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: 507 923 1065

Login Password: Mow 1065

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: 04-13-2026

Employee Photo Release Form

I, am 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: 04-13-2026

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: Keo sreymom

Relationship: wife

Phone Number: 5073161323

Contact #2

Name: Sokhom Plong

Relationship: mother in law

Phone Number: 507 261 1415

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: 04-13-2026

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: 04-13-2026

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: tomamoul35@gmail.com

EEO Information

Please choose one option under the following:

Gender

-No Answer

-Female

✓Male

-Non Binary

-Other

Marital Status

-No Answer

-Divorced

✓Married

-Unmarried

-Widowed

Ethnicity

-Alaska Native

✓Asian

-Hispanic Latino

-Other Pacific Islander

-Unknown Ethnicity

-No Answer

-American Indian

-Black or African American

-Native Hawaiian

-Two or more Races

-White

Veteran

-Vietnam Era Veteran

-Veteran

-Non-Veteran

-Other Protected Veteran

-Recently Separated Veteran

-Special Disabled Veteran

-No Answer

Signature: _____ Date: 04-13-2026

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)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)
MOUL	Toma		

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code
3414 9th AVE NW		Rochester	MN	55901

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number
01-05-1989	181 17 9523	tomamoul35@gmail.com	5079231065

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☒ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)
	04.13.2026

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)			☐ 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)
MOUL TOMA		04.13.2026

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.

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

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.

OMB No. 1545-0074

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Toma	Moul	181 17 9523

Address: 3414 9th

City or town, state, and ZIP code: Rochester MN 55901

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*.

(c) ☐ **Single or Married filing separately**
☒ **Married filing jointly or Qualifying surviving spouse**
☐ **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.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(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):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . 3(a) $

(b) Multiply the number of other dependents by $500 . . . 3(b) $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . 3 $

Step 4: 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.** Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . 4(b) $

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . . 4(c) $

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

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: 04.13.2026

Employers Only

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

DEPARTMENT OF REVENUE

2026 W-4MN, Minnesota Employee Withholding 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	Last Name	Social Security Number
Toma	Moul	181 17 9523

Permanent Address: 3414 9th AVE NW

City: Rochester State: MN ZIP Code: 55901

Marital Status *(Check one)*:
- ☐ Single; Married, but legally separated; or Spouse is a nonresident alien
- ☑ Married
- ☐ Married, but withhold at higher Single rate

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~~

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, or 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 1

D Enter the number of dependents you will claim on your tax return. ..... D 1

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 2026 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)* ..... 2 $

☐ **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	Date	Daytime Phone Number
[signature]	04-13-2026	5079231065

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)
Moul toma		

Address	City	State	ZIP Code
3414 9th AVE NW	Rochester	MN	55901

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: 04-13-2026

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.**

Signature: _____ Date: 04-13-2026

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: 04-13-2026

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: 04-13-2026

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
[X] I AM NOT A PROTECTED VETERAN
[ ] I DO NOT WISH TO ANSWER

Noal Toma
Your Name

04-13-2026
Today's Date

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

(Initials)

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

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

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

TM 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: Moul Toma

E-mail Address to be used for Electronic Delivery: ~~3414 9th Rochester MN 9~~
tomamoul35@gmail.com

Signature: [illegible] Date: 04-13-2026

Rev. May 2017

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.

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 necesitaras usar esta información nuevemente.

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

ROUTING NUMBER: **084003997**

ACCOUNT NUMBER: **7277631800865746**

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

BALANCE AND TRANSACTION LIMITS SCHEDULE

Load Limitations[1,2,3]	Limit Amount[1,2,3]
Maximum Account Balance	$8,000
ACH Deposit of Other Funds (Direct Deposit)	$4,000 per day | $8,000 per calendar month
Load Check Funds Via Mobile App*[1,2]	$25- $2,500 per check | $5,000 per day | $10,000 per month
Load Cash at Load Location	$1,100 per transaction | $2,500 per day | $5,000 per month
Secondary Account Secondary	$8,000 maximum account balance
Account Transfer	$1,000 per day | $2000 per month

Withdrawal Limitations[1,2]	Limit Amount[1,2]
ATM Withdrawal Limit Money	$600 per transaction and per day
Network Check Limit	$9,999.99 per Check and per day
Bank/Teller Over the Counter Withdrawal	$8,000 per transaction and per day
ACH Transfer to Domestic Bank	$8,000 per transaction | $16,000 per day | $64,000 per month
ACH Transfer to International Bank	$1,000 per transaction and per day | $2,000 per month

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.

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

ROUTING NUMBER: **084003997**

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BALANCE AND TRANSACTION LIMITS SCHEDULE

Load Limitations[1,2,3]	Limit Amount[1,2,3]
Maximum Account Balance	$8,000
ACH Deposit of Other Funds (Direct Deposit)	$4,000 per day | $8,000 per calendar month
Load Check Funds Via Mobile App*[1,2]	$25- $2,500 per check | $5,000 per day | $10,000 per month
Load Cash at Load Location	$1,100 per transaction | $2,500 per day | $5,000 per month
Secondary Account Secondary	$8,000 maximum account balance
Account Transfer	$1,000 per day | $2000 per month

Withdrawal Limitations[1,2]	Limit Amount[1,2]
ATM Withdrawal Limit Money	$600 per transaction and per day
Network Check Limit	$9,999.99 per Check and per day
Bank/Teller Over the Counter Withdrawal	$8,000 per transaction and per day
ACH Transfer to Domestic Bank	$8,000 per transaction | $16,000 per day | $64,000 per month
ACH Transfer to International Bank	$1,000 per transaction and per day | $2,000 per month

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)* Toma Moul Date: 04.13.2026

Address: *(Street Address)* ~~14~~ 3414 9th AVE NW *(Apt. /Unit #)* _____

(City) ~~Bagis~~ Rochester *(State)* MN *(ZIP Code)* 55901

Phone: 507 923 1065 Email: tomamoul35@gmail.com

Social Security No. 181 17 9523 Date Available: anytime

Position Applied for: Assembly Line 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? family Referral Name: Keo Oeurn

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: LKW petroleum Cambodia Phone: ~~012~~ 070 707743

Address: st 134z. Somnong 12. Phnom Penh Supervisor: Kes nisa

Job Title: Seller

Responsibilities: Every body

From: monday To: Friday Reason for Leaving: Come to us

May we contact your previous supervisor for reference? ✓ Yes __ No

[illegible]

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? __ Yes __ No

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.

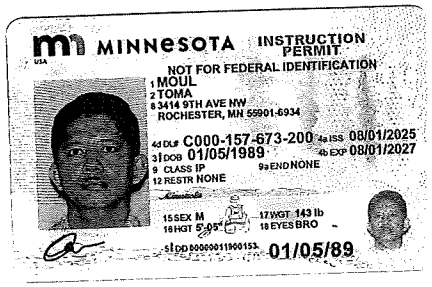
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by 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: 04-13-2026



MINNESOTA INSTRUCTION PERMIT

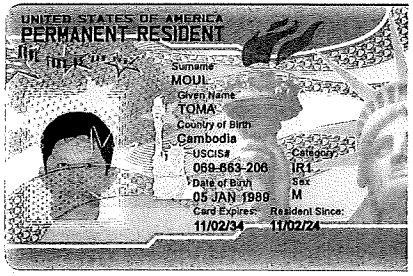
NOT FOR FEDERAL IDENTIFICATION

1 MOUL
2 TOMA
8 3414 9TH AVE NW
ROCHESTER, MN 55901-6934

4d DL# C000-157-673-200 4a ISS 08/01/2025
3 DOB 01/05/1989 4b EXP 08/01/2027
9 CLASS IP 9a END NONE
12 RESTR NONE

15 SEX M 17 WGT 143 lb
16 HGT 5'-05" 18 EYES BRO

5 DD 00000011900153 01/05/89



UNITED STATES OF AMERICA
PERMANENT RESIDENT

Surname
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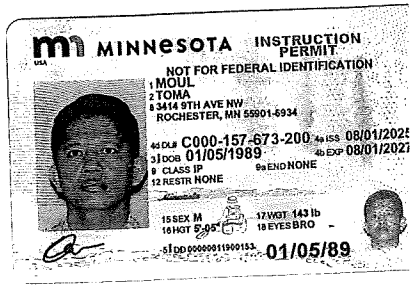
Given Name
TOMA
Country of Birth
Cambodia
USCIS#
069-663-206
Category
IR1
Date of Birth
05 JAN 1989
Sex
M
Card Expires:
11/02/34
Resident Since:
11/02/24



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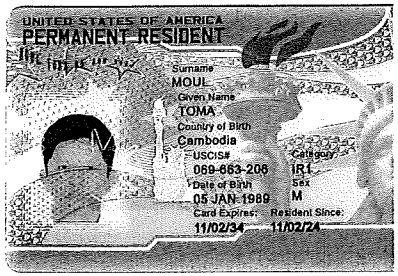

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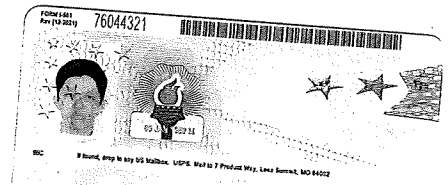
FORM I-551
Rev (12-2021) 76044321



If found, drop in any US Mailbox. USPS. Mail to 7 Product Way, Lees Summit, MO 64082

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8901055M3411023KHM<<<<<<<<<<<6
MOUL<<TOMA<<<<<<<<<<<<<<<<<<<<

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8901055M3411023KHM<<<<<<<<<<<6
MOUL<<TOMA<<<<<<<<<<<<<<<<<<<<

CMG Preliminary Questions

Name: Moul Toma

Date: 04.13.2023

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**

Have you ever been convicted of a crime? Yes____ No ✓

Explain

Incident_____

_____

_____

_____

Employee Signature_____

Interviewer Signature_____

Complete after interview

Viewed the Production Video before interview _____initials

Viewed New Hire Manuel before interview_____ initials

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

_____initials

Name: Moul Toma

Date: 04.13.2026

Rick and Rose

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