



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://nhov2.esgazure.com/login/cm>

Login Name: SU73197573

Login Password: Mm@5520

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: [Handwritten Signature] Date: 3/12/20

Minnesota/Federal W-4 Information

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

Minnesota W-4 Information-

Choose your filing status (mark one):

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

Exempt? Yes No

Total Number of Minnesota allowances: 0

I certify that all information provided above is correct. I understand there is a \$500 penalty for filling or false withholding allowance/exemption certificate.

I have read and agree MM (initial)

Federal W-4 Information-

Exempt? Yes No

Choose your filing status (mark one):

- 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.)

Total Number of Federal allowances: 0

If you would like to fill out the complete Minnesota or Federal W-4 form, please let your interviewer know.

Would you like to receive your W-2 statement electronically via email? If so, please list your email below, if not, leave blank.

Email: _____

EMERGENCY CONTACT INFORMATION

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

Employee Name: Mohamed
Employee Phone Number: 507-319-7575
Employee Address: 3938 Willowridge Dr SW

Emergency Contact – **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: Boris

Relationship: mother

Phone Number: 507-319-6996

Contact # 2

Name: _____

Relationship: _____

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.

Pay Information

Payday is every Friday

Name: Mohamed Mohamed

Last 4 of SSN: _____

Please mark what option you choose

Direct Deposit

Bank Name _____

Circle One

Account Number _____

Checking -or- Savings

Routing Number _____

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 MM

Bank of America Money Network Card

↓ Office Use Only ↓

Account Number 9432108800431959

Routing Number 0670112914

Name: Mohamed
Date: 3/12/20

Julies Race

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

The dogsled race was about to begin. Julie's team of dogs was lined up at the starting gate. Julie stood behind them. The air was so cold that she could see her breath. Other teams were lined up, too, and the dogs were excited. Julie kept her eyes on the dock. At exactly ten o'clock, she and the other racers yelled, "Mush!" the dogs knew that meant "Go!" They leapt forward and the race began!

Julie had trained months for this race, and she hoped she and her dogs would win. Hour after hour, day after day, Julie's dogs pulled the sled in order to get in shape for the race.

Now, they ran over snowy hills and down into frozen valleys. They stopped only to rest and eat. They wanted to stay ahead of the other teams. The racers had to go a thousand miles across Alaska. Alaska is one of the coldest places on Earth. The dogs' thick fur coats helped keep them warm in the cold wind and weather. In many places along the route, the snow was deep. Pieces of ice were as sharp as a knife. The ice could cut the dogs' feet. To keep that from happening, Julie had put special booties on their feet.

At first, the dogs seemed to pull the sled very slowly. They were still getting used to the race. But on the third day out, they began to pull more quickly. They worked as a team and passed many of the other racers. Once one of the sled's runners slid into a hole and broke. Julie could have given up then, but she didn't. She fixed it and they kept going.

When they finally reached the finish line, they found out that they had come in first place! It was a great day for Julie and her dogs.

1. The author of "Julie's Race" wrote the story in order to do what?
 - a. To describe how dogs stay warm in the cold weather
 - b. To tell about a dogsled race
 - c. To explain how cold it can be in winter
2. Where does the dogsled race take place?
 - a. In Antarctica
 - b. On a track
 - c. In Alaska
3. What happened **BEFORE** the dogs began running?
 - a. The dogs pulled the sled slowly
 - b. Julie and the dogs lined up at the starting gate
 - c. The runner on Julie's sled broke
4. Julie's team of dogs lined up and the starting gate. What does team mean?
 - a. Friends and family
 - b. Many dogs
 - c. A group working together

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

3/12
12P



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) Mohamud, Mohamad Date: 3/6/20
 Address: (Street Address) 3938 Willow Ridge Dr SW (Apt./Unit #) _____
 (City) Rochester (State) MN (ZIP Code) 55902
 Phone: 507 319 7573 Email: tasbar6@gmail.com
 Social Security No. 471-39-5520 Date Available: _____ 6/5/20
 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? Friend Referral Name: Anton Plonka
 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	<u>Mayo</u>	<u>Rochester MN</u>	<u>12</u>	<u>Diploma</u>
College				
Bus. Or Trade School				
Professional School				

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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: _____

m MINNESOTA
USA
DRIVER'S LICENSE

NOT FOR FEDERAL IDENTIFICATION

4d DL# Z626-292-202-214
 4a ISS: 06/12/2019
 4b EXP: 09/29/2021

3i DOB: 09/29/2000

9 CLASS: D
 9a END: NONE
 12 RESTR: NONE

UNDER 21 UNTIL 09/29/2021

15 SEX: M, 18 EYES: BRO.
 16 HGT: 6'-02"
 17 WGT: 230 lb

Mohamud

1 MOHAMUD
 2 MOHAMED ABDIFATAH
 8 3938 WILLOW RIDGE DR SW
 ROCHESTER, MN 55902-2842
Minnesota

09/29/00

5i DD 00000001296364

SOCIAL SECURITY

471-39-5520

THIS NUMBER HAS BEEN ESTABLISHED FOR
 MOHAMED ABDIFATAH
 MOHAMUD

SIGNATURE 12/30/2015

TEST RESULTS REPORT

Test Reference Number _____ Name of Collector _____

COMPANY INFORMATION

Company Name Leichel Foods Phone 923-4955 Fax _____
 Address 3107 Commercial @ SW City Leicester State/Province MA Zip/Postal Code 55903

DONOR INFORMATION

Employee ID: _____
 Last Name Mohamed First Name Mohamed
 Type of Identification Provided: Driver's License Employee Photo ID Other _____
 Reason for test: Pre-employment Random Reasonable cause Post-accident Other _____

CERTIFICATION

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and alcohol.

Donor Signature [Signature] Date/Time 3/12/20

I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.

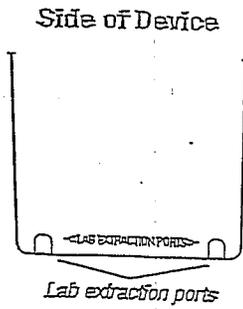
Collector Signature [Signature] Date/Time 3/12/20 1P

Laboratory Signature NA Date/Time received NA

TEST RESULTS

Date/Time Collected 3/12 1P
 Time Interpreted 3/12 115P

NOTE: Lab personnel obtain specimen samples by puncturing the lab extraction ports on the side of device with a needle and syringe and drawing out the sample.



Cut out this panel to copy/scan results

Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amphetamine	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meperidine	MEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MEI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes / Comments _____



Case Verification Number: 2020072171228LJ

Report prepared: 03/12/2020

Company Information

Company ID: 1284996

Company Name: ESSG - Corporate Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate Management Group

Employee Information

Name: Mohamed Mohamud

Date of Birth: 09/29/2000

U.S. Social Security Number: ***-**-5520

Employee's First Day of Employment: 03/12/2020

Citizenship Status: U.S. Citizen

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

Document Subtype: Driver's License

Document Number: *****2214

Expiration Date: 09/29/2021

State: Minnesota

List C Document: Social Security Card

Case Information

Case Status: Closed

Case Submitted By: Sierra Peterson

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close

Account Information Slip / Volante de Datos de Cuenta

Step 1: Complete the following information

Paso 1: Completa los siguientes datos

First Name / Nombre:

Last Name / Apellido:

Employee ID Number / Número de Empleado:

Consulta tu saldo de tres maneras sencillas:

- Por correo electrónico o mensaje de texto¹. Visítanos por Internet o llama al Servicio al Cliente e inscríbete para recibir notificaciones automáticas diarias o semanales de tu saldo.
- Por Internet. Ingresa en tu Cuenta por Internet.
- Por teléfono. Escucha tu saldo llamando al Servicio al Cliente.

¹ Es posible que tu compañía de servicio celular aplique tarifas estándar u otros cargos por la recepción de mensajes de texto.

Step 2: Remove this slip at the perforation and provide

to your employer

Paso 2: Desprende este volante en el perforado y entrégaselo a tu empleador.

Note: You will not need the numbers below once this slip is provided to your employer.

Nota: Una vez que hayas entregado este volante a tu empleador, no necesitarás los números que aparecen a continuación.

For Employer Use Only / Para uso del empleador solamente:

ABA Routing Number: / Núm. de ruta ABA: 067011294

Account Number: / Núm. de cuenta: 9432108800431959

Cómo usar los Cheques Money Network™.

- Aun si no quieres usar la Tarjeta de pago, activa la Cuenta para poder usar los Cheques adjuntos. Puedes emitir un Cheque a tu nombre cada día de pago y cobrarlo gratis en los centros participantes para obtener el 100% de tu salario sin cargo alguno. Si deseas obtener más información sobre cómo usar los Cheques, lee la Guía del usuario adjunta.

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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: Boys and Girls Club Phone: 507 490 2837

Address: 1026 E center ST SE Supervisor: Yahya A

Job Title: Park Crew Starting Salary: \$ 12 Ending Salary: \$ 12

Responsibilities: Clean Parks around Rochester

From: 2016 To: 2017 Reason for Leaving: School

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: _____ Date: _____

CMG Preliminary Questions

Name: Johnamed

Date: 3/12/20

Please Mark Yes or No

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

Explain Incident _____

Employee Signature [Signature]

Interviewer Signature [Signature]



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **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)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any) N/A	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address N/A		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 <i>(See instructions)</i>	
<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): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space 	

Signature of Employee	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.)

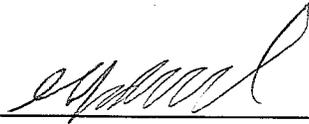
I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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

STOP Employer Completes Next Page **STOP**

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:  Date: 3/12/20

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:  (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 mm (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 mm (initial)

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: Mohamed

Middle Name: Abdifatah

Last Name: Mohamed

Social Security Number: 471-39-5520

Date of Birth: 9/29/100

Gender (Circle one): Male Female

My Signature: [Signature]

Today's Date: 3/12/20

Employee Photo Release Form

I, Mohamed, 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: [Signature]

Date: 3/12/20