

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: 507-933014 Email: Carinekitye@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: NELUXE CIBANGU
 If under 18, please list age: _____
 Do you have responsibilities or commitments that will prevent you from meeting specified work
 schedules? No Yes on seasonal

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

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Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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: _____

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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: _____



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

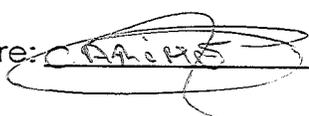
Drug and Alcohol Testing Policy

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

Login Name: 507513 3014

Login Password: Ca@314

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: 08.12.1219

AUTHORIZATION TO RELEASE INDUSTRIAL HEARING TEST RESULTS

I understand that a successful hearing test is a condition of my employment by Employer Solution Staffing Group, LLC. to work at the facility of Reichel Foods, Inc., and further, that Employer Solutions Staffing Group may, at its discretion, share the results of any such hearing test with Reichel Foods Inc.

I also understand that Employer Solutions Staffing Group may, at its discretion, conduct periodic hearing tests on me during the course of my employment with Employer Solutions Staffing Group and I consent to such tests.

First Name: Carmu

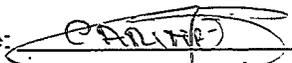
Middle Name: K

Last Name: Anjelani

Social Security Number: 468793414

Date of Birth: 6/6/89

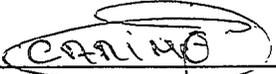
Gender (Circle one): Male Female

My Signature: 

Today's Date: 02/12/2019

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.

Employee Signature Name: 

Date: 02/12/2019

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 Anelani SSN# (last 4 digits): 2114 Effective Date: _____

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

Update Bank Account

Bank Name: Wells Fargo
 Routing#: 091000019
 Account#: 3660471859
 Account Type: Checking Savings 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 #
------------------------------	------------------------------

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: Carine Anelani Date: 08/12/2019

0099

17-1/910 371

Date

Pay to the Order of _____ \$

Dollars



Security Features Detail on Back.



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

For _____ MP

⑆091000019⑆ 3660471859⑈ 00099

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 DEPOSITOR



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 ONLY

0100

17-1/910 371

Date

Pay to the Order of _____ \$

Dollars



Security Features Detail on Back.



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

For _____ MP

⑆091000019⑆ 3660471859⑈ 00100

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 DEPOSITOR



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 ONLY

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

17-1/910 371

Date

Pay to the Order of Direct Deposit \$

Dollars



Security Features Detail on Back.



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

VOID

Routing Number (RTN)

Account Number

⑆091000019⑆ 3660471859⑈

Check and Deposit Ticket



Log in:
Call 1-800-368-6293
person

Test Reference Number _____ Name of Collector _____

COMPANY INFORMATION

Company Name Leech Foods Phone 923-4955 Fax _____
 Address 3107 Commercial Dr SW City Lyndester State/Province WA Zip/Postal Code 55903

DONOR INFORMATION

Employee ID _____
 Last Name Angeloni First Name Carrie
 Type of Identification Provided: Driver's License Employee Photo ID Other _____
 Reason for test: Pre-employment Random Reasonable cause Post-accident Other _____

CERTIFICATION

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and alcohol.

Donor signature [Signature] Date/Time 8/12

I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.

Collector signature [Signature] Date/Time 8/12

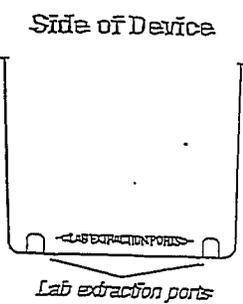
Laboratory signature NA Date/Time received NA

TEST RESULTS

Date/Time Collected 8/12 3P
 Time Interpreted 3:18P

Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amphetamine	AMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	THC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meperidine	MEP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MEI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Lab personnel obtain specimen samples by puncturing the lab extraction ports on the side of device with a needle and syringe and drawing out the sample.



Cut out this panel for copy/scan results

Notes/Comments _____



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]

A case already filed online

Form: null (I-551)

Receipt number: IOE0016251611

Service item number: 04875853



Immigration Services Officer

March 20, 2019

(#)

Dear SAKINA ANJELANI,

Thank you for your inquiry dated March 18, 2019.

Regarding your Permanent Resident Card:

In order to attempt to resolve your issue, we have requested additional information regarding your case from the Texas Service Center. If you do not receive a response to your inquiry or further notice concerning your case within **30 days**, please contact the USCIS Contact Center at my.uscis.gov/account/needhelp (<https://my.uscis.gov/account/needhelp>) or log into your online account for specific case inquiries and contact us at my.uscis.gov/account/inbox (<https://my.uscis.gov/account/inbox>). **Please allow us this time in which to respond.**

We understand your concern over the delay in processing your card. **Until you receive your card, you may use the Temporary I-551 Stamp placed in your passport as proof of your Permanent Resident status.** Title 8 of the Code of Federal Regulations states a foreign passport that contains a temporary I-551 stamp, or temporary I-551 printed notation on a machine-readable immigrant visa may be used as proof of employment eligibility. See 8 CFR § 274a.2(b)(1)(v)(A)(3). This stamp is only valid for the time period indicated; afterwards, you must obtain your Form I-551 or have your stamp renewed.

Lawful Permanent Residents of the United States may produce one of the following as acceptable documentation when travelling:

- I-551, Permanent Residence Card ("Green Card")
- Machine-readable immigrant visa with a CBP Admission Stamp

- Temporary Residence Stamp (ADIT stamp) contained in a passport or on Form I-94
- Valid Reentry Permit
- Unexpired Immigrant Visa

For more information on these requirements, please see the U.S. Customs and Border Protection (CBP) website www.cbp.gov (<http://www.cbp.gov>). USCIS does not administer this program or manage ports of entry.

If you need to update your address only the applicant may do so and **MUST** complete **BOTH** steps below:

1. Complete an electronic [AR-11, Change of Address Form](https://egov.uscis.gov/coa/displayCOAForm.do) (<https://egov.uscis.gov/coa/displayCOAForm.do>).

- When you access the AR-11, Change of Address link, you will need to select “**Request a Change of Address.**”
- Next, you will be directed to a new screen titled “**Change of Address.**”
- Select “**Yes**” in response to the question “Is this change of address for an application or petition currently in progress?”
- Under **Case Information**, you will be asked to select a Form Number. The Form Number for a USCIS Immigrant Fee payment is “**OS155A**” or “**IVF.**”
- Your USCIS Immigrant Fee receipt number will begin with the letters “**IOE.**”
- If you do not have a receipt number, you cannot update your address online.

If you do not have a receipt number, please submit another inquiry to the USCIS Contact Center at my.uscis.gov/account/needhelp (<https://my.uscis.gov/account/needhelp>) or log into your online account for specific case inquiries and contact us at my.uscis.gov/account/inbox (<https://my.uscis.gov/account/inbox>). When submitting this inquiry, please include the following information on all applicants:

(Please be advised that a USCIS Immigration Services Officer may call you (the applicant), in order to verify your identity prior to changing the address).

- Full names (including ALL other names ever used);
- Date of birth;
- Current address;
- Previous address; and
- Alien Registration Number (also known as an A-Number. For more information on how to find your A-Number, please review our [Tips on Finding Your A-Number](https://www.uscis.gov/uscis-elis/immigrant-fee-payment-tips-finding-your-number-and-dos-case-id) (<https://www.uscis.gov/uscis-elis/immigrant-fee-payment-tips-finding-your-number-and-dos-case-id>) website.

2. Update your address with the U.S. Postal Service by visiting your local U.S. post office or going online (<http://www.usps.com/umove>).

In the future, you can visit [myaccount.uscis.dhs.gov/\(\)](https://myaccount.uscis.dhs.gov/) to sign up for a USCIS online account where you can explore filing online, send us secure messages and get instant updates on the status of your case.

You can see your account information and make inquiries any time and on any device.

We hope this information is helpful.

USCIS will use the information in this message to provide general guidance, case status updates, and technical assistance. USCIS will not give any legal advice. Any response you receive from USCIS is not a legal assessment of your specific circumstances or of any application, petition, or request you may have pending with the agency. If you have specific legal questions related to current immigration laws and how they may affect your eligibility for a specific benefit, status, or request for action by USCIS, we recommend you seek legal advice from an attorney or BIA-accredited representative who is authorized to represent you before USCIS. For more information on finding legal services, visit the USCIS website at <http://www.uscis.gov/legaladvice> (<http://www.uscis.gov/legaladvice>).

CA

Me
March 19, 2019

(#)

Dear immigration service officers, thank you for getting back to me, i really appreciated that. However, i have few questions. You have mentioned in the previous message that my case was send to Texas for further review. Is there anything wrong in my case? Is it something i should be worry about? is there anything i can do to accelerate the process? Please feel free to ask me if you need more documents to help you during this process. Thank you for understanding. Carine.

USCIS will use the information in this message to provide general guidance, case status updates, and technical assistance. USCIS will not give any legal advice. Any response you receive from USCIS is not a legal assessment of your specific circumstances or of any application, petition, or request you may have pending with the agency. If you have specific legal questions related to current immigration laws and how they may affect your eligibility for a specific benefit, status, or request for action by USCIS, we recommend you seek legal advice from an attorney or BIA-accredited representative who is authorized to represent you before USCIS. For more information on finding legal services, visit the USCIS website at <http://www.uscis.gov/legaladvice> (<http://www.uscis.gov/legaladvice>).

New Employee Orientation Training Sign Off

Employee Hygiene

* Video "Employee Hygiene Practices"

Food Safety

Allergens

Food Security

* DVD "Employees are the First Line of Food Defense"

AWAIR Program

Plant/Employee Safety

Right to Know

Lifting Techniques

Hearing Conservation

Orientation Quiz

Intro to SQF

**** Important Notice ****

** Please press the emergency stop button before sticking your hand in any of the machines **
I am aware of the disciplinary action and/or termination will occur as a result of my failure to follow the rules of th safety policies I have been informed of.

I have been trained and understand my responsibility for each of the training topics listed above.

Employee Name (print): CARINE ANTESLANI

Employee Signature: 

Date: 09/22/2019

Training Conducted By: 

Orientation Quiz

Date: 08/12/2018Name: CARINE

- T/F 1. No jewelry is allowed except for a plain wedding band (no stones) and must be covered with a glove.
- T/F 2. At the beginning of your shift you can wear your smock in the break room before washing your hands.
- T/F 3. Everyone is allowed to leave or go outside during their break.
4. HACCP stands for:
- A. Hazard Assessment Critical Control Procedures
 - B. Hazard Assessment Crisis Control Point
 - C. Hazard Analysis Critical Control Point
 - D. Hazard Analysis Critical Control Procedures
- T/F 5. Hand washing and clean gloves are the most effective means of preventing the spread of bacteria and viruses that can cause infections and foodborne illnesses.
- T/F 6. All kinds of chemicals can be stored in the production areas.
- T/F 7. All products should be labeled with their allergens.
- T/F 8. Plant doors should remain open and unlocked for everyone to have an easy access to the production areas.
- T/F 9. Employees are instructed to report anything suspicious or out of the norm to plant management or quality assurance immediately.
- T/F 10. It is OK to pick up product from the floor and continue working on the line, because we have sanitizer on the floor.
- T/F 11. Sanitize gloved hands, aprons, and sleeves at the sound of the alarm.
12. What are the allergens we have present in Reichel production?
- A. Eggs, Wheat, Soy, Milk, Treenut (Cashew), Treenut (Almond), Peanuts.
 - B. Soy, Almonds, Crab, Peanuts and Eggs
 - C. Soy, Eggs, Almonds, Peanuts and Milk
 - D. Fish, Walnuts, Shrimp, Milk and Pecans
13. Circle product contact surfaces below:
Trays Hands Floor Smock Hairnet Slicer Blades
14. What does SQF stand for?
- A. Simple Quality Food
 - B. Safe Quality Food
 - C. Safe Quick Food
- T/F 15. Production Supervisors can remove QA HOLD tags from product or equipment?
- T/F 16. Extra copies of Controlled Documents can be stored on your clipboard?
- T/F 17. If a mistake is made on a form, draw a single line through error, initial it and write the correct information next to it.