



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: 5073582726

Login Password: Ahme2350

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: 11/17/25

Employee Photo Release Form

I, Mokhtar Mohamed 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: 11/17/25

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

Name: Mana Mohamed

Relationship: Sister

Phone Number: 612-398-2021

Contact #2

Name: Mariam Mohamed

Relationship: sister

Phone Number: 507-328-1369

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: 11/17/25

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: 11/17/25

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: ONLY LIVE FOR GOALS @ gmail.com



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) Mohamed		First Name (Given Name) Mokhtar		Middle Initial (if any) A	Other Last Names Used (if any)	
Address (Street Number and Name) 4343 Rolling Ridge St SE			Apt. Number (if any)	City or Town Rochester		State MN
Date of Birth (mm/dd/yyyy) 04/14/1995		U.S. Social Security Number 215472350		Employee's Email Address ONLYLIVEFORGOATS@gmail.com		Employee's Telephone Number 507-358-2726
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.):				
		<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 (Enter USCIS or A-Number.)						
<input type="checkbox"/> 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 MOKA				Today's Date (mm/dd/yyyy) 11/17/25		

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)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> 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.

EEO Information

Please choose one option under the following:

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

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

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

★ Signature: Mohit

Date: 11/17/25

Employee's Withholding Certificate

2025

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.

Department of the Treasury
Internal Revenue Service

Step 1: Enter Personal Information	(a) First name and middle initial Mokhtar A	Last name Mohamed	(b) Social security number 215-47-2350
	Address 4343 Rolling Ridge St SE		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, Minnesota 55904		
	(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.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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:
Multiple Jobs
or Spouse
Works**

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.
Do only one of the following.

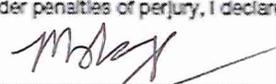
(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(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.)

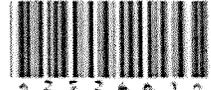
Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for 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:
Sign
Here** 

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

Employee's signature (This form is not valid unless you sign it.) Date **11/17/25**

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



2025 W-4MN, Minnesota Withholding Allowance/Exemption Certificate

Employees

Complete Form W-4MN so your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MN each year and when your personal or financial situation changes. If no Form W-4MN is in effect, the number of withholding allowances claimed will be zero.

First Name and Initial <u>Mokhtar</u>	Last Name <u>Mohamed</u>	Social Security Number <u>215-47-2350</u>
Permanent Address <u>4343 Rolling Ridge 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>

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 1 one

B Enter "1" if any of the following apply: B 1 one

- 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 0 zero

E Enter "1" if you will use the filing status Head of Household (see instructions)..... E _____

F Add steps A through E. If you plan to itemize deductions on your 2025 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) 25 0

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, 1447 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-4MN.

Employee's Signature: [Signature] Date: 11/17/25 Daytime Phone Number: 507-358-2726

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	Minnesota Tax ID Number	Federal Employer ID Number (FEIN)
Address	City	State ZIP Code

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: 11/17/25

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: 11/17/25

Background Check Authorization

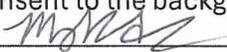
I, hereby authorize and its designated agents and representatives to conduct a comprehensive background check as part of the employment screening process. This background check may include, but is not limited to, the following:

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.

* Signature:  Date: 11/17/25

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.

* Signature:  Date: 11/17/25

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: 7277631800865456

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

Money

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.

Statement Regarding Employer Solutions Staffing Group II, LLC Plan Electronic Disclosures

Individuals entitled to receive benefits under Employer Solutions Staffing Group II, LLC's Employee Benefits Plan (the Plan) are also entitled to be furnished with certain documents required by ERISA. Employer Solutions Staffing Group II, LLC intends to provide the following documents to you by electronic delivery (as described below):

- the Summary Plan Description (SPD).
- any required Summaries of Material Modifications (SMMs).
- the Summary Annual Report (SAR); and
- any documents required to be furnished under ERISA § 104(b)(4) on request by a participant or beneficiary under the Plan or made available under ERISA § 104(b)(2).

Electronic Delivery Method to Be Used: These ERISA-required documents will be furnished to you in each case as an attachment to an e-mail sent to the e-mail address you specify to us. The attachment will be in Microsoft Word or Adobe PDF. To access the e-mail and attached document, you must have (1) a computer with internet access; (2) access to a program (either installed or on the internet) on that computer allowing you to send and receive e-mails (such as Gmail, Yahoo Mail, or Outlook); and (3) the application program Adobe Acrobat Reader and Microsoft Word for Windows 97 or higher installed on your computer allowing you to open and read the attached document. To retain a copy of the e-mail and attached document for future reference, you must either (1) be able to print a copy on a printer attached to the computer; or (2) save a copy in electronic form onto a backup system external to your computer's hard drive (e.g., on a zip drive).

If any of these requirements change in a way that creates a material risk that you will no longer be able to access and retain electronically transmitted documents, you will be furnished with notice and required to provide an additional consent for receiving documents electronically.

What You Must Do: To receive documents electronically, you must do the following:

1. Provide us with an e-mail address to which electronic documents should be sent. To update your e-mail address, you must notify ESSG's Employee Benefits Team by sending an e-mail message to benefits@employersolutionsgroup.com that indicates in the subject line: **Change in E-Mail Address for Electronic Disclosure**.

Your Right to a Paper Copy: You have a right to request and obtain a paper version of any electronically transmitted document at no charge. Contact ESSG's Employee Benefits Team at 952-767-9519 or benefits@employersolutionsgroup.com to request a paper copy.

**Consent to Receive Employer Solutions Staffing Group II, LLC
Plan Disclosures Electronically**

(Initials)

✓ I have read and received the Statement Regarding Employer Solutions Staffing Group II, LLC Plan Electronic Disclosures (the Statement), which is set out above.

✓ I consent to receiving the type of documents described in the Statement by electronic means at the following e-mail address: CliffordGerminal2@gmail.com

✓ I understand that if my email address changes, I must notify ESSG's Employee Benefits Team by sending an email to: benefits@employersolutionsgroup.com.

✓ I confirm that I have the ability to access information in the electronic form that is described in the Statement. I understand that I will receive copies of the types of documents described in the Statement only in the electronic form described there unless I exercise my right to affirmatively request a paper copy of such document. I understand that I can withdraw this consent at any time by sending an e-mail to ESSG's Employee Benefits Team at: benefits@employersolutionsgroup.com with the subject line: **CONSENT WITHDRAWN FOR ELECTRONIC DISCLOSURE** and include in the body my full name, address and phone number.

 I **DO NOT** consent to receiving the type of documents described in the Statement by electronic means.

Print Name: Mokhtar Mohamed

E-mail Address to be used for Electronic Delivery: ONLYLIVEFORGOALS @ Gmail.com

* Signature: Mokhtar Date: 11/17/25

Voluntary Self-Identification of "Protected" Veteran Status

Why Are You Being Asked to Complete This Form?

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way.

For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How Do You Know if You Are a Veteran Protected by VEVRAA?

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War which is defined as occurring from August 2, 1990 to the present.

If you believe you belong to any of the categories of protected veterans please indicate by checking the appropriate box below. The categories are defined on the next page and explained further in an "Am I a Protected Veteran?" infographic provided by OFCCP.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED BELOW

I AM NOT A PROTECTED VETERAN

I DO NOT WISH TO ANSWER


Mokhtar Mohamed

Your Name

11/17/25

Today's Date

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) Mokhtar Mohamed Date: 11/17/25

Address: (Street Address) 4343 Rolling Ridge St SE (Apt./Unit #) _____

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

Phone: 507-358-2726 Email: ON

Social Security No. 215-47-2350 Date Available: 11/24/25

Position Applied for: Palletizer Desired Wage: \$16-17

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: _____

If under 18, please list age: _____

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

Previous Employment

Company: CUTCO Phone: _____

Address: _____ Supervisor: John

Job Title: Retail

Responsibilities: Selling kitchen supplies

From: August/2021 To: July/2023 Reason for Leaving: company moved to Minneapolis

May we contact your previous supervisor for reference? Yes No

Company: Prairie Farms Phone: _____

Address: _____ Supervisor: Jill

Job Title: Packaging and Labeling

Responsibilities: Packaging cheese

From: April 2019 To: Sept 2020 Reason for Leaving: Moved to Cutco

May we contact your previous supervisor for reference? Yes No

Standby
Weekends
okay

2w
@1600

Pallet
FT/Perw

Food
Domino's

Food
Manufact
no cover

BG-
Dr

Accepted

CMG Preliminary Questions



Name: Mottar

Date: 11/17

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 JS
- 3. Are you able to work with pork? Yes No JS

Please Mark Your Preferred Position

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

Have you ever been convicted of a crime? Yes No S2

Explain

Incident _____

Employee Signature *Mottar*

Interviewer Signature *Kelly M Sutton*

Complete after interview

Viewed the Production Video before interview JS initials

Viewed New Hire Manual before interview JS initials

Showed badge for punching in/out and with the call in line number JS initials

Name: Mohamed Mohamed
Date: 11/17/25

Julies Race

**** Read the story and answer the multiple-choice questions below****

The dogsled race was about to begin. Julie's team of dogs was lined up at the starting gate. Julie stood behind them. The air was so cold that she could see her breath. Other teams were lined up, too, and the dogs were excited. Julie kept her eyes on the dock. At exactly ten o'clock, she and the other racers yelled, "Mush!" the dogs knew that meant "Go!" They leapt forward and the race began!

Julie had trained months for this race, and she hoped she and her dogs would win. Hour after hour, day after day, Julie's dogs pulled the sled in order to get in shape for the race.

Now, they ran over snowy hills and down into frozen valleys. They stopped only to rest and eat. They wanted to stay ahead of the other teams. The racers had to go a thousand miles across Alaska. Alaska is one of the coldest places on Earth. The dogs' thick fur coats helped keep them warm in the cold wind and weather. In many places along the route, the snow was deep. Pieces of ice were as sharp as a knife. The ice could cut the dogs' feet. To keep that from happening, Julie had put special booties on their feet.

At first, the dogs seemed to pull the sled very slowly. They were still getting used to the race. But on the third day out, they began to pull more quickly. They worked as a team and passed many of the other racers. Once one of the sled's runners slid into a hole and broke. Julie could have given up then, but she didn't. She fixed it and they kept going.

When they finally reached the finish line, they found out that they had come in first place! It was a great day for Julie and her dogs.

1. The author of "Julie's Race" wrote the story in order to do what?
 - a. To describe how dogs stay warm in the cold weather
 - b. To tell about a dogsled race
 - c. To explain how cold it can be in winter
2. Where does the dogsled race take place?
 - a. In Antarctica
 - b. On a track
 - c. In Alaska
3. What happened **BEFORE** the dogs began running?
 - a. The dogs pulled the sled slowly
 - b. Julie and the dogs lined up at the starting gate
 - c. The runner on Julie's sled broke
4. Julie's team of dogs lined up and the starting gate. What does *team* mean?
 - a. Friends and family
 - b. Many dogs
 - c. A group working together

11/17 9A 10A

ENTERED

Mokhtar Mohamed

Ambitious

Rochester, MN 55906

onlyliveforgoalsoib5j_kt4@indeedemail.com

+15073582726

Professional Summary

A very dedicated customer service expert with exceeded excellence in communication skills for leading teams, known for resolving issues efficiently and enhancing customer satisfaction. Result-driven sales are at a high percentage when chemistry builds up employee and client relationships.

Willing to relocate to: Rochester, NY

Authorized to work in the US for any employer

Work Experience

Various Assignments

PeopleReady-Rochester, MN

September 2023 to Present

- Equipment Management
- Landscaping
- Kitchen Experiences
- Etc.

Crew Member

Domino's-Rochester, MN

November 2024 to February 2025

- Delivery Calls
- Cashier
- Lobby

Retail Sales Associate

Cutco-Rochester, MN

August 2021 to July 2023

I sell kitchen supplies for great chefs or for outdoor cooking and able to set up appointments for customers to give out the best service as a employee

- Great persuasive techniques by being fair and honest
- Fast sale movements consistently

Packaging and labeling

Prairie Farms-Rochester, MN

March 2021 to August 2021

Able to lift 40-50 lbs worth of cheese and place them inside packaging boxes in a fast mannered paste

Line Worker

Midwest Manufacturing-Rochester, MN

April 2019 to September 2020

Fast pace moving in a line, packaging tools inside boxes, and stacking boxes on top of one another.

- Beat record for fastest employee in line 1
- Very adaptive quick to environment

Retail Associate

Holiday Stationstores-Rochester, MN

October 2019 to January 2020

Cashier and lobby check and giving excellent work to customers in a multi task pace.

- Very great with customers
- Best sales records for store
- Face of the store customer favorite

Facilities Worker

Truth amesbury-Owatonna, MN

January 2019 to April 2019

Window formats of Painted items that came from a line of machinery in which You have to replace the heavy items or light items and make sure they are in the right positions.

Drive thru and lobby

Taco Bell-Owatonna, MN

September 2018 to January 2019

A customer care job that involves fast food and fast services.

- Customers favorite
- Great sale achievements for store
- Very adaptive to new positions

Education

Business (Some college)

Rochester Community and Technical College-Rochester, MN

August 2019 to December 2019

High school diploma or GED

John Marshall Senior High School-Rochester, MN

2010 to 2015

Skills

- Host/hostess experience
- Over the road (OTR) driving routes
- Shipping & Receiving
- Forklift

- Kitchen Experience
- Flatbed
- Computer skills
- Serving
- Microsoft Word
- Communication skills
- Painting
- Moving
- Microsoft Outlook
- Climbing
- Delivery driver experience
- Soccer
- Cooking
- Math
- Numeracy
- Food safety management
- Retail Sales
- Manufacturing company experience
- Microsoft Powerpoint
- Warehouse Experience
- Restaurant Experience
- Food Preparation
- Productivity software
- Cleaning
- Machining
- Sales
- Food Handling
- Accounting
- Hand tools
- Customer Service
- Restaurant management
- Assembly
- Outdoor work
- Sales strategy
- Cash Handling
- Load & unload
- Supervising Experience
- Cashiering
- Food Service
- Manufacturing

- Packaging
- Management
- Food Safety
- Stocking
- Bartending
- Hospitality
- Leadership
- Manual transmission
- Phone communication
- Manual handling
- Organizational Skills
- Heavy lifting
- Manufacturing facility
- Food Production
- Time management
- Construction
- Accounting and finance experience

Languages

- Spanish Greetings - Beginner
- Somali - Fluent
- English - Fluent
- Amharic Greetings - Beginner
- Arabic Greetings - Beginner

Awards

Employee of the month specialist

Former Employee of the months was given due to consistency and ambition.

Certifications and Licenses

Driver's License

TEMPORARY LICENSE



Minnesota Department of Public Safety

Driver and Vehicle Services division

445 Minnesota Street, Suite 175, Saint Paul, Minnesota 55101

Phone: 651-297-3298 TTY: 651-282-6555

drive.mn.gov



Driver's License/ID #:

R818-164-009-117

TEMPORARY CREDENTIAL EXPIRATION

03/14/2026

DATE OF BIRTH

04/14/1995

APPLICANT INFORMATION

APPLICATION DATE 11/14/2025

APPLICATION NAME MOHAMED, MOKHTAR AHMED

CREDENTIAL INFORMATION

Name	MOHAMED, MOKHTAR AHMED	Date of Birth	04/14/1995
DL/ID Number	R818-164-009-117	Height	5ft 8in
Residence Address	4343 ROLLING RIDGE ST SE ROCHESTER MN 55904-7823	Eye Color	Brown
Card Mailed To	4343 ROLLING RIDGE ST SE ROCHESTER MN 55904-7823	Sex	Male
Station Location	655 Rochester	Weight	140 lbs.
Credential Type	Standard ID	Organ Donor	No
Card Type	DL Class D	Veteran	No
Endorsements	None	Designation	
Restrictions	None		
License Indicators	Living Will/Healthcare Directive		



**THIS DOCUMENT IS FOR THE TYPE OF CARD
INDICATED UNTIL THE EXPIRATION DATE
LISTED ABOVE.**

- This document is void if the applicant is not in compliance with all restrictions indicated on the record.

**THIS IS NOT A STAND-ALONE IDENTIFICATION
DOCUMENT**

**VALID FOR DRIVING PRIVILEGES IF THE
RECORD INDICATES**

CONTACT US

Visit drive.mn.gov to:

- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions	651-297-3298
License Status, available 24/7	651-284-1234
DVS Locations	651-297-2126
Motor Vehicle Questions	651-297-2126
TDD/TYY	651-282-6555

Use Letter ID: L0086289591 to sign up for MyDVS at drive.mn.gov or scan the QR code below



For additional information about organ, eye or tissue donation, please visit DonateLifeMidwest.org



