



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

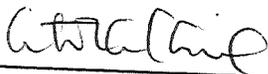
Website: <https://zenople.esgazure.com/login/cmg>

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

Login Name: 7859798389

Login Password: Kda@9701

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: 11/20/04

Employee Photo Release Form

I, ATOK 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: Atok (imp) Date: 11/20/24

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	Contact #2
Name: <u>Rodah Peng</u>	Name: _____
Relationship: <u>Spouse</u>	Relationship: _____
Phone Number: <u>469-347-1777</u>	Phone Number: _____

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

N/A

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: Atok (imp) Date: 11/20/24

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: N/A Date: 11/20/24

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: ATOK BAGUOT@gmail.com



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 07/31/2026

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) KIRK		First Name (Given Name) ATOK		Middle Initial (if any) D	Other Last Names Used (if any) BAGUOT	
Address (Street Number and Name) A925 Manor Brook Dr			Apt. Number (if any)	City or Town Rochester		State MN
Date of Birth (mm/dd/yyyy) 02/27/1978		U.S. Social Security Number 79999391701		Employee's Email Address atokbaguot@gmail.com		Employee's Telephone Number 785-979-8389
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):						
If you check item number 4., enter one of these:						
USCIS A-Number 231-803-587		OR		Form I-94 Admission Number	OR	
				Foreign Passport Number and Country of Issuance		
Signature of Employee Atok Kirk				Today's Date (mm/dd/yyyy) 09/10/2025		

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.

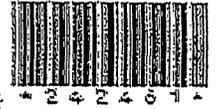
Section 2: Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary 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.

Document Title	List A	OR	List B	AND	List C
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)					
Additional Information					
<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.

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.



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 ATOLC	Last Name KILB	Social Security Number 799-83-9701
Permanent Address 4925 Manor Brook Dr NW		Marital Status (Check one): <input checked="" type="checkbox"/> Single, Married, but legally separated, or Spouse is a nonresident alien <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher single rate
City Rochester	State MN	ZIP Code 55901

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 1
- B Enter "1" if any of the following apply: B _____
 - You are single and have only one job
 - You are married, have only one job, and your spouse does not work
 - Your wages from a second job or your spouse's wages are \$1500 or less
- C Enter "1" if you are married. 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 _____
- 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 0
- 2 Additional Minnesota withholding you want deducted for each pay period (see instructions) 2 5

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 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-4MIN.

Employee Signature: ATOLC Date: 11/20/2024 Citytime 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

Employee's Withholding Certificate

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>ATOLC</u>	Last name <u>KIR</u>	(b) Social security number
	Address <u>4925 Manor Brook Dr NW</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</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	<u>3</u>	\$
	Multiply the number of other dependents by \$500	<u>0</u>	\$
	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>0</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>0</u>	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	<u>0</u>	\$

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.

ATOLC 11/20/24

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)

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

11/19/20
9am



ENTERED

Applicant Information

(APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED)

Full Name: (Last Name, First Name) Atok Kiin Date: 11/13/24

Address: (Street Address) 4925 Manor Brook Dr NW (Apt./Unit #) _____

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

Phone: 785-979-8389 Email: atokbaguot@gmail.com

Social Security No. 799-83-9701 Date Available: 11/20/24

Position Applied for: Packaging/Production Desired Wage: \$21.50

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? Verbally Referral Name: Dodder

If under 18, please list age: _____

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

Standby
IN
\$500

Previous Employment

Company: Wells Enterprise Phone: _____

Address: Le Mars - Iowa Supervisor: _____

Job Title: Production Associate

Responsibilities: Package, inspect goods

From: Mar To: Oct Reason for Leaving: located to Rochester

May we contact your previous supervisor for reference? Yes No

Food
Manu
1000
No concerns

Company: Mayo Clinic Phone: 507-990-6527

Address: _____ Supervisor: Matt

Job Title: line tech lead

Responsibilities: collect, packaging, inspect test rooms

From: June 2023 To: 24 Reason for Leaving: I want to move south

May we contact your previous supervisor for reference? Yes No

Weekend
okay

Accepted

Bas - Good
DT -
EV -

Kerry
Food
Manu
Scimitation

CMG Preliminary Questions



Name: Alok K Tiin

Date: 11/20/2024

Please Mark Yes or No

- 1. If hired are you willing to take a drug test? Yes No *JS*
- 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 *JS*

Please Mark Your Preferred Position

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

Have you ever been convicted of a crime? Yes No

Explain Incident _____

Employee Signature Alok Tiin

Interviewer Signature Kelly M Sutton



UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION



Surname: KUR
Given Name: ATOK D
USCIS#: 291-803-587
Category Card#: C08 IOE9480016344
Terms and Conditions: None
Date of Birth: 27 FEB 1978
Sex: M
Country of Birth: South Sudan
Valid From: 09/11/23
Card Expires: 09/10/25

NOT VALID FOR REENTRY TO U.S.

Handwritten scribbles



