



## 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: 845 669 0148

Login Password: Ac @ 0395

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: Amarilis Cuatrecasas Date: 5-17-22



## 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 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

Amarilis Cuatrecasas

[Signature]

5-17-22

CMG Representative Name

CMG Representative Signature

Date

[Signature]

[Signature]

5-17-22

# 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: *J. Morris Pritchett* Date: 5-17-22

## 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: ACL (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)

# 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: Hermenegildo Cuute

Relationship: husband

Phone Number: 845 659 0148

**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





## 2022 W-4MN, Minnesota 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 and when your personal or financial situation changes.

|                                                              |                           |                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name and Initial<br><u>Amarilis</u>                    | Last Name<br><u>Quate</u> | Social Security Number<br><u>113 90 0395</u>                                                                                                                                                                                                               |
| Permanent Address<br><u>1903 Greenview pl sw #8 MN 55902</u> |                           | Marital Status (Check one):<br><input type="checkbox"/> Single; Married, but legally separated; or<br>Spouse is a nonresident alien<br><input checked="" 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>55902</u>                                                                                                                                                                                                                                   |

Complete Section 1 OR Section 2, then sign the bottom and give the completed form to your employer.

☐ **Section 1 — Determining Minnesota Allowances**

- A Enter "1" if no one else can claim you as a dependent ..... A 0
- B Enter "1" if any of the following apply: ..... B 0
- 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. Or 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 0
- D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. .... D 0
- E Enter "1" if you will use the filing status Head of Household (see instructions)..... E 0
- F Add steps A through E. If you plan to itemize deductions on your 2022 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. .... F \_\_\_\_\_

- 1 Minnesota Allowances. Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet..... 1 0
- 2 Additional Minnesota withholding you want deducted for each pay period (see instructions) ..... 2 \$ 0

☐ **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.  
Enter the reservation name: \_\_\_\_\_  
Enter your Certificate of Degree of Indian Blood (CDIB)/Enrollment number: \_\_\_\_\_
- ☐ 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

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>Amarilis Quate</u> | Date<br><u>5-17-22</u> | Daytime Phone Number<br><u>845-659 0148</u> |
|-----------------------------------------------|------------------------|---------------------------------------------|

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 | Minnesota Tax ID Number | Federal Employer ID Number (FEIN) |
| Address          | City                    | State                             |
|                  |                         | ZIP Code                          |



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>Cuate</u>                         |                                                    | First Name (Given Name)<br><u>Amarilis</u> |                                  | Middle Initial<br><u>C</u> | Other Last Names Used (if any)                     |                          |
| Address (Street Number and Name)<br><u>1903 Greenview PL SW</u> |                                                    | Apt. Number<br><u>#8</u>                   | City or Town<br><u>Rochester</u> |                            | State<br><u>MN</u>                                 | ZIP Code<br><u>55902</u> |
| Date of Birth (mm/dd/yyyy)<br><u>9-25-65</u>                    | U.S. Social Security Number<br><u>1113-90-0995</u> |                                            | Employee's E-mail Address        |                            | Employee's Telephone Number<br><u>845 659 0148</u> |                          |

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 type="checkbox"/> 1. A citizen of the United States                                                                                                                                                     |
| <input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)                                                                                                                      |
| <input checked="" type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>095-815-021</u>                                                                                |
| <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)                    |
| 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. |
| 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: _____                                        |
| QR Code - Section 1<br>Do Not Write In This Space                                                                                                                                                              |

|                                                |                                             |
|------------------------------------------------|---------------------------------------------|
| Signature of Employee<br><u>Amarilis Cuate</u> | Today's Date (mm/dd/yyyy)<br><u>5-17-22</u> |
|------------------------------------------------|---------------------------------------------|

**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

|                                     |  |                           |                |
|-------------------------------------|--|---------------------------|----------------|
| Signature of Preparer or Translator |  | Today's Date (mm/dd/yyyy) |                |
| Last Name (Family Name)             |  | First Name (Given Name)   |                |
| Address (Street Number and Name)    |  | City or Town              | State ZIP Code |



Employer Completes Next Page



# Pay Information

Payday is every Friday

Name: Alexis Coute

Last 4 of SSN: 0395

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 \_\_\_\_\_

ABC Bank of America Money Network Card

↓ Office Use Only ↓

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

Account Number 544101

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

Email

Initial \_\_\_\_\_

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: 7277631800544101

Money Network® Checks and Money Network Cards are issued by MetaBank®, Member FDIC.

AC

BALANCE and TRANSACTION LIMITS SCHEDULE

Load Limitations

- Maximum Account Balance<sup>3</sup>
- ACH Deposit of Other Funds (Direct Deposit) Load<sup>3</sup>
- Load check funds via Mobile App<sup>1,2,3</sup>
- Load Cash at Load Location<sup>1,2,3</sup>
- Secondary Account
- Secondary Account Transfer

- Limit Amount
- \$8000<sup>3</sup>
- \$4000 per day | \$8000 per calendar month<sup>3</sup>
- \$25-2500 per check | \$5000 per day | \$10000 per month<sup>3</sup>
- \$2500 per transaction and per day | \$5000 per month<sup>1,2,3</sup>
- \$8000 maximum account balance
- \$1000 per day | \$2000 per month

Withdrawal Limitations<sup>1,2</sup>

- ATM Withdrawal Limit
- Money Network Check Limit
- Bank/Teller Over the Counter Withdrawal
- ACH Transfer to Domestic Bank
- ACH Transfer to International Bank

- Limit Amount<sup>1,2</sup>
- \$600 per transaction and per day
- \$9999.99 per Check and per day
- \$8000 per transaction and per day
- \$8000 per transaction | \$16000 per day | \$64000 per month
- \$1000 per transaction and per day | \$2000 per month

Spend Limitations<sup>1,2</sup>

- PIN Debit Transactions
- Signature Debit Transactions

- Limit Amount<sup>1,2</sup>
- \$3000 per transaction and per day
- \$3000 per transaction and per day

<sup>1</sup>Third 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.  
<sup>2</sup>These limits apply to the transaction types identified. Your Fee Schedule identifies the transaction types available to you and the applicable fees.  
<sup>3</sup>If 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



### 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) Cuate Amaris Date: \_\_\_\_\_

Address: (Street Address) 1903 Greenview pl - (Apt./Unit #) B

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

Phone: 845 659 0148 Email: Cuatehalecua@gmail.com

Social Security No. 113 90 0395 Date Available: 6-6-22

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

Shift Available to work: ☒ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> Employment desired: ☐ Full-Time ☐ Part-Time

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

How did you hear about us? Working 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

IS  
weekend  
50 lbs

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

IS  
BA - ✓  
Evenly ✓

# 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: Textiles Phone: 507-259-7800

Address: 925 Woodlake Dr SE Supervisor: None

Job Title: Lavov Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ 14.50

Responsibilities: \_\_\_\_\_

From: 2-21-18 To: \_\_\_\_\_ Reason for Leaving: None

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

Company: H D S/Advanced Distribution Center Phone: \_\_\_\_\_

Address: 614 R303 Bivert Ave 10913 Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ 11.00

Responsibilities: \_\_\_\_\_

From: 6/8/07 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: Amorita Cuato Date: 5-15-22

UNITED STATES OF AMERICA  
**PERMANENT RESIDENT**

**CUATE LEON**

**AMARILIS C**

USCIS# **095-515-021** Category **F26**

Country of Birth **Ecuador**

Date of Birth **25 SEP 1965** Sex **F**

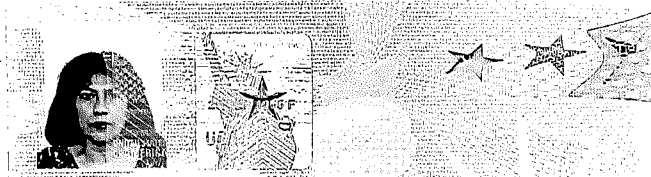
Card Expires: **01/17/28**

Resident Since: **02/28/07**



C

58917368



112

If found, drop in any US Mailbox. USPS: Mail to USCIS, 7 Product Way, Lees Summit, MO 64002

C1USA0955150212I0E0901975334<<  
6509251F2801175ECU<<<<<<<<<<<5  
CUATE<LEON<<AMARILIS<CECILIA<<

C

Name: Amorli Cuatrecasas  
Date: 5-17-22

## 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!

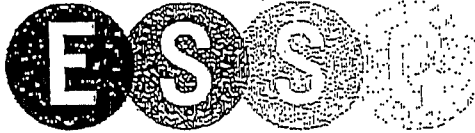
Inside your nose, there are hundreds of tiny hairs. These hairs filter the air you breathe. Sometimes dust and pollen find their way through these hairs and bother your nasal passages. The nerves in the lining of your nose tell your brain that something is invading your body.

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



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

*AC. Amaris Puch*

*5-17-22*

Employee Signature:

Date:

\_\_\_\_\_  
Employee (please print your name here)

**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.

**2022****Step 1:  
Enter  
Personal  
Information**

|                                                                                                                                                                                                                                                                                                                                       |                           |                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (a) First name and middle initial<br><i>Amarilis</i>                                                                                                                                                                                                                                                                                  | Last name<br><i>Coate</i> | (b) Social security number<br><i>113 90 0395</i>                                                                                                                                                      |
| Address<br><i>1903 Greenview PL SW #8</i>                                                                                                                                                                                                                                                                                             |                           | ► 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><i>Rochester MN 55902</i>                                                                                                                                                                                                                                                                        |                           |                                                                                                                                                                                                       |
| (c) <input type="checkbox"/> Single or Married filing separately<br><input checked="" 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 2022 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:<br/>Claim<br/>Dependents</b>                 | 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 ► \$ <i>0</i>                                                                                                                                                                  |             |              |
|                                                         | Multiply the number of other dependents by \$500 . . . . . ► \$ <i>0</i>                                                                                                                                                                          |             |              |
|                                                         | Add the amounts above and enter the total here . . . . .                                                                                                                                                                                          | <b>3</b>    | \$           |
| <b>Step 4<br/>(optional):<br/>Other<br/>Adjustments</b> | (a) <b>Other income (not from jobs).</b> 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 . . . . . | <b>4(a)</b> | \$           |
|                                                         | (b) <b>Deductions.</b> 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 . . . . .                                        | <b>4(b)</b> | \$           |
|                                                         | (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . .                                                                                                                                                      | <b>4(c)</b> | \$ <i>20</i> |

**Step 5:  
Sign  
Here**

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

*Amarilis Coate*

Employee's signature (This form is not valid unless you sign it.)

*5-17-22*

Date

**Employers  
Only**

Employer's name and address

First date of  
employment

Employer identification  
number (EIN)

# CMG Preliminary Questions

Name: Amaris Watson

Date: 5-17-22



## 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 Amaris Watson

Interviewer Signature \_\_\_\_\_

## **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 ACL (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 ACL (initial)

# 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 Amoriles Cuote Social security number 113 90 0395

Street address where you live 1903 Greenview pl sw #18

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

County \_\_\_\_\_ Telephone number 845 659 0148

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

- 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 Amoriles Cuote

Date 5-17-22



## 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: Amarelis Cuote

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

Last Name: Cuote

Social Security Number: 113 90 0395

Date of Birth: 9-25-65

Gender (Circle one):      Male      Female

My Signature: Amarelis Cuote Leon

Today's Date: 5-17-22

### Employee Photo Release Form

I, AMARILIS CUOTE LEON, 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: AL

Date: 5-17-22