



## 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**

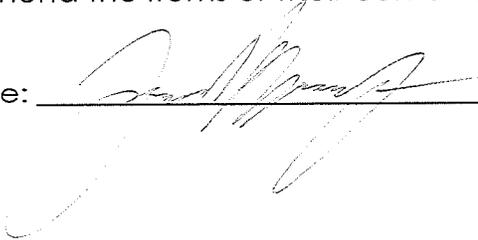
**Website:** <https://zenople.esgazure.com/login/cm>

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

**Login Name:** 5073161487

**Login Password:** Jm@2656

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:** 1-6-22



## 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 After which, 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>Jesus Moreno</u>	<u></u>	<u>11-6-22</u>

CMG Representative Name	CMG Representative Signature	Date
<u>Kellyn Sutt</u>	<u></u>	<u>11-6-22</u>

# CMG Preliminary Questions



Name: Jesus Moeno

Date: 1-6-22

### 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?  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

### **\*To be completed during or after interview\***

Have you ever been convicted of a crime? Yes  No

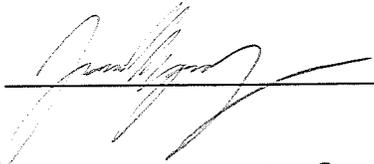
Explain  
Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature [Signature]

Interviewer Signature Kelly M. Suttie

# 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:  Date: 1-6-22

## 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: JM (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

I agree: JM (initial)

# 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: Stephanie Rembao

Relationship: Girlfriend

Phone Number: 507-219-9685

**Contact # 2**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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This information will remain confidential and will only be used in the case of an emergency





# 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>Jessie A</u>	Last Name <u>MURPHY</u>	Employee's Social Security Number <u>474-29-2656</u>
Permanent Address <u>1422 2nd 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>Winchester</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 1
- 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. 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 <u>Jessie Murphy</u>	Date <u>1-6-22</u>	Daytime Phone Number
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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>



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

USCIS  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**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>Murphy Jr</i>		First Name (Given Name) <i>Jesus</i>		Middle Initial <i>a</i>	Other Last Names Used (if any)
Address (Street Number and Name) <i>1422 2nd St SE</i>			Apt. Number	City or Town <i>Rochester</i>	State <i>MV</i> ZIP Code <i>55964</i>
Date of Birth (mm/dd/yyyy) <i>03-21-1995</i>	U.S. Social Security Number <i>999-29-2656</i>	Employee's E-mail Address <i>JM94-146@hotmail.com</i>		Employee's Telephone Number <i>507-316-1487</i>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States		
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)		
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____		
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	QR Code - Section 1 Do Not Write In This Space	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>		
1. Alien Registration Number/USCIS Number: _____		
OR		
2. Form I-94 Admission Number: _____		
OR		
3. Foreign Passport Number: _____		
Country of Issuance: _____		

Signature of Employee <i>[Signature]</i>	Today's Date (mm/dd/yyyy) <i>1-6-23</i>
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**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP