smith

[Signature]

4.2022

# Pay Information

Payday is every Friday

Name: Okello Oulu

Last 4 of SSN: 0217

Please mark what option you choose

☐ **Direct Deposit**

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

**Circle One**

Account Number \_\_\_\_\_

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 \_\_\_\_\_

☒ **Bank of America Money Network Card**

↓ Office Use Only ↓

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

I authorize ESSG to send my paycheck stub electronically to the email address that is listed below from this date forward.

Email OkelloOulu@gmail.com

Initial OO



## 2021 W-4MN, Minnesota Employee Withholding Allowance/Exemption Certificate

### Employees

Complete Form W-4MN so that your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MN each year or when your personal or financial situation changes.

|                                                     |                           |                                                                                                                                                                                                                                                         |
|-----------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employee's First Name and Initial<br><u>Okello</u>  | Last Name<br><u>Quila</u> | Employee's Social Security Number                                                                                                                                                                                                                       |
| Permanent Address<br><u>1225 20th St SE Apt 201</u> |                           | Marital Status (Check one):<br><input checked="" type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien<br><input type="checkbox"/> Married<br><input type="checkbox"/> Married, but withhold at higher Single rate |
| City<br><u>Rochester</u>                            | State<br><u>MN</u>        | ZIP Code<br><u>55905</u>                                                                                                                                                                                                                                |

Read instructions on back. Complete Section 1 OR Section 2, then sign and give the completed form to your employer.

Do not complete both Section 1 and Section 2. Completing both sections will make the form invalid.

#### ☐ Section 1 — Determining Minnesota Allowances

- A Enter "1" if no one else can claim you as a dependent ..... A \_\_\_\_\_
- B Enter "1" if any of the following apply: ..... B \_\_\_\_\_
- 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. 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.) ..... C \_\_\_\_\_
- D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. .... D \_\_\_\_\_
- E Enter "1" if you will use the filing status Head of Household (see instructions). .... E \_\_\_\_\_
- F Total number of allowances claimed. Add steps A through E. .... F \_\_\_\_\_
- If you plan to itemize deductions on your 2021 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet.

#### ☐ 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
- ☐ 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

#### Minnesota Allowances and Additional Withholding

- 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 each pay period (see instructions) ..... 2 \_\_\_\_\_

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-4MN.

|                                             |      |                      |
|---------------------------------------------|------|----------------------|
| Employee's Signature<br><u>Okello Quila</u> | Date | Daytime Phone Number |
|---------------------------------------------|------|----------------------|

Employees: 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-4MN not filed with us. Keep a copy for your records.

|                                                                   |                                                       |                                             |
|-------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| Name of Employer<br><u>Employer Solutions Staffing Group, LLC</u> | Federal Employer ID Number (FEIN)<br><u>208084369</u> | Minnesota Tax ID Number<br><u>30-703675</u> |
| Address<br><u>PO Box 46270</u>                                    | City<br><u>Eden Prairie</u>                           | State<br><u>MN</u>                          |
|                                                                   |                                                       | ZIP Code<br><u>55344</u>                    |

## **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 OO (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 OO (initial)



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)<br><u>Osaka</u> |                                                               | First Name (Given Name)<br><u>Okello</u> |                           | Middle Initial | Other Last Names Used (if any) |          |
| Address (Street Number and Name)        |                                                               | Apt. Number                              | City or Town              |                | State                          | ZIP Code |
| Date of Birth (mm/dd/yyyy)              | U.S. Social Security Number<br>[ ][ ] - [ ][ ] - [ ][ ][ ][ ] |                                          | Employee's E-mail Address |                | Employee's Telephone Number    |          |

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):

|                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <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 (Alien Registration Number/USCIS Number):                                                                                                                                                                                                                                                                                                                 |                                                   |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):<br>Some aliens may write "N/A" in the expiration date field. (See instructions)                                                                                                                                                                                                                       |                                                   |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:<br/>An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____<br/>OR<br/>2. Form I-94 Admission Number: _____<br/>OR<br/>3. Foreign Passport Number: _____<br/>Country of Issuance: _____</p> | QR Code - Section 1<br>Do Not Write In This Space |

|                                           |                           |
|-------------------------------------------|---------------------------|
| Signature of Employee <u>Okello Osaka</u> | Today's Date (mm/dd/yyyy) |
|-------------------------------------------|---------------------------|

**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



# 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) Okello Ojuku, Okello Date: 4/20/22

Address: (Street Address) 1225 20th St SE (Apt./Unit #) 201

(City) Rochester (State) MN (ZIP Code) 55902

Phone: 612 430 7097 Email: Okello.Ojuku@gmail.com

Social Security No. 470-41-0217 Date Available: Any

Position Applied for: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

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? 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

| Education            |                    |                                     |                           |                |
|----------------------|--------------------|-------------------------------------|---------------------------|----------------|
| Type of School       | Name of School     | Location (Complete Mailing Address) | Number of Years Completed | Major & Degree |
| High School          | Austin High School | Austin                              | 4                         | Diploma        |
| College              |                    |                                     |                           |                |
| Bus. Or Trade School |                    |                                     |                           |                |
| Professional School  |                    |                                     |                           |                |

# 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



### Previous Employment

Company: Kwik Trip Store #206 Phone: \_\_\_\_\_

Address: 145th Austin MN Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ 15 Ending Salary: \$ 16

Responsibilities: Cashier / Cook / Kitchen

From: Aug 2021 To: Jan 2022 Reason for Leaving: End of Lease

May we contact your previous supervisor for reference? ☐ Yes ☐ No

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

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: Lifting glass and packaging

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

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: [Signature] Date: 4/20/2022

## 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  Date: 4/20/22

# TEMPORARY LICENSE



Minnesota Department of Public Safety  
Driver and Vehicle Services Division

445 Minnesota Street, Suite 175, Saint Paul, Minnesota 55101

Phone: 651-297-3298 TTY: 651-282-6555

[dvs.dps.mn.gov](http://dvs.dps.mn.gov)



DL/ID #:

**D614-026-650-911**

TEMPORARY CREDENTIAL EXPIRATION

**08-Jul-2022**

DATE OF BIRTH

**25-Jan-2002**

## APPLICANT INFORMATION

APPLICATION DATE 10-Mar-2022

APPLICATION NAME OJULU, OKELLO OBANG

## CREDENTIAL INFORMATION

|                    |                                                  |               |             |
|--------------------|--------------------------------------------------|---------------|-------------|
| Name               | OJULU,<br>OKELLO OBANG                           | Date of Birth | 25-Jan-2002 |
| DL/ID Number       | D614-026-650-911                                 | Height        | 5ft 9in     |
| Residence Address  | 11123 RIVER HILLS DR BURNSVILLE<br>MN 55337-3221 | Eye Color     | Brown       |
| Card Mailed To     | 11123 RIVER HILLS DR BURNSVILLE<br>MN 55337-3221 | Sex           | Male        |
| Station Location   | 781 Austin Exam Station                          | Weight        | 135 lbs.    |
| Credential Type    | Standard ID                                      | Organ Donor   | No          |
| Card Type          | DL Class D                                       | Veteran       | No          |
| Endorsements       | None                                             |               |             |
| Restrictions       | None                                             |               |             |
| License Indicators | None                                             |               |             |



*Okello Obang*

**THIS DOCUMENT IS FOR THE TYPE OF CARD  
INDICATED UNTIL THE EXPIRATION DATE  
LISTED ABOVE.**

- This document is void if the applicant is not in compliance with all restrictions indicated on the record.

**THIS IS NOT A STAND-ALONE IDENTIFICATION  
DOCUMENT**

**VALID FOR DRIVING PRIVILEGES IF THE  
RECORD INDICATES**

## CONTACT US

Visit [dvs.dps.mn.gov](http://dvs.dps.mn.gov) to:

- Check the status of your driving privileges
- Schedule a road test

|                                |              |
|--------------------------------|--------------|
| Driver's License Questions     | 651-297-3298 |
| License Status, available 24/7 | 651-284-1234 |
| DVS Locations                  | 651-297-2126 |
| Motor Vehicle Questions        | 651-297-2126 |
| TDD/TYY                        | 651-282-6555 |

# Employee's Withholding Certificate

OMB No. 1545-0074

**2021**

- ▶ 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.

|                                                    |                                                                                                                                                                                                                                                                                                                                       |                           |                                                                                                                                                                                                       |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Step 1:</b><br>Enter<br>Personal<br>Information | (a) First name and middle initial<br><u>Okello</u> <u>O</u>                                                                                                                                                                                                                                                                           | Last name<br><u>Oyulu</u> | (b) Social security number                                                                                                                                                                            |
|                                                    | Address<br><u>1225 20th St SE APT 201</u>                                                                                                                                                                                                                                                                                             |                           | ▶ 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<br><u>Rochester, MN 55902</u>                                                                                                                                                                                                                                                                       |                           |                                                                                                                                                                                                       |
|                                                    | (c) <input checked="" type="checkbox"/> Single or Married filing separately<br><input type="checkbox"/> Married filing jointly or Qualifying widow(er)<br><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, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2:**  
Multiple Jobs  
or Spouse  
Works

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.  
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); or  
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ☐

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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><br>Claim<br>Dependents                | 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 ▶ \$                                                                                                                                                                    |      |    |
|                                                      | Multiply the number of other dependents by \$500 . . . . . ▶ \$                                                                                                                                                                            |      |    |
|                                                      | Add the amounts above and enter the total here . . . . .                                                                                                                                                                                   | 3    | \$ |
| <b>Step 4</b><br>(optional):<br>Other<br>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 . . . . . | 4(a) | \$ |
|                                                      | (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 . . . . .                                        | 4(b) | \$ |
|                                                      | (c) Extra withholding. Enter any additional tax you want withheld each pay period . . . . .                                                                                                                                                | 4(c) | \$ |

|                                |                                                                                                                                      |                             |                                         |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------|
| <b>Step 5:</b><br>Sign<br>Here | Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. |                             |                                         |
|                                | Employee's signature (This form is not valid unless you sign it.)<br><u>Okello Oyulu</u>                                             |                             | Date                                    |
| <b>Employers<br/>Only</b>      | Employer's name and address<br>Employer Solutions Staffing Group<br>PO BOX 46270 MINNEAPOLIS, MINNESOTA 55344                        | First date of<br>employment | Employer identification<br>number (EIN) |

## 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 Zenople (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: Debra Smith Date: 4/20/22

## 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: DS (initial)

## Electronic W-2 Consent:

The IRS has approved employers to send W-2 electronically to employees. Employees who choose 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 ☒

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: \_\_\_\_\_ (initial)

Name: Okello Oula

Date: 01/20/22

## Achoo!

**\*\*Read the story and answer the multiple-choice questions below \*\***

Achoo! We all sneeze sometimes. Sneezing is a reflex that your body does automatically. That means you cannot make yourself sneeze or stop one once it has started. When you sneeze, your body is trying to get rid of bad things in your nose, such as bacteria. You have extra germs when you have a cold, so you sneeze a lot more. You might also sneeze when you smell pepper!

Inside your nose, there are hundreds of tiny hairs. These hairs filter the air you breathe. Sometimes dust and pollen find their way through these hairs and bother your nasal passages. The nerves in the lining of your nose tell your brain that something is invading your body.

Your brain, lungs, nose, mouth and the muscles of your upper body work together to blow away the invaders with a sneeze. When you sneeze, germs from your nose get blown into the air. Using a tissue or "sneezing into your sleeve" captures most of these germs. It is very important to wash your hands after your sneeze into them, especially during cold and flu season.

Do you ever sneeze when you walk into bright sunlight? Some people say that happens to them often. Scientists believe the UV rays of the sun irritate the nose lining of these people, so they sneeze.

If someone nearby sneezes, remember to tell them "Gesundheit!" that is a funny-looking word which is pronounced "gezz-oont-hite." It is the German word that wishes someone good health after sneezing.

1. Why do people sneeze?
  - a. The tiny hairs in your nose tickle
  - ☒ b. Your body is trying to get rid of bad things
  - c. You can make yourself sneeze when you want to
2. What are the 3 parts of your body that work together with your upper body to sneeze?
  - a. Hand, Elbow, Shoulder
  - b. Ankle, Knee, Hip
  - ☒ c. Brain, Lungs, Mouth
3. What other things can make you sneeze?
  - ☒ a. Pepper, Sun, Dust, and Pollen
  - b. Water, Pop, Flowers, Trees
  - c. Salt, Seasonings, Meat, Fruit
4. What is a German word that people often say to someone that sneezes?
  - a. Good Job
  - ☒ b. Gesundheit
  - c. Hang in there
5. What should you do after your sneeze into your hands especially during cold and flu season? (This should also be done in the production area!)
  - a. Wipe them with a tissue
  - b. Nothing
  - ☒ c. Wash your hands

# Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name Orlando Oaula Social security number 470-41-0217

Street address where you live 1225 20th St SE

City or town, state, and ZIP code Rochester, 55902

County Olmstead Telephone number \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) January / 25<sup>th</sup> / 2002

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if any of the following statements apply to you.
  - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but not age 40 or older and I am a member of a family that:
    - a. Received SNAP benefits (food stamps) for the past 6 months; or
    - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
  - Received TANF payments for at least the past 18 months; or
  - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; or
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must 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.

Job applicant's signature Orlando Oaula

Date 4/20/2022

# CMG Preliminary Questions

Name: Okello Odulu

Date: 4/20/22



## 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? 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 crime? Yes ☐ No ☒

Explain

Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature Okello Odulu

Interviewer Signature Kelly M. Sathorn



## 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: Okello

Middle Name: Obang

Last Name: Ojula

Social Security Number: 470 - 41 - 0217

Date of Birth: 01 / 25 / 2002

Gender (Circle one): ☒ Male ☐ Female

My Signature: 

Today's Date: 4/20 / 2022

### Employee Photo Release Form

I, Okello, 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: Ojula Okello

Date: 4/20 / 22