



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/cm>

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

Login Name: 5079930408

Login Password: Cb@ 4803

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: Cody Ball **Date:** 5/4/22



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 Afterwhich, 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

Cody Bale

Cody Bale

3/31/22

CMG Representative Name

CMG Representative Signature

Date

Kelly M. Sullivan

KMS

3-31-22

CMG Preliminary Questions

Name: Cody Bale

Date: 3/31/2022



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

Explain Incident I was incarcerated in sept. 2000 - Nov. 2021
MN Department of corrections for escape from custody

Employee Signature Cody Bale

Interviewer Signature [Signature]

Name: Cody Bale

Date: 03/31/2022

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

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: Cody Bale Date: 3/31/22

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: CJB (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 Codybale085@gmail.com

I agree: CJB (initial)

Employee's Withholding Certificate

OMB No. 1545-0074

▶ 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.

2021

Step 1: Enter Personal Information	(a) First name and middle initial Cody J.	Last name Bale	(b) Social security number 474-37-4803
	Address 1287 Marion Rd. S.E.		▶ 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 www.ssa.gov .
	City or town, state, and ZIP code Rochester, MN 55904		
	(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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, and privacy.

Step 2: 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.

Multiple Jobs or Spouse Works

Do only one of the following.

(a) Use the estimator at 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.)

Step 3: Claim 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 \$
Step 4 (optional): Other 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) \$ 0
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c) \$ 0

Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

▶ *Cody Bale* Employee's signature (This form is not valid unless you sign it.) ▶ 5/4/22 Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	Employer Solutions Staffing Group PO BOX 46270 MINNEAPOLIS, MINNESOTA 55344		



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>Bale</i>		First Name (Given Name) <i>Cody</i>		Middle Initial <i>J</i>	Other Last Names Used (if any) <i>N/A</i>	
Address (Street Number and Name) <i>1287 marion rd. S.E.</i>			Apt. Number	City or Town <i>Rochester</i>	State <i>MN</i>	ZIP Code <i>55904</i>
Date of Birth (mm/dd/yyyy) <i>04/11/2000</i>	U.S. Social Security Number <i>474-37-4803</i>		Employee's E-mail Address <i>codybale085@gmail.com</i>		Employee's Telephone Number <i>507-993-0408</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):

<input checked="" type="checkbox"/> 1. A citizen of the United States	QR Code - Section 1 Do Not Write In This Space
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident <i>(Alien Registration Number/USCIS Number):</i> _____	
<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>	
<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>	
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>Cody Bale</i>	Today's Date (mm/dd/yyyy) <i>5/4/22</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

Employee's Withholding Certificate

OMB No. 1545-0074

▶ 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.

2021

Step 1: Enter Personal Information	(a) First name and middle initial Cody J.	Last name Bale	(b) Social security number
	Address 1287 marion rd. S.E. Rochester		▶ 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 www.ssa.gov .
	City or town, state, and ZIP code Rochester MN 55904		
	(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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, and privacy.

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Add the amounts above and enter the total here		3	\$
Step 4 (optional): Other 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)	\$

Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here *[Signature]* Employee's signature (This form is not valid unless you sign it.) Date **3/31/22**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	Employer Solutions Staffing Group PO BOX 46270 MINNEAPOLIS, MINNESOTA 55344		

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: ~~Scotty~~ Shauna Staver

Relationship: Sister

Phone Number: 507-201-2990

Contact # 2

Name: _____

Relationship: _____

Phone Number: _____

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

Just let them know about the situation

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



Pay Information

Payday is every Friday

Name: Cody Bate

Last 4 of SSN: 4803

Please mark what option you choose

Direct Deposit

Bank Name _____

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 _____

Bank of America Money Network Card

↓ Office Use Only ↓

Routing Number _____

Account Number _____ 544 623

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

Email Cody Bate 085@gmail.com

Initial CJB

ACCOUNT INFORMATION SLIP/VOLANTE DE INFORMACIÓN DE CUENTA

STEP 1/PASO 1:

Complete the following information/Completa los siguientes datos

First Name/Nombre:

Last Name/Apellido:

Employee ID Number/Número de Empleado:

Social Security Number (optional)/ Número de Seguro Social (opcional)

STEP 2/PASO 2:

Detach this slip and provide it to your employer. You will not need this information, again.

Desprende este volante y entrégaselo a tu patrono o empleador. No necesitarás usar esta información nuevamente.

FOR EMPLOYER USE ONLY

PARA USO DEL PATRONO O EMPLEADOR SOLAMENTE

ROUTING NUMBER: 084003997

ACCOUNT NUMBER: 7277631800544523

Money NetworkSM Checks and Money Network Cards are issued by MetaBankSM, Member FDIC.

BALANCE and TRANSACTION LIMITS SCHEDULE

Load Limitations

Maximum Account Balance³

Limit Amount

\$8000³

ACH Deposit of Other Funds (Direct Deposit) Load³

\$4000 per day | \$8000 per calendar month³

Load check funds via Mobile App^{1,2,3}

\$25-2500 per check | \$5000 per day | \$10000 per month³

Load Cash at Load Location^{1,2,3}

\$2500 per transaction and per day | \$5000 per month^{1,2,3}

Secondary Account

\$8000 maximum account balance

Secondary Account Transfer

\$1000 per day | \$2000 per month

Withdrawal Limitations^{1,2}

Limit Amount^{1,2}

ATM Withdrawal Limit

\$600 per transaction and per day

Money Network Check Limit

\$9999.99 per Check and per day

Bank/Teller Over the Counter Withdrawal

\$8000 per transaction and per day

ACH Transfer to Domestic Bank

\$8000 per transaction | \$16000 per day | \$64000 per month³

ACH Transfer to International Bank

\$1000 per transaction and per day | \$2000 per month³

Spend Limitations^{1,2}

Limit Amount^{1,2}

PIN Debit Transactions

\$3000 per transaction and per day

Signature Debit Transactions

\$3000 per transaction and per day

¹Third parties may impose additional limitations and charge a separate fee. Reload locations may set a minimum load amount. For security reasons, we may impose additional limits on the amount, number, or types of Money Network Service transactions you may make.

²These limits apply to the transaction types identified. Your Fee Schedule identifies the transaction types available to you and the applicable fees.

³If you are participating in the payroll program of the employer that initially enrolled you into the Money Network Service, the Maximum Account Balance does not apply to wage deposits received from that employer. Loads via other load transactions may be rejected if you have reached the Maximum Account Balance or the load will cause your Balance to exceed the Maximum Account Balance.

HOW DO I...

REPORT A LOST OR STOLEN CARD OR CHECK Call 1.888.913.0900 immediately to report it.

DISPUTE A TRANSACTION

If you don't recognize a transaction in your recent history, promptly call the Customer Service number at 1-888-913-0900 to dispute the transaction.

For questions about your Account call 1-888-913-0900 or visit moneynetwork.com

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



3:24
10:00am

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) Bale, Cody Date: 3/23/12

Address: (Street Address) 1287 MARION rd. S.E. (Apt./Unit #) N/A
 (City) Rochester (State) MN (ZIP Code) 55904

Phone: 507-993-0408 Email: codybale085@gmail.com

Social Security No. 474-37-4803 Date Available: _____

Position Applied for: Sanitation Desired Salary: \$18 15 15

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

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

Standard
Weekend

How did you hear about us? _____ 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	Mayo high school		9 th grade	
College	N/A			
Bus. Or Trade School	A			
Professional School	Work force	Heintz center 1926 Collegeville Rd SE Rochester MN, 55904	1 week	Certified Welder

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

[Handwritten Signature]

Date:

3/7/22

CERTIFICATE OF BIRTH

STATE OF MINNESOTA
COUNTY OF FREEBORN

CERTIFICATE NO: 1220472000000211

BIRTH INFORMATION.....

NAME: CODY JAMES BALE

DATE OF BIRTH: APRIL 11, 2000

DATE FILED: APRIL 26, 2000

TIME OF BIRTH: 12:38 P.M.

GENDER: MALE

PLACE OF BIRTH: CITY OF ALBERT LEA
FREEBORN COUNTY MINNESOTA

MOTHER.....
NAME: LORETTA ANN DUMAIS

MAIDEN SURNAME: DUMAIS

DATE/AGE OF BIRTH: 10/11/1971

BIRTHPLACE: MINNESOTA

FATHER.....
NAME: NOT GIVEN

DATE/AGE OF BIRTH: NOT GIVEN

BIRTHPLACE: NOT GIVEN

I, LINDA K. TUTTLE, COUNTY RECORDER IN AND FOR THE
COUNTY AND STATE AFORESAID, DO HEREBY CERTIFY THAT THE ABOVE
IS A COMPLETE AND CORRECT COPY OF THE BIRTH RECORD AS
IT APPEARS IN THIS OFFICE.

IN TESTIMONY WHEREOF, I have hereunto
set my hand and affixed the seal of said
office at ALBERT LEA MN, MINNESOTA,
this FIRST DAY OF MAY, 2000

LINDA K. TUTTLE

BY *Linda K. Tuttle* COUNTY RECORDER



MINNESOTA IDENTIFICATION CARD

NOT FOR FEDERAL IDENTIFICATION



1 BALE
2 CODY JAMES
8 1287 MARION RD SE
ROCHESTER, MN 55904-5780

4d ID# M000-005-081-300 4a ISS 01/11/2022
3b DOB 04/11/2000 4b EXP 04/11/2026

NOT A DRIVER'S LICENSE

15 SEX M 17 WGT 200 lb
18 HGT 5'-11" 18 EYES GRN

Cody James

5i DD 00000005723318 04/11/00

Name: Cady Bale
Date: 5/4/22

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-ooont-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

CMG Preliminary Questions

Name: Cody Bate

Date: 5/4/22



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? 1st 2nd 3rd

To be completed during or after interview

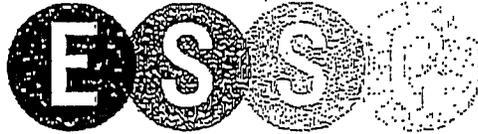
Have you ever been convicted of a crime? Yes ___ No ___

Explain

Incident _____

Employee Signature _____

Interviewer Signature _____



employer solutions staffing group.

**Notification of Minnesota Law Requirement –
Unemployment Acknowledgement**

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

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

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

Recruiter: Corporate Management Group

Phone Number: 303-9201425

Address: 1501 W. 124th Ave Unit 500 Westminster, CO 80234

Cody Bate

5/4/22

Employee Signature:

Date:

Cody Bate

Employee (please print your name here)

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 CTB (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 CTB (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: Cody

Middle Name: James

Last Name: Bale

Social Security Number: 474-37-4803

Date of Birth: 04/11/2000

Gender (Circle one): Male Female

My Signature: Cody Bale

Today's Date: 5/4/22

Employee Photo Release Form

I, Cody Bale, 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: Cody Bale

Date: 5/4/22