



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 this form stating that you received your log in information.

CMG/ESSG/Reichel Foods Handbook

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

View Paystubs

Employee Notice of Employment and Wage

Website: <https://zenople.esgazure.com/login/cmg>

****do not fill out the login name or password. CMG will provide you with this information****

Login Name: ENKU7358

Login Password: Amel7358

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 content, it is my responsibility to address my questions with a CMG representative. I also 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:  Date: 7/22/2025

Employee Photo Release Form

I, _____ 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.

* Signature: [Signature] Date: 7/22/2025

Emergency Contact 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: Dureti Resaba

Relationship: Daughter

Phone Number: 5072716477

Contact #2

Name: Misiver Heramo

Relationship: Son in Law

Phone Number: 612 483 8551

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.

Authorization to Enter New Hire Information

By signing below, I authorize a member of Corporate Management Group to enter my new hire paperwork into ESSG's online Zenople Employee Portal. I understand that I will be provided access via login name and password to view forms that have been entered on my behalf.

* Signature: [Signature] Date: 7/22/2025

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 job offer to apply for insurance through ESSG via the log in information provided to me.

* Signature: [Signature] Date: 7/22/2025

Electronic W-2 Consent

The IRS has approved employers to send W-2's electronically to employees. You will receive your W-2 faster and have access to your W-2 at anytime.

Would you like to receive your W-2 statement electronically? Yes No

Email: dureti_10ca@gmail.com



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

USCIS
 Form I-9
 OMB No. 1615-0047
 Expires 07/31/2025

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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) Enku		First Name (Given Name) Ameework		Middle Initial (if any) Abate	Other Last Names Used (if any)	
Address (Street Number and Name) 2015 41st Ave			Apt. Number (if any) C3	City or Town Rochester		State MI
Date of Birth (mm/dd/yyyy) 7/23/1988		U.S. Social Security Number 7114167731518		Employee's Email Address duretta.ca@gmail.com		Employee's Telephone Number 507-271-6477
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.)				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input checked="" type="checkbox"/> 4. A noncitizen (other than item Numbers 2. and 3. above) authorized to work until (exp. date, if any) 2/11/2030				
		If you check item Number 4, enter one of these:				
		USCIS A-Number 232-492-325		Form I-94 Admission Number 		Foreign Passport Number and Country of Issuance
Signature of Employee [Signature]				Today's Date (mm/dd/yyyy) 7/22/2025		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2: Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine or examine consistent with an alternative procedure authorized by the Secretary of DHS; documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy)
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

EEO Information

Please choose one option under the following:

Gender

- No Answer
- Female
- Male
- Non Binary
- Other

Marital Status

- No Answer
- Divorced
- Married
- Unmarried
- Widowed

Ethnicity

- Alaska Native
- Asian
- Hispanic Latino
- Other Pacific Islander
- Unknown Ethnicity
- No Answer
- American Indian
- Black or African American
- Native Hawaiian
- Two or more Races
- White

Veteran

- Vietnam Era Veteran
- Veteran
- Non-Veteran
- Other Protected Veteran
- Recently Separated Veteran
- Special Disabled Veteran
- No Answer

Signature: *Beid*

Date: 7/22/2025

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

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.

2024

Step 1: Enter Personal Information	(a) First name and middle initial <u>Amelework Abate</u>	Last name <u>ENKU</u>	(b) Social security number <u>714 67 7358</u>
	Address <u>7015 41st NW Apt C 3</u>		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code <u>Rochester MN 55901</u>		
	(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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, and when to use the estimator at www.irs.gov/W4App.

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). If you or your spouse have self-employment income, use this option; or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; 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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate.

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 Dependent and Other Credits	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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	<u>3</u> \$ _____
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	<u>4(a)</u> \$ _____
	(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	<u>4(b)</u> \$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	<u>4(c)</u> \$ _____

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 AK Neer 7/22/2025

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

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)



2024 W-4MIN, Minnesota Withholding Allowance/Exemption Certificate

Employees

Complete Form W-4MIN so your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MIN each year and when your personal or financial situation changes. If no Form W-4MIN is in effect, the number of withholding allowances claimed will be zero.

First Name and Initial <u>Amelie Work Abate</u>		Last Name <u>ENKU</u>	Social Security Number <u>714 67 7358</u>
Permanent Address <u>2015 41st NW</u>		City <u>Rochester</u>	State <u>MN</u>
		ZIP Code <u>55901</u>	Marital Status (Check one): <input type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate

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 _____
 - B Enter "1" if any of the following apply: B 1
 - 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 _____
 - D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. D _____
 - E Enter "1" if you will use the filing status Head of Household (see instructions) E _____
 - F Add steps A through E. If you plan to itemize deductions on your 2024 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 _____
- 2 Additional Minnesota withholding you want deducted for each pay period (see instructions) 25 _____

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 for which I am enrolled (see instructions).
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 12732, 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-4MIN.

Employee's Signature: [Signature] Date: 7/22/2025 Daytime Phone Number: _____

Employees: Give the completed form to your employer.

Employers

See the employer instructions to determine if you must send a copy of this form to the Minnesota Department of Revenue. If required, enter your information below and mail this form to the address in the instructions. (Incomplete forms are considered invalid.) We may assess a \$50 penalty for each required Form W-4MIN 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

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)

Full Name: (Last Name, First Name) Enku Amelework Date: 7/22/25

Address: (Street Address) 2015 41st NW (Apt./Unit #) C3

(City) Rochester (State) MN (ZIP Code) 55901

Phone: 507 271 6477 Email: durexi10ca@gmail.com

Social Security No. 714-67-7358 Date Available: _____

Position Applied for: Production worker Desired Wage: _____

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? family Referral Name: EtafeYahu Choke

If under 18, please list age: _____

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? No Yes

2W
Weekend
okay
FT/per

Previous Employment

Company: Rachel Food Phone: _____

Address: _____ Supervisor: _____

Job Title: Production worker

Responsibilities: _____

From: 2022 To: 2023 Reason for Leaving: I got accident

May we contact your previous supervisor for reference? Yes No

\$1500

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

BG
IDT

Accepted

CMG Preliminary Questions



Name: Amae work Enkw

Date: 7/22/25

Please Mark Yes or No

- 1. If hired are you willing to take a drug test? Yes No KS
- 2. Do you have any known food allergies to soy, wheat, peanuts, or milk? Yes No KS
- 3. Are you able to work with pork? Yes No KS

Please Mark Your Preferred Position

- 4. Which plant do you prefer? South North 2N
- 5. What shift to you prefer? 1st 2nd 3rd

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

Explain

Incident _____

Employee Signature AE

Interviewer Signature Kelly M. Sutter

Complete after interview

Viewed the Production Video before interview AE initials

Viewed New Hire Manual before interview AE initials

Showed badge for punching in/out and with the call in line number
AE initials



UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION



Surname
ENKU

Given Name
AMELEWORK A

USCIS# 232-492-325 Category Card# C09 IOE0929471886

Terms and Conditions
None

Date of Birth 13 JUL 1968 Sex F

Country of Birth
Ethiopia

Valid From 02/12/25
Card Expires 02/11/30

NOT VALID FOR REENTRY TO U.S.

