



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

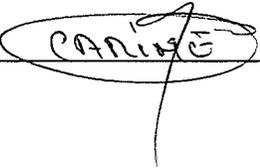
Drug and Alcohol Testing Policy

Website: <https://nhov2.esgazure.com/login/cm>

Login Name: ~~5075133014~~ 5075133014

Login Password: Ca@3414

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:  Date: 06/03/2019



employer solutions staffing group.

Leveraging Resources in a Changing Market

Direct Deposit/Payroll Debit Card Authorization

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card. If you do not provide a written election, wages will be paid by Payroll Debit Card.

SECTION 1 BASIC INFORMATION

Employee Name Carine Angelani	SSN# (last 4 digits) 3414	Effective Date
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SECTION 2 ELECTRONIC PAY OPTIONS

Direct Deposit (Please complete Sections 3 and 5 below) *Note: Direct Deposit accounts may take up to 7 days to be activated.*

Payroll Debit Card (Please complete Sections 4 and 5 below)

SECTION 3 DIRECT DEPOSIT

ACCOUNT	<input type="checkbox"/> Update Bank Account
	Bank Name: Wells Fargo
	Routing#
	Account# 3660471859
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other

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 incurred if the account number that I provide is incorrect.

Initial _____ Date _____

- To help us avoid making an error, please attach a copy of a voided check. (a deposit slip will not work)
- If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods.

SECTION 4 PAYROLL DEBIT CARD

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.

Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)

First Name	MI	Last Name	Date of Birth
Street Address (PO BOX NOT ACCEPTABLE)			Social Security#
City	State	Zip	Cell Phone (mobile)

RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Routing #	Payroll Debit Card Account #
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I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature: _____ Date: _____

Paper Check (Option available to GA NH and NY residents only)

SECTION 5 AUTHORIZATION

I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s).

* E-mail is required for pay stub information.

*E-mail: _____ @ _____
this information will only be used to send your paystubs electronically

Employee's Signature: **X CARINE** Date: **X 06/03/2019**

0099

17-1/910 371

Date

Pay to the Order of _____ \$

Dollars



Security Features Details on Back.



Wells Fargo Bank, N.A. Minnesota wellsfargo.com



For _____ MP

⑆091000019⑆ 3660471859⑈ 00099

0100

17-1/910 371

Date

Pay to the Order of _____ \$

Dollars



Security Features Details on Back.



Wells Fargo Bank, N.A. Minnesota wellsfargo.com



For _____ MP

⑆091000019⑆ 3660471859⑈ 00100

To set up or change your Direct Deposit:

- ✓ Find your new Routing Number (RTN) and Account Number located below
- ✓ Provide this information to your employer/payor

Date

17-1/910 371

Pay to the Order of Direct Deposit \$

Dollars



Security Features Details on Back.



Wells Fargo Bank, N.A. Minnesota wellsfargo.com

VOID

Routing Number (RTN)

Account Number

⑆091000019⑆ 3660471859⑈

DEPOSIT TICKET TO BE USED FOR DEPOSIT TRANSACTIONS ONLY

DATE _____ DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

SIGN HERE ONLY IF CASH RECEIVED FROM DEPOSIT



Wells Fargo Bank, N.A. Minnesota wellsfargo.com

DO NOT USE DEPOSIT TICKET ROUTING # FOR AUTOMATIC PAYMENTS. USE VOIDED CHECK.

⑆530000392⑆ 36604

Harland Clarke CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT

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Check and Deposit Ticket



Log in
Call 1-8
person

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) Anjelani Carine Date: 05/03/2019

Address: (Street Address) 899 Homestead Village Ln SE (Apt./Unit #) C

(City) Rochester (State) MN (ZIP Code) 56001

Phone: 507 - Email: Carinekiterje06@gmail.com

Social Security No. 468-79-3414 Date Available: 4/3/19 1st

Position Applied for: _____ Desired Salary: 10.00 South

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? through a friend Referral Name: DELUXE CIBANGU

If under 18, please list age: _____

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

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	<u>Hedari</u>	<u>Lubumbashi</u>	<u>6 Years</u>	<u>Pedagogy</u>
College				
Bus. Or Trade School				
Professional School				

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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.

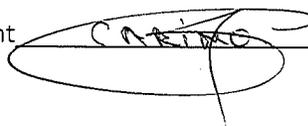
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission 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: 06/03/2019



Preliminary Questions

For CMG use only

Name: CARINE - ANJELANI

Date: 06/03/2019

1. If hired are you willing to take a drug test? YES
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? NO
3. Are you able to work with pork? YES
4. Which plant do you prefer? S
5. What shift do you prefer? MORNING

To be completed during or after interview

Date of interview 6/3/19

Have you ever been convicted of a crime? Yes No

Explain

Incident _____

Employee Signature _____

Interviewer Signature [Signature]