



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

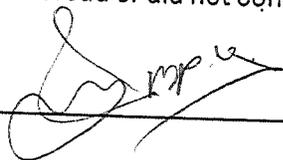
Website: <https://zenople.esgazure.com/login/cmg>

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

Login Name: 5077229557

Login Password: Elia2982

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: 14-11-2024

Employee Photo Release Form

I, Eliab Ishimwe 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: 11-14-2024

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: Abeline MUKAMUKUSIHO

Name: _____

Relationship: wife

Relationship: _____

Phone Number: 507 722 9551

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: 11-14-2024

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: 11-14-2024

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: eddy602@gmail.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



Applicant Information

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

Full Name: (Last Name, First Name) Ishimur Elia Date: 14-11-2024

Address: (Street Address) 3320 19th Ave NW (Apt./Unit #) 100

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

Phone: 5077229557 Email: elly607@gmail.com

Social Security No. 838 092 982 Date Available: 14-11-2024

Position Applied for: Food manufacturer Assistant Desired Wage: \$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? on indeed.com Referral Name: _____

If under 18, please list age: _____

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

Stanoly
2N
\$15.00
FT/Per

Previous Employment

Company: Stepha media Ltd Phone: 0733387212

Address: Kigali - Muhima Supervisor: Muzice MUKURIYO

Job Title: Operation manager

Responsibilities: managed daily operation

From: 2021 To: May 2024 Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Printing Company

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

NO CONCERNS

BG -
DT -
EV -

Accepted

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.

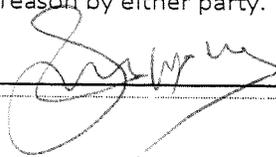
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission 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: 11-14-2024

CMG Preliminary Questions



Name: ISHIMWE ELIG

Date: 14-11-2024

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

2N

Have you ever been convicted of a crime? Yes No

Explain Incident _____

Employee Signature [Signature]

Interviewer Signature Kelly M Sutt



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 necesitas usar esta información nuevamente.

FOR EMPLOYER USE ONLY:

PARA USO DEL PATRONO O EMPLEADOR SOLAMENTE

ROUTING NUMBER: 084003997

ACCOUNT NUMBER: 7277631800866579

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

BALANCE AND TRANSACTION LIMITS SCHEDULE

Elia

Load Limitations^{1,2,3}

Maximum Account Balance
ACH Deposit of Other Funds (Direct Deposit)
Load Check Funds Via Mobile App^{*1,2}
Load Cash at Load Location
Secondary Account Secondary
Account Transfer

Limit Amount^{1,2,3}

\$8,000
\$4,000 per day | \$8,000 per calendar month
\$25- \$2,500 per check | \$5,000 per day | \$10,000 per month
\$1,100 per transaction | \$2,500 per day | \$5,000 per month
\$8,000 maximum account balance
\$1,000 per day | \$2000 per month

Withdrawal Limitations^{1,2}

ATM Withdrawal Limit Money
Network Check Limit
Bank/Teller Over the Counter Withdrawal
ACH Transfer to Domestic Bank
ACH Transfer to International Bank

Limit Amount^{1,2}

\$600 per transaction and per day
\$9,999.99 per Check and per day
\$8,000 per transaction and per day
\$8,000 per transaction | \$16,000 per day | \$64,000 per month
\$1,000 per transaction and per day | \$2,000 per month

Spend Limitations^{1,2}

PIN Debit Transactions
Signature Debit Transactions

Limit Amount^{1,2}

\$3,000 per transaction and per day
\$3,000 per transaction and per day

*Standard message and data rates apply

¹Third 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.

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

³If 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.

Employee's Withholding Certificate

OMB No. 1545-0074

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 ELiab	Last name ISHIMWIE	(b) Social security number 838 099 982
	Address 3820 15th AVE 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 55901		
	(c) <input type="checkbox"/> Single or Married filing separately <input checked="" 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

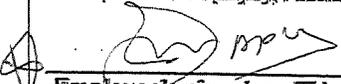
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(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 \$ _____		
	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)	\$ _____

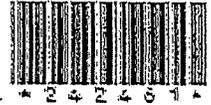
Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here 

Employee's signature (This form is not valid unless you sign it.)

Date **11-14-2024**

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



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 <u>ELial</u>	Last Name <u>ISHMWE</u>	Social Security Number <u>838 052 982</u>
Permanent Address		Marital Status (Check one): <input type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate
City <u>Rochester</u>	State <u>MIN</u>	ZIP Code <u>55001</u>

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 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 1
- E Enter "1" if you will use the filing status Head of Household (see instructions)..... E 1
- 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
- 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, 1417 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's Signature [Signature] Date 11-14-2024 Overtime 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

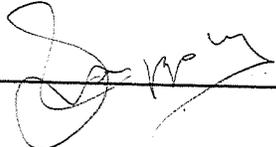
EEO Information

Please choose one option under the following:

Gender
-No Answer
-Female
<input checked="" type="radio"/> -Male
-Non Binary
-Other

Marital Status
-No Answer
-Divorced
<input checked="" type="radio"/> -Married
-Unmarried
-Widowed

Ethnicity	Veteran
-Alaska Native	-Vietnam Era Veteran
-Asian	-Veteran
<input checked="" type="radio"/> -Black or African American	-Non-Veteran
-Hispanic Latino	-Other Protected Veteran
-Native Hawaiian	-Recently Separated Veteran
-Other Pacific Islander	-Special Disabled Veteran
-Two or more Races	<input checked="" type="radio"/> -No Answer
-Unknown Ethnicity	
-White	
-No Answer	

Signature: 

Date: 11-14-2024



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) ISHIMWE		First Name (Given Name) Eliab		Middle Initial (if any) -	Other Last Names Used (if any) -	
Address (Street Number and Name) 3820 18th AVE NW			Apt. Number (if any) #100	City or Town Rochester		State MN
ZIP Code 55901		Date of Birth (mm/dd/yyyy) 11-14-2024	U.S. Social Security Number 813 810 519 1912	Employee's Email Address B		Employee's Telephone Number

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.):

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: *[Signature]* Today's Date (mm/dd/yyyy): **11-14-2024**

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)	Additional Information:			
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.

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: 11-14-2024

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.

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

Signature: _____

Date: 11-14-2024