



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/cmig>

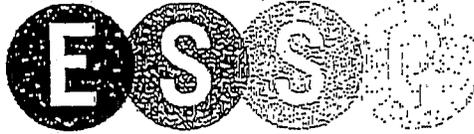
** do not fill out the below login name and password, CMG will provide you with this information **

Login Name: 5072724434

Login Password: Jde 0327

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:** 2-7-22



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

[Handwritten Signature]

Employee Signature:

2-7-22

Date:

Jacob d.

Employee (please print your name here)

Pay Information

Payday is every Friday

Name: Jacob

Last 4 of SSN: _____

Please mark what option you choose

Direct Deposit

Bank Name _____

Routing Number _____

Circle One

Account Number _____

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 the account number that I provide is incorrect.

Initial _____

Bank of America Money Network Card

↓ Office Use Only ↓

Routing Number _____

Account Number 7277631800540885

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

Email

Initial _____



2021 W-4MN, Minnesota Employee Withholding Allowance/Exemption Certificate

Employees

Complete Form W-4MN so that your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MN each year or when your personal or financial situation changes.

Employee's First Name and Initial <u>Jacob J</u>	Last Name <u>Daniels</u>	Employee's Social Security Number <u>475-375327</u>
Permanent Address <u>2510 Mayfair St SE</u>		Marital Status (Check one): <input checked="" type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate
City <u>Rochester</u>	State <u>MN</u>	ZIP Code <u>55904</u>

Read instructions on back. Complete Section 1 OR Section 2, then sign and give the completed form to your employer. Do not complete both Section 1 and Section 2. Completing both sections will make the form invalid.

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. You may 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 Total number of allowances claimed. Add steps A through E.
If you plan to itemize deductions on your 2021 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. F _____

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

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

Minnesota Allowances and Additional Withholding

1 Minnesota Allowances. Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet .. 1 0

2 Additional Minnesota withholding you want deducted each pay period (see instructions) 2 _____

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 [Signature] Date 2-7-22 Daytime Phone Number 507-272-4034

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 <u>Employer Solutions Staffing Group, LLC</u>	Federal Employer ID Number (FEIN) <u>208084369</u>	Minnesota Tax ID Number <u>30-703675</u>
Address <u>PO Box 46270</u>	City <u>Eden Prairie</u>	State <u>MN</u>
	ZIP Code <u>55344</u>	

Employee's Withholding Certificate

OMB No. 1545-0074

2021

▶ 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.

Step 1: Enter Personal Information	(a) First name and middle initial <u>Jacob J</u>	Last name <u>Daniels</u>	(b) Social security number <u>475-37-2327</u>
	Address <u>2510 Mayfair St SE</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 www.ssa.gov .
	City or town, state, and ZIP code <u>Rochester MN, 55904</u>		
	(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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, when to use the estimator at www.irs.gov/W4App, and privacy.

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); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents	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 and 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 [Signature] Employee's signature (This form is not valid unless you sign it.)

Date 2-7-22

Employers Only	Employer's name and address Employer Solutions Staffing Group PO BOX 46270 MINNEAPOLIS, MINNESOTA 55344	First date of employment	Employer identification number (EIN)

CMG Preliminary Questions



Name: _____

Date: _____

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

To be completed during or after interview

Have you ever been convicted of a crime? Yes _____ No

Explain

Incident _____

Employee Signature 

Interviewer Signature 



CMG/Reichel Foods, Inc. \$2,000.00 Retention Bonus

Thank you for accepting a position with CMG and Reichel Foods, Inc. By accepting this position, you are eligible for a \$2,000 Retention Bonus. Please read the below requirements and conditions about the sign-on bonus followed by your signature.

Requirements and Conditions for the \$2,000 Retention Bonus

- You must pass all Reichel Foods, Inc. hiring requirements before you are eligible for hire
 - o You must complete the CMG/Reichel Foods, Inc. orientation
 - o You must pass a drug screen and background check
 - o You must meet Reichel Foods, Inc. language requirements
 - o You must meet company policies and practices for attendance and performance
- If you resign or your assignment ends, you will forfeit any remaining portion of the Retention Bonus.
- The bonus amount is for \$2,000 total
 - o You will receive weekly payments of \$41.67 for 12 weeks (totaling \$500)
 - o Afterwhich, you will receive a \$500 check from CMG after each quarter worked (i.e. 13 weeks) for the following 3 quarters. This totals \$1,500.
- Payroll taxes (including State & Federal Income Taxes) will not be withheld from your \$500 checks that are provided by CMG. You will be responsible for the tax liability when you file your individual income tax returns.
- You will receive a 1099 for payments from CMG for any tax year you were paid the bonus.

**I acknowledge that I have read and understand the terms and conditions above regarding the \$2,000 Retention Bonus with CMG and Reichel Foods, Inc.*

Employee Name	Signature	Date
<u>Jacob</u>	<u>[Signature]</u>	<u>2-7-22</u>

CMG Representative Name	CMG Representative Signature	Date
<u>Kelley M. Sattic</u>	<u>[Signature]</u>	<u>2-7-2022</u>

Voluntary Covid -19 Vaccination Status Certification

I understand that providing information regarding my vaccination status is currently voluntary. However, I also acknowledge that failure to provide this information may have an effect on my ability to be placed on specific assignments, should the employing company have a vaccination policy.

Are you Vaccinated against Covid-19?

If Yes-

Are you Fully Vaccinated or Partially Vaccinated?

- Fully Vaccinated
- Partially Vaccinated

If No-

If you are exercising your right not to receive the vaccination: Are you willing to submit to regular COVID-19 testing?

- Yes
- No

I hereby voluntarily release my vaccination status to ESSG and their agent.

I read and agree

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) Daniels Jacob Date: 2-7-22

Address: (Street Address) 2510 Mayfair St SE (Apt./Unit #) _____

(City) Rochester (State) Minnesota (ZIP Code) 55904

Phone: 507-272-4434 Email: JacobDaniels@gmail.com

Social Security No. 4175-37-0327 Date Available: 2-8-22

Position Applied for: Inst Desired Salary: 18.00 ^{15.00}

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? Indeed Referral Name: Jake

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	Alternative Learning Center	37 Woodlark Dr Roch MN, 55904	5	HS Diploma
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: MEYER OUTDOOR SERVICE Phone: 507-226-8833

Address: 2007 US-14 ROCHESTER MN Supervisor: FRANSISCO

Job Title: LAWN/REW Starting Salary: \$14.00 Ending Salary: \$

Responsibilities: MON LAWN/SNOW REMOVAL

From: JUNE 7 To: FEB 7+1 Reason for Leaving: _____

Still there!

May we contact your previous supervisor for reference? Yes No

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

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

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

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: [Handwritten Signature]

Date: 2-7-28

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:

2-7-12

m MINNESOTA
USA

**DRIVER'S
LICENSE**

NOT FOR FEDERAL IDENTIFICATION



1 DANIELS
2 JACOB JOHN
8 2510 MAYFAIR ST SE
ROCHESTER, MN 55904-5735

4d DL# S759-108-640-621 4a ISS 12/29/2021
3i DOB 05/05/2000 4b EXP 05/05/2025
9 CLASS D 9a END NONE
12 RESTR 2

15 SEX M 17 WGT 245 lb
16 HGT 5'-07" 18 EYES BRO

5i DD 00000005822419

05/05/00



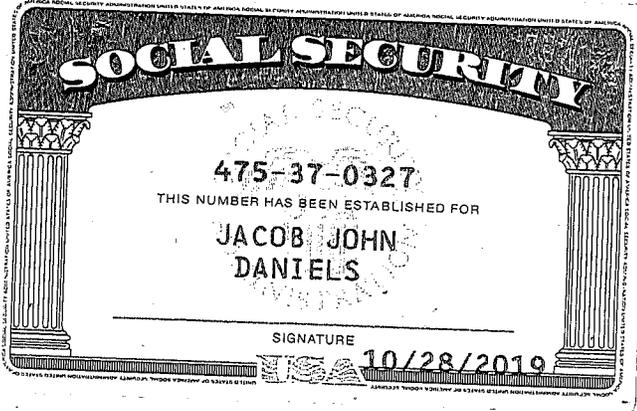
John D



YOUR SOCIAL SECURITY CARD

ADULTS: Sign this card in ink immediately.
CHILDREN: Do not sign until age 18 or your first job,
whichever is earlier.

Keep your card in a safe place to prevent loss or theft.
DO NOT CARRY THIS CARD WITH YOU.
Do not laminate.



our personal records. The other side contains important

we issued this card is shown below the signature line.



JACOB JOHN DANIELS
HERN HILLS

R MN 55906-4080