



CMG/Reichel Foods, Inc. \$1000.00 Sign-On Bonus

Thank you for accepting the 2nd shift South production position with CMG and Reichel Foods, Inc.

By accepting this position, you are eligible for a \$1,000 sign-on bonus. Please read the information below about the sign-on bonus and sign that you agree.

Conditions for the \$1,000 Sign-On Bonus

- The sign-on bonus is for 2nd shift South production ONLY
- If you resign for any reason or your assignment ends, you will forfeit the sign-on bonus
- The bonus amount is for \$1,000 total
 - o You will receive the payments in 3 separate checks
 - o You must work the first 30 days to receive the first check of \$333.33
 - o You must work the next 30 days (60 days in total) to receive the next check of \$333.33
 - o You must work the next 30 days (90 days in total) to receive the next check of \$333.34
- Payroll taxes (including State & Federal Income Taxes) will not be withheld from your checks. You will be responsible for the tax liability when you file your individual income tax returns.
- The sign-on bonus will be paid directly by CMG.
- You will receive a 1099 from CMG after this tax year.

**I acknowledge that I have read and understand the terms and conditions above regarding the \$1,000 sign on bonus with CMG and Reichel Foods, Inc.*

Employee Name

Signature

Date

Mohamed Mohamed

5/29/19

CMG Representative Name

CMG Representative Signature

Date

Diana Gilton

Diana Gilton

5/29/19



Preliminary Questions

For CMG use only

Name: Mohamed M

Date: 5/29

1. If hired are you willing to take a drug test? _____
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? _____
3. Are you able to work with pork? _____
4. Which plant do you prefer? _____
5. What shift to you prefer? _____

To be completed during or after interview

Date of interview 5/29

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

Explain Incident _____

Employee Signature _____

Interviewer Signature [Signature]



employer solutions staffing group.

Leveraging Resources in a Changing Market

Direct Deposit/Payroll Debit Card Authorization

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card.
If you do not provide a written election, wages will be paid by Payroll Debit Card.

SECTION 1 BASIC INFORMATION

Employee Name <i>Mohomed Mohamed</i>	SSN# (last 4 digits)	Effective Date
---	----------------------	----------------

SECTION 2 ELECTRONIC PAY OPTIONS

Direct Deposit (Please complete Sections 3 and 5 below) *Note: Direct Deposit accounts may take up to 7 days to be activated.*

Payroll Debit Card (Please complete Sections 4 and 5 below)

SECTION 3 DIRECT DEPOSIT

ACCOUNT	<input type="checkbox"/> Update Bank Account	<p>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 incurred if the account number that I provide is incorrect.</p> <p>Initial _____ Date _____</p>
	Bank Name:	
	Routing#	
	Account#	
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	

- To help us avoid making an error, please attach a copy of a voided check. (a deposit slip will not work)
- If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods.

SECTION 4 PAYROLL DEBIT CARD

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.

Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)

First Name	MI	Last Name	Date of Birth
Street Address (PO BOX NOT ACCEPTABLE)			Social Security#
City	State	Zip	Cell Phone (mobile)

RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Routing #	Payroll Debit Card Account #
------------------------------	------------------------------

I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature: _____ Date: _____

Paper Check (Option available to GA NH and NY residents only)

SECTION 5 AUTHORIZATION

I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). *** E-mail is required for pay stub information.**

*E-mail: _____ @ _____
this information will only be used to send your paystubs electronically

Employee's Signature: _____ Date: _____



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

Website: <https://nhov2.esgazure.com/login/cm>

Login Name: _____

Login Password: mmc _____

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: _____

Test Reference Number _____ Name of Collector _____

COMPANY INFORMATION

Company Name Leechel Foods Phone 923-4955 Fax _____
 Address 3707 Commercial Dr SW City Hydester State/Province WA Zip/Postal Code 55903

DONOR INFORMATION

Last Name Mohamed Employee ID _____ First Name Mohamed
 Type of Identification Provided: Driver's License Employee Photo I.D. Other _____
 Reason for test: Pre-employment Random Reasonable cause Post-accident Other _____

CERTIFICATION

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and alcohol.

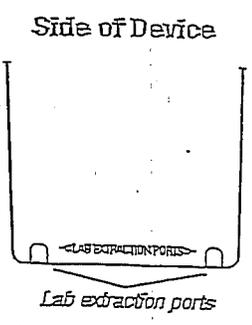
Donor signature _____ Date/Time 5/29 1230p
 I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.
 Collector signature Lubus Adkhal Date/Time 5/29 1230p
 Laboratory signature NA Date/Time received NA

TEST RESULTS

Date/Time Collected 5/29 1230p
 Time Interpreted _____

Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amphetamine	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MEI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Lab personnel obtain specimen samples by puncturing the lab extraction ports on the side of device with a needle and syringe and drawing out the sample.



Cut out this panel to copy/scan results

Notes / Comments _____

Orientation Quiz

Date:

5/29

Name:

Mohomed Mahomed

- T/F 1. No jewelry is allowed except for a plain wedding band (no stones) and must be covered with a glove.
- T/F 2. At the beginning of your shift you can wear your smock in the break room before washing your hands.
- T/F 3. Everyone is allowed to leave or go outside during their break.
4. HACCP stands for:
- A. Hazard Assessment Critical Control Procedures
 - B. Hazard Assessment Crisis Control Point
 - C. Hazard Analysis Critical Control Point
 - D. Hazard Analysis Critical Control Procedures
- T/F 5. Hand washing and clean gloves are the most effective means of preventing the spread of bacteria and viruses that can cause infections and foodborne illnesses.
- T/F 6. All kinds of chemicals can be stored in the production areas.
- T/F 7. All products should be labeled with their allergens.
- T/F 8. Plant doors should remain open and unlocked for everyone to have an easy access to the production areas.
- T/F 9. Employees are instructed to report anything suspicious or out of the norm to plant management or quality assurance immediately.
- T/F 10. It is OK to pick up product from the floor and continue working on the line, because we have sanitizer on the floor.
- T/F 11. Sanitize gloved hands, aprons, and sleeves at the sound of the alarm.
12. What are the allergens we have present in Reichel production?
- A. Eggs, Wheat, Soy, Milk, Treenut (Cashew), Treenut (Almond), Peanuts.
 - B. Soy, Almonds, Crab, Peanuts and Eggs
 - C. Soy, Eggs, Almonds, Peanuts and Milk
 - D. Fish, Walnuts, Shrimp, Milk and Pecans
13. Circle product contact surfaces below:
Trays Hands Floor Smock Hairnet Slicer Blades
14. What does SQF stand for?
- A. Simple Quality Food
 - B. Safe Quality Food
 - C. Safe Quick Food
- T/F 15. Production Supervisors can remove QA HOLD tags from product or equipment?
- T/F 16. Extra copies of Controlled Documents can be stored on your clipboard?
- T/F 17. If a mistake is made on a form, draw a single line through error, initial it and write the correct information next to it.

New Employee Orientation Training Sign Off

Employee Hygiene

* Video "Employee Hygiene Practices"

Food Safety

Allergens

Food Security

* DVD "Employees are the First Line of Food Defense"

AWAIR Program

Plant/Employee Safety

Right to Know

Lifting Techniques

Hearing Conservation

Orientation Quiz

Intro to SQF

** Important Notice **

** Please press the emergency stop button before sticking your hand in any of the machines **
I am aware of the disciplinary action and/or termination will occur as a result of my failure to follow the rules of th safety policies I have been informed of.

I have been trained and understand my responsibility for each of the training topics listed above.

Employee Name (print): Mohomed Mohamed

Employee Signature: _____

Date: 5/29/19

Training Conducted By: [Signature]