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: 6124083344

Login Password: Asm@ 4570

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: 9-12-2024.

Employee Photo Release Form

I, Abdimajid 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: _____ Date: 9-12-2024

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: Siham Mohamed	Name:
Relationship: Sister	Relationship:
Phone Number: 507-581-4794	Phone Number:

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

_____

_____

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

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: _____ Date: 9-12-2024

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: _____ Date: 9-12-2024

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: ~~Abdimaj~~ Majidsaid1498@Gmail.com

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

-American Indian

-Asian

-Black or African American

-Hispanic Latino

-Native Hawaiian

-Other Pacific Islander

-Two or more Races

-Unknown Ethnicity

-White

-No Answer

Veteran

-Vietnam Era Veteran

-Veteran

-Non-Veteran

-Other Protected Veteran

-Recently Separated Veteran

-Special Disabled Veteran

-No Answer

Signature: _____ Date: 9-12-2024

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)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)
Mohamed	Abdimajid	S	

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code
2159 50th St NW		Rochester	MN	55901

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number
08-14-1998	830 764 570		612-408-3344

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.):

- [X] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See instructions.)
- [ ] 3. A lawful permanent resident (Enter USCIS or A-Number.)
- [ ] 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	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)
	9/12/2024.

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)			Additional Information		
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)					

[ ] 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.

DEPARTMENT OF REVENUE

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

Employees

Complete Form W-4MN so 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. If no Form W-4MN is in effect, the number of withholding allowances claimed will be zero.

First Name and Initial	Last Name	Social Security Number
Abdimajid Am	Mohamed	830-76-4570

Permanent Address			Marital Status (Check one):
2159-50th St NW			☒ Single; Married, but legally separated; or Spouse is a nonresident alien
City	State	ZIP Code	☐ Married
Rochester	MN	55901	☐ 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 1

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 0

2 Additional Minnesota withholding you want deducted for each pay period *(see instructions)* ..... 2 $ _____

☐ 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-4MN.

Employee's Signature	Date	Daytime Phone Number
[signature]	9-12-2024	612-408 3344

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

Form **W-4**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0074

2024

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Abdimajid S	Mohamed	830-76-4570
Address: 2159 50th St NW		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 55906		

(c) ☒ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **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: 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* 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 $ 0

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 . . . . . **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: Sign Here

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

Employee's signature (This form is not valid unless you sign it.) — **Date** 9-12-2024.

Employers Only

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

Background Check Authorization

I, hereby authorize and its designated agents and representatives to conduct a comprehensive background check as part of the employment screening process. This background check may include, but is not limited to, the following:

1. Criminal background check: This may involve researching and reporting any criminal convictions or pending criminal cases.
2. Employment history verification: This may include contacting past employers to verify work history, job titles, dates of employment, and reasons for leaving.
3. Education verification: This may include verifying academic degrees, diplomas, and certificates from educational institutions.
4. Professional references: This may involve contacting individuals listed as professional references by the employee to assess their qualifications and suitability for the position.
5. Credit history check (if applicable): This may include obtaining information related to the employee's credit history and financial responsibility.

Driving record check (if applicable): This may involve reviewing the employee's driving history, including any traffic violations and accidents.

Release of Information:
I understand that, in the course of the background check process, may need to disclose my personal information to third-party vendors or agencies for the purpose of obtaining the necessary background information. I consent to the release of such information.
By signing below, I acknowledge that I have read and understand the terms of this consent form and voluntarily consent to the background check described herein.

Signature: _____ Date: 9-12-2024.

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.

Signature: _____ Date: 9-12-2024.

Work Opportunity Tax Credit

Please circle Yes or No to the following questions:

-In the last year, have you or anyone you've lived with received SNAP (Supplemental Nutrition Assistance Program also referred to as food stamps)? **Yes/No**

-In the last two years, have you or anyone you've lived with received TANF (Temporary Assistance for Needy Families also referred to as welfare)? **Yes/No**

-Are you a veteran of the U.S. Military/Armed Forces? **Yes/No**

-Are you a person who has a disability? **Yes/No**

-Have you ever been convicted of a felony? **Yes/No**

-Are you unemployed? **Yes/No**

-Have you collected unemployment benefits at any time during your unemployment period?**Yes/No**

Thank you for taking the time to complete this survey related to IRS Form 8850 (Pre-screening Notice and Certification Request for the Work Opportunity Tax Credit) and the ETA Form 9175 (Long-Term Unemployment Recipient Self-Attestation Form). These forms are used to verify the information you have provided and to manage the important WOTC jobs program.

If you agree with the following declaration, click the submit button to electronically sign the Forms 8850 and (if applicable) 9175. Your electronic signature will authorize the Veterans Administration, Department of Vocational Rehabilitation, Tribal Governments, federal and state unemployment insurance offices, or other applicable agency to release verification of information to TCC. If the name is incorrect, type in your correct name and click the submit button to electronically 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.

Signature: _____ Date: 9-12-2024.

Direct Deposit

Payday is weekly on Friday.

Bank Name_____ **Routing #**_____**Account #**_____

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 account number that provide is incorrect.

✓ **Please check here if you do not have your account information or have an account. We will provide you with a Bank of America Money Network Card.** See Attached

___**Please check here if you would like your paystubs electronically emailed to your email address.**

Signature: _____ Date: 9-12-2024.

ACCOUNT INFORMATION SLIP/VOLANTE DE INFORMACIÓN DE CUENTA

STEP 1:

Complete the following information/Completa los siguientes datos

First Name/Nombre:

Last Name/Apellido:

Employee ID Number/Número de Empleador:

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

STEP 2:

Employer: Detach this slip and retain information for your records.

Desprende este volante y entrégaselo a tu patron o empleador. No necisitaras usar esta información nuevemente.

FOR EMPLOYER USE ONLY:
PARA USO DEL PATRONO O EMPLEADOR SOLAMENTE

ROUTING NUMBER: **084003997**

ACCOUNT NUMBER: **7277631800863576**

Money Network Checks and Money Network Cards are issued by Pathward, N.A., Member FDIC.

Abdimajid

BALANCE AND TRANSACTION LIMITS SCHEDULE

Load Limitations[1,2,3]	Limit Amount [1,2,3]
Maximum Account Balance	$8,000
ACH Deposit of Other Funds (Direct Deposit)	$4,000 per day | $8,000 per calendar month
Load Check Funds Via Mobile App*[1,2]	$25- $2,500 per check | $5,000 per day | $10,000 per month
Load Cash at Load Location	$1,100 per transaction | $2,500 per day | $5,000 per month
Secondary Account Secondary	$8,000 maximum account balance
Account Transfer	$1,000 per day | $2000 per month

Withdrawal Limitations [1,2]	Limit Amount [1,2]
ATM Withdrawal Limit Money	$600 per transaction and per day
Network Check Limit	$9,999.99 per Check and per day
Bank/Teller Over the Counter Withdrawal	$8,000 per transaction and per day
ACH Transfer to Domestic Bank	$8,000 per transaction | $16,000 per day | $64,000 per month
ACH Transfer to International Bank	$1,000 per transaction and per day | $2,000 per month

Spend Limitations [1,2]	Limit Amount [1,2]
PIN Debit Transactions	$3,000 per transaction and per day
Signature Debit Transactions	$3,000 per transaction and per day

***Standard message and data rates apply**

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

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

[3]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 transaction 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

NHO
9.12 @ 12:00

Applicant Information

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

Full Name: *(Last Name, First Name)* Mohamed Abdimajid Date: 9/3/2024

Address: *(Street Address)* 2159 50th St NW *(Apt. /Unit #)* _____

(City) Rochester *(State)* MN *(ZIP Code)* 5590

Phone: 612 ~~[illegible]~~ 408 3344 Email: Mojid sacid 1498@gmail.com.

Social Security No. 830-76-4570 Date Available: _____

Position Applied for: _____ Desired Wage: _____

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

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

How did you hear about us? Indeed Referral Name: _____

If under 18, please list age: _____

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

2N
F/perm
15oc

Previous Employment

Company: Hiawatha Homes. Phone: _____

Address: 1820 Valkyrie Dr NW Supervisor: Nick

Job Title: PCA

Responsibilities: Personal assistant.

From: 2018 To: 2020 Reason for Leaving: Pandemic Layoff.

May we contact your previous supervisor for reference? X Yes __ No

weekend okay

RA.

BG Pend
OT - ✓
EV. ✓

[illegible]

Company: Amazon Phone: _____

Address: 2601 4th Ave E Shakopee Supervisor: Michelle.

Job Title: fulfilling orders

Responsibilities: fulfilling orders

From: 2021 To: 2021 Reason for Leaving: Too far to travel

May we contact your previous supervisor for reference? X Yes __ No

Food Manufacturing
Recieving

"Considering Offer"

Accepted 9.12

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 _____ Date: 9/3/2024

CMG Preliminary Questions

Name: Abdmajid Mohamed

Date: 9/13/2024

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**

Please Mark Your Preferred Position

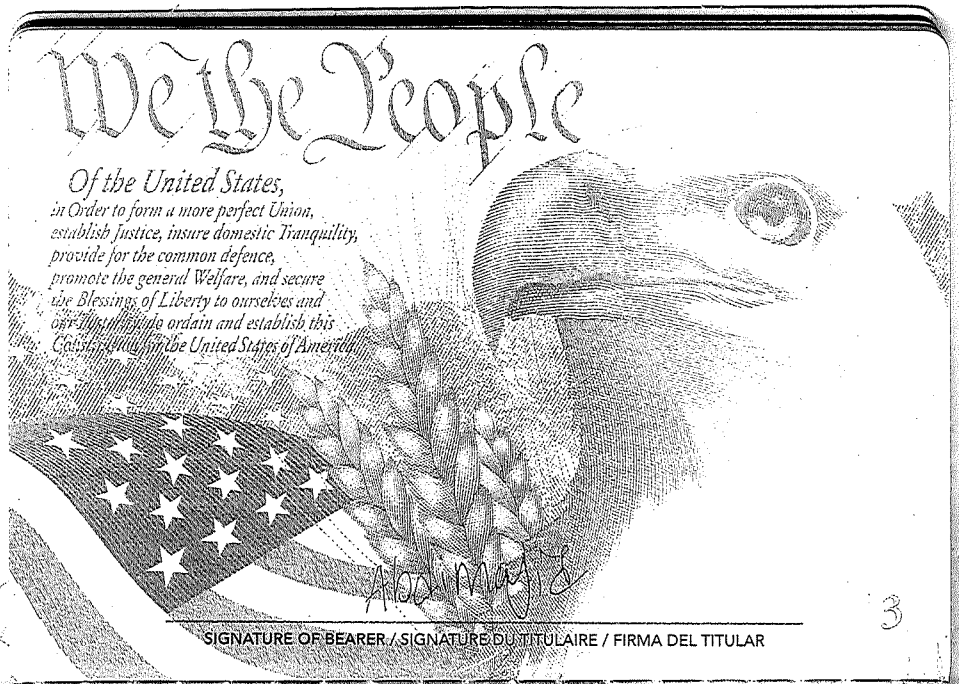
4. Which plant do you prefer? **South** **North** discussed prepackage
5. What shift to you prefer? **1st** **2nd** **3rd** 2N

Have you ever been convicted of a crime? Yes___ No___

Explain Incident I have been convicted of first degree drug sales and second degree possession.

Employee Signature

Interviewer Signature Kelly M. Sutton



PASSPORT
PASSEPORT
PASAPORTE

USA

UNITED STATES OF AMERICA

Type / Type / Tipo: P
Code / Code / Código: USA
Passport No. / No. du Passeport / No. de Pasaporte: 642760975

Surname / Nom / Apellidos
MOHAMED

Given Names / Prénoms / Nombres
ABDIMAJID SAID

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
14 Aug 1998

Place of birth / Lieu de naissance / Lugar de nacimiento
SOMALIA

Sex / Sexe / Sexo
M

Date of issue / Date de délivrance / Fecha de expedición
03 Mar 2021

Authority / Autorité / Autoridad
United States
Department of State

Date of expiration / Date d'expiration / Fecha de caducidad
02 Mar 2031

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 51

USA

P<USAMOHAMED<<ABDIMAJID<SAID<<<<<<<<<<<<<<<<<<
642760975 2USA9808140M3103027685433079<511886