



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/cmg>

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

Login Name: 5077358168

Login Password: Jos@8831

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: Maria Jose Josemar Date: 14/02/2024



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.

★ My Signature: Maria Jose Joseimar

★ Today's Date: 14/02/2024

Employee Photo Release Form

I, Maria Jose, 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: Maria Jose Joseimar

★ Date: 14/02/2024

EMERGENCY CONTACT INFORMATION

Employer Solutions Staffing Group In-Case of an Emergency - Notification 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:

Name: Kelvin Hernandez

Relationship: Primo

Phone Number: 507 923 6216

Contact # 2

Name: Angel Tirado

Relationship: Esposo

Phone Number: 210 387 9739

Additional information you want ESSG and our client to know in the event of an emergency:

N/A

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 – Rochester Office – to enter my new hire paperwork into the online Zenople (NHO) site. I understand that I will be provided access via login name and password to view the forms that they have completed on my behalf.

* Employee Signature: Maria José Date: 1/4/02/2024

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 employment starts to apply for insurance through ESSG via the login information provided to me.

* I agree: MS (initial)

Electronic W-2 Consent:

The IRS has approved employers to send W-2 electronically to employees. Employees who choose to receive their W-2 statements electronically will have the following advantages. Faster access to your W-2. Ongoing availability to view the W-2. Ability to reprint as many times as needed.

Would you like to receive your W-2 statement electronically?

Yes No

By completing the box below, you are consenting to receive your W-2 by email to only the email address that you list. A paper copy will *not* be provided. This option can be changed at any time but remains in effect until you inform ESSG that you would like to revoke your consent.

I consent to receive my W-2 by email at the address listed below from this date forward.

Email: Orellana-maryjose@gmail.com

* I agree: MS (initial)

Applicant Certification and Authorization for Background Check

Please read the below statements and initial on the indicated line

(This information will be inputted onto the online NHO form - you will be provided the login information during your interview)

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that comprehensive background checks may be conducted to determine my eligibility for my hire by certain clients of ESSG. 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 ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check. I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or if discovered after I begin my employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

I have read and agree MS (Initial)

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report / investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, country jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have to include information or data received from other sources Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers and dates of birth.

I have read and agree MS (Initial)



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) falls 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. su (Initial)

Recruiter: Corporate Management Group

Phone Number: 305-9201425

Address: 1501 W. 124th Ave Unit 500, Westminster, CO 80234

Employee Signature: Maria Jose Josema Date: 14/02/2024

Pay Information-Payday is every Friday

Name: _____

Please mark what option you choose

Direct Deposit

Bank Name _____ Routing # _____ Account # _____

~~Circle ONE: Checking or Savings~~

I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I m 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

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

Email Orellana.maryjose@gmail.com

Initial MLJ

Name: Maria Sose Rick and Rose

Date: 14/02/2024 CMG Reading Test

** Please read the story then answer the multiple-choice questions **

Rick and Rose were good friends. They worked together at Reichel Foods.

One day they had a lot of work, and not enough employees, this same day the supervisor asked Rick to pack carrots and ranch in 100 boxes. Rick was worried he could not finish this before the day ended. He was going to ask Rose for help but he noticed she was gone. He knew if she didn't help, the boxes would not get packed on time.

The supervisor saw Rick working very hard and went to ask Rose for help. He looked for her in the cafeteria. When he saw her taking a break, he asked her why she wasn't helping Rick. "I didn't know that he needed help," said Rose, "I will go help him right away."

When Rick saw Rose coming to help, he felt happy and supported. "Please don't be afraid to ask me to help. We are good friends and co-workers," she said, "and together we make a great team."

1. Who are Rick and Rose?

- a. Co-workers
- b. Good friends
- c. Both A & B

2. Rick and Rose work at Reichel Foods. True or false? (circle one)

- a. True
- b. False

3. Where did the supervisor find Rose?

- a. Outside
- b. Working on the line
- c. In the cafeteria
- d. In the bathroom

4. How did Rick feel when he saw Rose?

- a. Mad
- b. Sad
- c. Happy
- d. Confused

5. What lesson did Rick and Rose learn?

- a. Teamwork
- b. How to make carrots and ranch
- c. Communication
- d. Both A & C

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: 7277631800863899

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

Josimar

BALANCE AND TRANSACTION LIMITS SCHEDULE

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.

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION



Surname: **MARCHENA**
Given Name: **JOSIMAR M.**
USCIS: **241-828-718** Category Card#: **C19 IOE9120385223**
Terms and Conditions: **None**
Date of Birth: **05 JUN 1991** Sex: **F**
Country of Birth: **Venezuela**
Valid From: **01/18/24**
Card Expires: **04/02/25**

NOT VALID FOR REENTRY TO U.S.

FORM I-755
Rev (12-2021)

47200093



This card is the evidence of U.S. citizenship or permanent residence.
This 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.

124C

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

IAUSA2418287187I0E9120385223<<
9106053F2504029VEN<<<<<<<<<<<<<<9
MARCHENA<<JOSIMAR<MARIA<JOSE<<



THIS SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA

SOCIAL SECURITY

**VALID FOR WORK ONLY
WITH DHS AUTHORIZATION**

654-04-8831

THIS NUMBER HAS BEEN ESTABLISHED FOR:

**JOSIMAR MARIA JOSE
MARCHENA**

SIGNATURE **01/19/2024**

U.S. DEPARTMENT OF LABOR SOCIAL SECURITY ADMINISTRATION

ADMINISTRATIVE SERVICES DIVISION

UNITED STATES OF AMERICA

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) Maria Jose Marchona Date: _____

Address: (Street Address) 206 6th St SE. (Apt./Unit #) 207

(City) Rochester Minnesota (State) _____ (ZIP Code) 55976

Phone: 507 735 8168 Email: Orndana.maryjose@gmail.com

Social Security No. 654-04-8831 Date Available: 19/02/2024

Position Applied for: _____ Desired Wage: _____

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? _____ 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

1st
South
Standby
15.00

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

weekends
okay

FT/perm

Company: Hyatt House Phone: 507 276 3684

Address: 110 Civic Center Dr NW Supervisor: Kelly

Job Title: Cleaning

Responsibilities: room cleaning Service

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Currently
employed

Accepted

BG ✓
OT ✓
2v ✓

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 Maria Jose Socimer Date: 14/02/2024

CMG Preliminary Questions



Name: Maria Jose Joseimar

Date: 14/02/2024

Please Mark Yes or No

- 1. If hired are you willing to take a drug test? Yes No JS
- 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 JS
- 5. What shift to you prefer? 1st 2nd 3rd JS

South

Have you ever been convicted of a crime? Yes ___ No NO

Explain

Incident _____

Employee Signature Maria José Joseimar Marchena

Interviewer Signature Kellym Sutton