



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/cmog>

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

Login Name: 5072718766

Login Password: Jlh@3076

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: Hubert Jean-Louis Date: 12/17/2024



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 07/31/2025

**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) <i>Jean-Louis</i>	First Name (Given Name) <i>Hubert</i>	Middle Initial (if any)	Other Last Names Used (if any)
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Address (Street Number and Name) <i>492076 AV NW Rochester MN #225</i>	Apt. Number (if any)	City or Town <i>Rochester</i>	State <i>MN</i>	ZIP Code <i>55901</i>
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Date of Birth (mm/dd/yyyy) <i>10/01/1985</i>	U.S. Social Security Number <i>1481633016</i>	Employee's Email Address <i>Jeanlouis10hubert@gmail.com</i>	Employee's Telephone Number <i>507 277 8766</i>
-------------------------------------------------	--------------------------------------------------	----------------------------------------------------------------	----------------------------------------------------

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 <i>233-443-356</i>	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
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Signature of Employee <i>Hubert Jean-Louis</i>	Today's Date (mm/dd/yyyy) <i>12/17/2023</i>
---------------------------------------------------	------------------------------------------------

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.

Document Title	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)					
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)
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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.

# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

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

<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial <u>Hubert</u>	Last name <u>Jean-Louis</u>	(b) Social security number
	Address <u>4920 76 AV NW Rochester MN Apt #225</u>		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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
(c) <input checked="" type="checkbox"/> Single or Married filing separately <input 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](http://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](http://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.)

<b>Step 3:</b> 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	\$ <u>0</u>	
	Multiply the number of other dependents by \$500	\$ <u>0</u>	
	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	\$
<b>Step 4 (optional):</b> 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** Hubert Jean-Louis  
Employee's signature (This form is not valid unless you sign it.)

12/17/2024  
Date

<b>Employers Only</b>	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.

X Signature: Hubert Jean-Louis Date: 12/17/2024

## 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.

X Signature: Hubert Jean-Louis Date: 12/17/2024

# 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 necesitas usar esta información nuevamente.

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

**ROUTING NUMBER: 084003997**

**ACCOUNT NUMBER: 7277631800865910**

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

*Hubert*

## BALANCE AND TRANSACTION LIMITS SCHEDULE

### Load Limitations<sup>1,2,3</sup>

Maximum Account Balance  
ACH Deposit of Other Funds (Direct Deposit)  
Load Check Funds Via Mobile App<sup>\*1,2</sup>  
Load Cash at Load Location  
Secondary Account Secondary  
Account Transfer

### Limit Amount<sup>1,2,3</sup>

\$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<sup>1,2</sup>

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<sup>1,2</sup>

\$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<sup>1,2</sup>

PIN Debit Transactions  
Signature Debit Transactions

### Limit Amount<sup>1,2</sup>

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

\*Standard message and data rates apply

<sup>1</sup>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.

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

<sup>3</sup>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](http://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

12/17

10A



**Applicant Information**

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

Full Name: (Last Name, First Name) Jean-Louis Hubert Date: 12/06/2024

Address: (Street Address) 4920 76 AV NW Rochester MN (Apt. /Unit #) 225

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

Phone: 5072718766 Email: jeanlouishubert@gmail.com

Social Security No. \_\_\_\_\_ Date Available: \_\_\_\_\_

Position Applied for: any open position Desired Wage: open to discussion

Shift Available to work:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> Employment desired:  Full-Time  Part-Time

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

How did you hear about us? Friend Referral Name: Dessalines Similhomme

If under 18, please list age: N/A

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

Standby  
IN  
good for Trans \$115.00

**Previous Employment**

Company: Hopital Communautaire Bon Rep Phone: \_\_\_\_\_

Address: Port-au-prince (Laplatine) Supervisor: Saintilaire Macmy

Job Title: Responsible for cleaning and Archivist.

Responsibilities: Message Schedules, meeting, headed / phone

From: 03/03/2016 To: 12/03/2023 Reason for Leaving: I leave my job because I was coming USA

May we contact your previous supervisor for reference?  Yes  No

Weekend  
okay  
FT/perm  
coming USA

Company: Hopital Communautaire Bon Rep Phone: \_\_\_\_\_

Address: Port-au-prince Route Nle 71e (plain) Supervisor: Saintilaire Macmy

Job Title: Responsible for cleaning and Archivist

Responsibilities: Messages Schedules, meeting, headed / phone

From: 03/03/2016 To: 12/03/2023 Reason for Leaving: I leave because I was coming USA

May we contact your previous supervisor for reference?  Yes  No

BG-V  
DR-V

ev-TNC

# CMG Preliminary Questions



Name: Albert Juan Louis

Date: 12/17/2014

### 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  JS

### Please Mark Your Preferred Position

- 4. Which plant do you prefer? South  North
- 5. What shift to you prefer? 1st  2nd  3rd  1st Avail

Have you ever been convicted of a crime? Yes \_\_\_ No

Explain Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

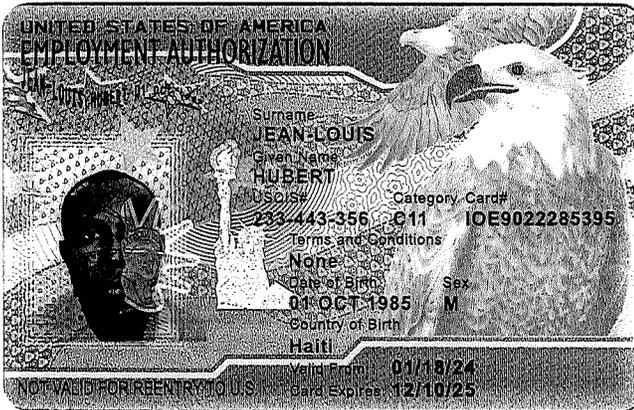
Employee Signature [Handwritten Signature]

Interviewer Signature Kelly M Sutton

UNITED STATES OF AMERICA  
EMPLOYMENT AUTHORIZATION

Surname: JEAN-LOUIS  
Given Name: HUBERT  
USCIS# 234-443-356-011  
Category Card# IOE9022285395  
Terms and Conditions: None  
Date of Birth: 01 OCT 1985  
Sex: M  
Country of Birth: Haiti  
Valid From: 01/18/24  
Card Expires: 12/10/25

NOT VALID FOR REENTRY TO U.S.



FORM I-786  
Rev (12-2021)

48172002



This card is not evidence of U.S. citizenship or permanent residence.  
The document is void if altered and may be revoked by the U.S. Government.  
The person identified is authorized to work in the U.S. for the validity of this card.

75L If found, drop in any US Mailbox. USPS: Mail to 7 Product Way, Lees Summit, MO 64002

IAUSA233443356110E9022285395<<  
8510013M2512107HTI<<<<<<<<<<<<3  
JEAN<LOUIS<<HUBERT<<<<<<<<<<<<<<

