



New Employee Acknowledgement Form

Welcome to CMG and Reichel Foods!

As a new employee, you will be provided with the website, username and password to view the new hire forms that you signed during your CMG interview. Please sign and date the bottom of the sheet stating that you received your login information.

CMG/ ESSG / Reichel Foods Handbook

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

View Paystubs

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

Login Name: 5078194043

Login Password: Sj@6020

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: X [Handwritten Signature] Date: 2/10/2020

AUTHORIZATION TO RELEASE INDUSTRIAL HEARING TEST RESULTS

I understand that a successful hearing test is a condition of my employment by Employer Solution Staffing Group, LLC. to work at the facility of Reichel Foods, Inc., and further, that Employer Solutions Staffing Group may, at its discretion, share the results of any such hearing test with Reichel Foods Inc.

I also understand that Employer Solutions Staffing Group may, at its discretion, conduct periodic hearing tests on me during the course of my employment with Employer Solutions Staffing Group and I consent to such tests.

First Name: Shannon

Middle Name: Tyrone

Last Name: Johnson

Social Security Number: 329-66-6020

Date of Birth: 8-21-68

Gender (Circle one): Male Female

My Signature: Shannon Johnson

Today's Date: 2/10/2020

Employee Photo Release Form

I, Shannon Johnson, agree to let Reichel Foods use my picture for internal security purposes. I also agree to submit a written request to Reichel Foods if/when I wish my photo be removed from the company database.

* Employee Signature Name: _____

Date: 2/10/2020

m MINNESOTA DRIVER'S LICENSE

USA

NOT FOR FEDERAL IDENTIFICATION

1 JOHNSON
2 SHANNON TYRONE
8 515 3RD ST NW
ROCHESTER, MN 55901-2872

4d DL# T480-241-512-912 4a ISS 02/28/2019
3i DOB 08/21/1968 4b EXP 08/21/2023
9 CLASS D 9a END NONE
12 RESTR NONE

Minnesota
DONOR

15 SEX M 17 WGT 224 lb
16 HGT 5-05 18 EYES BRO

5i DD.0000000758165 08/21/68




SOCIAL SECURITY

329-66-6020

THIS NUMBER HAS BEEN ESTABLISHED FOR:

SHANNON T
JOHNSON

SIGNATURE

02/05/2019

Rayland

Wife @ 379 7776

M/5

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

2/110
 2:30 P.

ENTERED



Applicant Information

(APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED)

Please fully complete pages 1-3

Full Name: (Last Name, First Name) Johnson Shannon Date: 2-6-20
 Address: (Street Address) 515 3th Street NW (Apt./Unit #) House
 (City) Rochester (State) MN (ZIP Code) 55901
 Phone: 507-319-6023 Email: _____

Social Security No. 329-66-6020 Date Available: Now

Position Applied for: Production Desired Salary: \$10 and

Shift Available to work: 1st 2nd 3rd Employment desired: Full-Time Part-Time south

Are you authorized to work in the U.S? Yes No

How did you hear about us? The Ad Referral Name: Hombal

If under 18, please list age: _____

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

| Education | | | | |
|----------------------|----------------|-------------------------------------|---------------------------|----------------|
| Type of School | Name of School | Location (Complete Mailing Address) | Number of Years Completed | Major & Degree |
| High School | <u>PHIPS</u> | <u>39 street</u> | <u>11</u> | |
| College | | | | |
| Bus. Or Trade School | | | | |
| Professional School | | | | |

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507-358-2610

Previous Employment

Company: Innovation Product Phone: 507-358-2610

Address: _____ Supervisor: Paul Sudder

Job Title: Labor Starting Salary: \$10.00 Ending Salary: \$11.50

Responsibilities: whatever they say

From: _____ To: _____ Reason for Leaving: Down sized

May we contact your previous supervisor for reference? Yes No

Company: innovation product Phone: 507-358-2610

Address: _____ Supervisor: John

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: [Signature] Date: 2-6-20

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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.

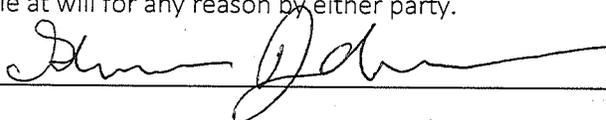
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by 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: 2-6-20

Name: Shannon Johnson **Julies Race**

Date: _____

**** 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

CMG Preliminary Questions

Name: Shawn [Signature]

Date: _____

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

To be completed during or after interview

Have you ever been convicted of a crime? Yes No

Explain Incident about ten years ago sell to
undercover cop 13 ft/s years ago

Employee Signature [Signature]

Interviewer Signature [Signature]

Test Reference Number _____ Name of Collector _____

COMPANY INFORMATION

Company Name Heichel Foods Phone 923-4955 Fax _____
 Address 3107 Commercial @ SW City Spokane State/Province WA Zip/Postal Code 55902

DONOR INFORMATION

Employee ID: _____
 Last Name Johnson First Name Shannon
 Type of Identification Provided: Driver's License Employee Photo ID 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 [Signature] Date/Time 2/10/2020 7:30P

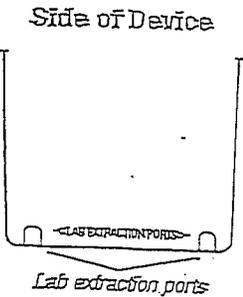
I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.

Collector signature [Signature] Date/Time _____
 Laboratory signature N/A Date/Time received N/A

TEST RESULTS

Date/Time Collected _____
 Time Interpreted _____

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

| 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"/> |
| Meperidine | MPD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Methamphetamine | MEF | <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"/> |

Notes/Comments _____

