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: 5072023152

Login Password: Nuur1529

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 o 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: _____ Date: 6/12/2023

DEPARTMENT OF REVENUE

2023 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
Abdinuur AS	Shirdaye	309611529
Permanent Address		**Marital Status** *(Check one):*
		☑ Single; Married, but legally separated; or Spouse is a nonresident alien
City Rochester	**State** MN **ZIP Code** 55904	☐ Married
		☐ 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 _____
- 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 2023 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)* ..... 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]	6/12/2023	

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

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

Employee Signature: _____ Date: 6/12/2023

Pay Information-Payday is every Friday

Name: Abdinur

Please mark what option you choose

√ **Direct Deposit**

Bank Name ~~Wellswells~~ Fargo **Routing #** 091000019 **Account #** 2339414332

Circle ONE-Checking or Savings

I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I m responsible for any delays in payroll or extra costs included if the account number that I provide is incorrect.

Initial AS

___Bank of America Money Network Card

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

Email Abdinursh1dane1@gmail.com.

Initial AS

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)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*
Abdinuur Shidane	Abdinuur	O.S	

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code
4121 4th SE	110	Rochester	MN	55904

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
1/1/2002	309-61-1529		5072023152

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):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States *(See instructions)*
- ☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): ________
- ☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): ________
  Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: ________
   OR
2. Form I-94 Admission Number: ________
   OR
3. Foreign Passport Number: ________
   Country of Issuance: ________

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*
[signature]	6/12/2022

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)*
Shidane	abdinuur

Address *(Street Number and Name)*	City or Town	State	ZIP Code
4121 4th st SE	Rochester	MN	55904

STOP Employer Completes Next Page STOP

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: _____ Date: 6/12/2023

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: AS **(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 Abdinur Shidane1 @gmail.com

I agree: AS **(initial)**

6.12
2:00pm

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

ENTERED

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)* Shidane Abdinuur Date: 6/8/23

Address: *(Street Address)* 412 14th St SE *(Apt. /Unit #)* 110

(City) Rochester *(State)* MN *(ZIP Code)* 55904

Phone: 507-202-3152 Email: Abdinuurshidane1@gmail.com

Social Security No. 309-61-1529 Date Available: 6/13/23

Position Applied for: _____ Desired Salary: 15

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

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

How did you hear about us? My sister works there Referral Name: Abdinuur

If under 18, please list age: 22

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? _____No _____Yes

2nd Shift Wknds ok KS

Education

Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	Hawthorne Education Center	700 14th Ave SE Rochester MN 55904		Preparing GED
College				
Bus. Or Trade School				
Professional School				

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: CMCMG Phone: 5072023152
Address: 4214MSSE 110 Supervisor: Ali
Job Title: _____ Starting Salary: $15 Ending Salary: $15
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: school.
May we contact your previous supervisor for reference? __ Yes __ No

Company: CMG Phone: 5072202 3152
Address: 4214MstSE110 Supervisor: Ali
Job Title: _____ Starting Salary: $15 Ending Salary: $15
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: school.
May we contact your previous supervisor for reference? __ Yes __ No

Company: CMG Phone: 5072202 3152
Address: 4214MstSE 110 Supervisor: Ali
Job Title: _____ Starting Salary: $15 Ending Salary: $15
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: school
May we contact your previous supervisor for reference? __ Yes __ No

Company: CMC Phone: 5072202 3152
Address: 4214MstSE110 Supervisor: Ali
Job Title: _____ Starting Salary: $15 Ending Salary: $15
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: school.
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: _____ Date: _____

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: 6/12/2023

CMG Preliminary Questions

Name: Abigail

Date: 6/12/2025

CMG Corporate Management Group
Workforce Management & Staffing Experts

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

Have you ever been convicted of a crime? Yes___ (No)___

Explain
Incident_____

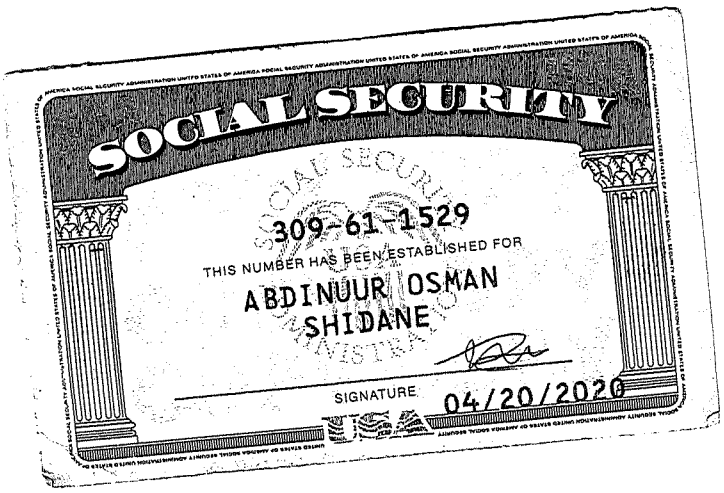
_____

_____

_____

Employee Signature _____

Interviewer Signature Kelly Adkins



SOCIAL SECURITY

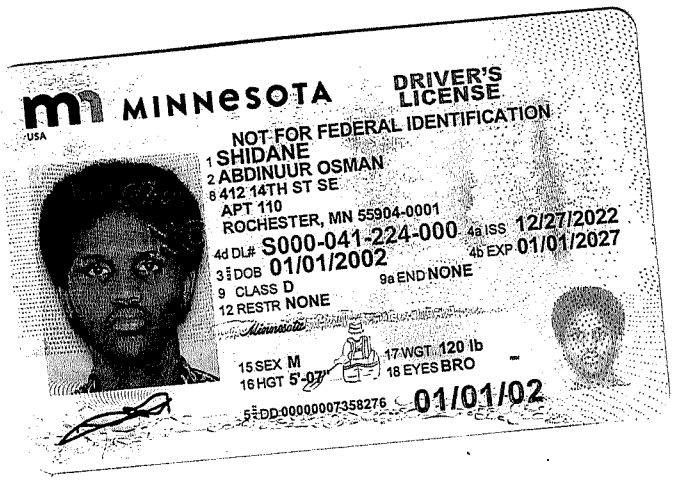
309-61-1529

THIS NUMBER HAS BEEN ESTABLISHED FOR

ABDINUUR OSMAN
SHIDANE

SIGNATURE

04/20/2020


MINNESOTA DRIVER'S LICENSE
USA
NOT FOR FEDERAL IDENTIFICATION
1 SHIDANE
2 ABDINUUR OSMAN
8 412 14TH ST SE
APT 110
ROCHESTER, MN 55904-0001
4d DL# S000-041-224-000
4a ISS 12/27/2022
3 DOB 01/01/2002
4b EXP 01/01/2027
9 CLASS D
9a END NONE
12 RESTR NONE
15 SEX M
16 HGT 5'-07"
17 WGT 120 lb
18 EYES BRO
5 DD 00000007358276
01/01/02