

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: Monday-Friday 9am-3pm

Office Number: 507-838-5994

Office Address: 1232 Valley High Dr NW Rochester, Mn 55901



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) Talamantes Isaiah Date: 2-16-22
 Address: (Street Address) 2118 Campus Dr. SE (Apt./Unit #) Suite 300
 (City) Rochester (State) MN (ZIP Code) 55904
 Phone: 612-707-0509 Email: isaiah.talamantes38@gmail.com
 Social Security No. 473-29-6570 Date Available: Anytime
 Position Applied for: Cutting 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? Indeed Referral Name: Alex Penu
 If under 18, please list age: _____
 Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? No Yes weekends ok

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	<u>Wilmar Public Schools</u>		<u>GED</u>	
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: Haldees Phone: _____

Address: 1147 S Broadway Ave Supervisor: _____

Job Title: made Budgets Starting Wage: \$ _____ Ending Wage: \$ _____

Responsibilities: make Budgets Clean up when leaving

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Previous Employment

Company: Roofing Phone: _____

Address: _____ Supervisor: _____

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

Responsibilities: Bring shingles up on the roof Dont do to much

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Previous Employment

Company: Budget King Phone: _____

Address: _____ Supervisor: _____

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

Responsibilities: made Budgets closed and cleaned the place up

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

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

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: Isabel Talamantes Date: 2-16-22

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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 Isaiah Talamantes Date: 2-16-22

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
dvs.dps.mn.gov



DL/ID #:

Z156-250-604-812

TEMPORARY CREDENTIAL EXPIRATION

01-Jun-2022

DATE OF BIRTH

01-Mar-1995

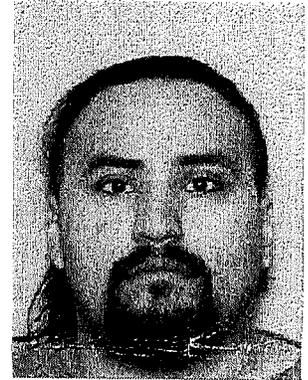
APPLICANT INFORMATION

APPLICATION DATE 01-Feb-2022

APPLICATION NAME TALAMANTES, ISAAH RAY

CREDENTIAL INFORMATION

Name	TALAMANTES, ISAAH RAY	Date of Birth	01-Mar-1995
DL/ID Number	Z156-250-604-812	Height	5ft 8in
Residence Address	305 7TH PL NW AUSTIN MN 55912-3059	Eye Color	Brown
Card Mailed To	1101 LINDEN LN FARIBAULT MN 55021	Sex	Male
Station Location	881 Faribault Correctional Facility	Weight	250 lbs.
Credential Type	Standard ID	Organ Donor	Yes
Card Type	DL Class D	Veteran	No
Endorsements	None		
Restrictions	None		
License Indicators	None		



IsaaH Talamantes

**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 dvs.dps.mn.gov to:

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

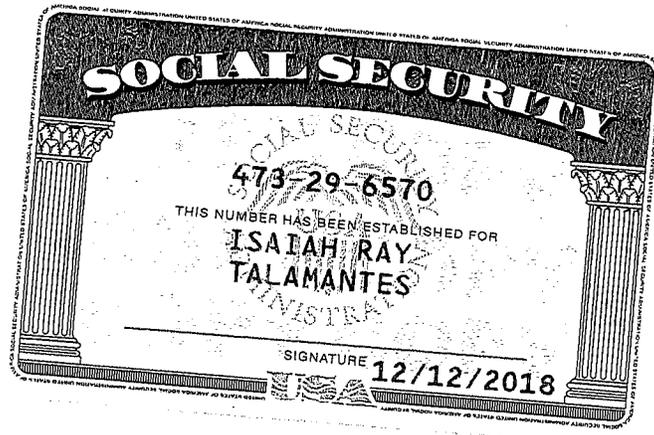
Driver's License Questions
License Status, available 24/7
DVS Locations
Motor Vehicle Questions
TDD/TYY

651-297-3298
651-284-1234
651-297-2126
651-297-2126
651-282-6555

PAID-881

FEB 01 2022

DVS



SOCIAL SECURITY

473-29-6570

THIS NUMBER HAS BEEN ESTABLISHED FOR

**ISATAH RAY
TALAMANTES**

SIGNATURE 12/12/2018

You have applied / are interviewing for the following position:

JOB TITLE: Portion / Cutter **Starting Wage:** \$18.50 **Shift/Hours:** 2nd shift (3pm to 12a)

JOB OBJECTIVE: To trim and/or cut meat products according to company specifications.

QUALIFICATIONS (based on essential functions):

- Related experience preferred.
- Must be able to understand instructions and directions in the English language.
- Possess basic mathematics skills.

JOB FUNCTIONS: Every effort has been made to identify the essential function of this position. However, it is no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or an essential function of the position.

DUTIES/RESPONSIBILITIES: Open packages, run through line and needler; Trim primal cuts to specifications; Trim weight steaks to specifications; Box and weigh trim; Perform packager duties as required; cut end cuts and pieces into desired pieces; put steaks into packaging machine with accuracy in weight and neatness; capable of bagging and weighing; palletize all boxes; use hand jack; fill boxes with finished product; assist in cleanup; work effectively with others; report to work on time; follow rules; care for property

MACHINERY: Conveyor, tape machine, bar-coder, packaging machine, needler, cutting machine, computer and electronic scale, Sanova line, Cryovac, Skinner

EQUIPMENT: Hand pallet jack, combo, table, knives, luggers, carts, PPE.

PROTECTIVE EQUIPMENT: bump cap, nitril apron, rubber boots and gloves, face shield and goggles.

CHEMICALS: Bleach.

WORK ENVIRONMENT: Standing on cement floor. Moderate to high level of noise. Temperature ranges from 30-50 degrees Fahrenheit (-10 degrees in blast freezer).

PHYSICAL REQUIREMENTS (with or without reasonable accommodation): Ability to lift/move 10-50 pounds continuously. Requires varying degrees of pushing, pulling, bending and lifting to move boxes. Must be able to continuously perform simple repetitive and manipulative tasks such as cutting steaks. Able to perform tasks requiring action of muscles or group of muscles such as walking and stooping. Able to stand for prolonged periods (eight-hour shift).

MENTAL REQUIREMENTS (with or without reasonable accommodation): Able to concentrate on minimal details with little interruption. Must be able to attend to task/function for 60 minutes at a time. Able to remember verbal and/or written task/assignment for an eight-hour shift. Must be able to read and use a pound percentage scale.

WORK HOURS: As required, Monday through Friday workweek. Will be required to work some Saturdays.

I understand by signing this form, I have been informed about what position I am interviewing for.

Applicant Signature: Tyrah Talamantes Date: 2-16-22
Interviewer Signature: [Signature] Date: 2/16/22

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name Isaiah B Talamantes Social security number ► 473-29-6570
Street address where you live 2118 Campus Dr SE Suite 300
City or town, state, and ZIP code Rochester MN 55904
County Olmstead Telephone number 612-707-0509
If you are under age 40, enter your date of birth (month, day, year) 3-1-95

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must 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.

Job applicant's signature ► Isaiah B Talamantes Date 2-16-22
For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 22851L Form **8850** (Rev. 3-2016)



New Employee Acknowledgement Form

Welcome to CMG and Rochester Meats!

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

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

View Paystubs

Website: <https://zenople.esgazure.com/login/cmg>

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

Login Name: W127070509

Login Password: I+@1570

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: Isabel Talamantes Date: 2-16-22

Initial Drug Screen Result Form

On-site Screening

Specimen ID Number: _____

Collection Test Date: _____

Company Information: (Company administering screening)							
Company Name	CMG - Rochester Meats						
Address	1772 Valleyview Dr. NW Suite						
City	Rochester	State	MN	Postal Code	55901		
Collector's Name	Diana Eton						
Phone	507-938-5994	Fax	N/A				
Donor Information: (Person being tested)							
Donor's Name	Isaiah Talamantes						
ID# or SSN	2156250104812						
Identification Type	MN ID	Expiration	6/1/22				
Notes							
Certification Information: (Must be signed by both Donor and Collector)							
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/or alcohol.							
Donor's Signature	Isaiah Talamantes			Date	2-15-22		
I hereby certify that I collected the specimen provided by the aforementioned donor and that, to the best of my knowledge, it was not substituted or adulterated. The specimen temperature and color were acceptable.							
Collector's Signature	Diana Eton			Date	2/10/2022		
Initial Screen Results: (All "Positive" results must be confirmed by GC/MS confirmation)							
Drug Name	Device Code	Negative	Positive	Not Tested	Adulteration Panel Results <small>(see color chart and package insert for interpretation)</small>		
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oxidant: In Range <input type="checkbox"/> Other _____ <input type="checkbox"/> Specific Gravity: In Range <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> pH: In Range <input type="checkbox"/> Other _____		
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Opiates/Morphine	OPI/MOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Amphetamines	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Methamphetamine	mAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Barbiturates	BAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Tricyclic Antidepressants	TCA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Propoxyphene	PPX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Methylenedioxymethamphetamine	MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Alcohol Screen						Specimen Temperature <small>(90°-100°F)</small> In Range <input type="checkbox"/> Other _____	
	ALC	<input type="checkbox"/>	Level	N/A			

Office Use Only

Last Name

First Name

CMG Preliminary Questions

Name: Isaiah Talamantes

Date: 2-16-22

Please Mark Yes or No

1. If hired are you willing to take a drug test? Yes No

2. Are you able to work with pork and beef? Yes No

Please Mark Your Preferred Position

3. What shift to you prefer? 1st 2nd 3rd

To be completed during or after interview

Have you ever been convicted of a misdemeanor or felony? Yes No

emily work release (2 months) kitchen work.
Explain Incident 2019 - Felony - Drugs 5th deg. < treatment New
2015 - Aggravated Robbery 1st Deg. Assault
2015 - Theft - Felony - Theft. i. Drug Back

*no restriction
2024 probation*

week

N/A / ~~AA~~ Church - employment Damascus way. Wiston.

Employee Signature Isaiah Talamantes

Interviewer Signature *[Signature]*

** Know that it was wrong. Moving on from the situation. wants to stay sober.*

Authorization to Enter New Hire Information

By signing below, I authorize a member of Corporate Management Group – Rochester Office – to enter my new hire paperwork into the online Zenopole (NHO) site. I understand that I will be provided access via login name and password to view the forms that they have completed on my behalf.

Employee Signature: Isaiah Talamantes Date: 2-16-22

Insurance Information

I understand that the CMG Staff defaults to decline insurance when entering my new hire paperwork unless specified otherwise during my interview.

I understand that I have 30 days after my employment starts to apply for insurance through ESSG via the login information provided to me.

I agree: I T. (initial)

Applicant Certification and Authorization for Background Check

Please read the below statements and initial on the indicated line

(This information will be inputted onto the online NHO form – you will be provided the login information during your interview)

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that comprehensive background checks may be conducted to determine my eligibility for my hire by certain clients of ESSG. 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 ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check. I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or if discovered after I begin my employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

I have read and agree *J.J.* (initial)

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report / investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, country jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have to include information or data received from other sources Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers and dates of birth.

I have read and agree *J.J.* (initial)

Employee Photo Consent Form

I, Isabel Talamantes, agree to let CMG – Rochester office – to take and upload my photo for security purposes.

Employee Signature Name: _____

Date: _____



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

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

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

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

Section 1. Employee Information and Attestation. (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <u>Talamantes</u>		First Name (Given Name) <u>Israh</u>		Middle Initial <u>R</u>	Other Last Names Used (if any)	
Address (Street Number and Name) <u>2118 Campus Dr. SE</u>			Apt. Number <u>Suite 300</u>	City or Town <u>Rochester</u>		State <u>MN</u>
Date of Birth (mm/dd/yyyy) <u>03/01/1995</u>	U.S. Social Security Number <u>473-29-6570</u>		Employee's E-mail Address <u>IsrahTalamantes38@gmail.com</u>		Employee's Telephone Number <u>612-707-0509</u>	

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

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

<input checked="" type="checkbox"/> 1. A citizen of the United States	QR Code - Section 1 Do Not Write In This Space
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number):	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "N/A" in the expiration date field. (See instructions)	

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: _____
 OR
 2. Form I-94 Admission Number: _____
 OR
 3. Foreign Passport Number: _____
 Country of Issuance: _____

Signature of Employee <u>Israh Talamantes</u>	Today's Date (mm/dd/yyyy) <u>02/16/22</u>
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Preparer and/or Translator Certification (check one):

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

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

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

STOP Employer Completes Next Page STOP

EMERGENCY CONTACT INFORMATION

Employer Solutions Staffing Group In-Case of an Emergency – Notification Information

Please list at least one person with one working phone number.

We will only contact the name(s) listed below if we are unable to get ahold of you or if there is an emergency.

Contact # 1:

Name: Christian

Relationship: Brother

Phone Number: 507-589-1436

Contact # 2

Name: Jacob

Relationship: Father

Phone Number: 507-214-7984

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.



2021 W-4MN, Minnesota Employee Withholding Allowance/Exemption Certificate

Employees

Complete Form W-4MN so that your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MN each year or when your personal or financial situation changes.

Employee's First Name and Initial <u>Israh B</u>	Last Name <u>Talamantes</u>	Employee's Social Security Number <u>473-29-6570</u>
Permanent Address <u>2118 Campus DR SE suite 300MN 55404</u>		Marital Status (Check one):
City <u> </u>	State <u> </u>	<input checked="" type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien
	ZIP Code <u> </u>	<input type="checkbox"/> Married
		<input type="checkbox"/> Married, but withhold at higher Single rate

Read instructions on back. Complete Section 1 OR Section 2, then sign and give the completed form to your employer. Do not complete both Section 1 and Section 2. Completing both sections will make the form invalid.

Section 1 — Determining Minnesota Allowances

- A Enter "1" if no one else can claim you as a dependent A 1
 - B Enter "1" if any of the following apply: B 0
 - You are single and have only one job
 - You are married, have only one job, and your spouse does not work
 - Your wages from a second job or your spouse's wages are \$1500 or less
 - C Enter "1" if you are married. You may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.) C 0
 - D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. D 0
 - E Enter "1" if you will use the filing status Head of Household (see instructions). E 0
 - F Total number of allowances claimed. Add steps A through E. F 1
- If you plan to itemize deductions on your 2021 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. F 1

Section 2 — Exemption From Minnesota Withholding

Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate why you believe you are exempt:

- A I meet the requirements and claim exempt from both federal and Minnesota income tax withholding
- B Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding, because:
 - I had no Minnesota income tax liability last year
 - I received a refund of all Minnesota income tax withheld
 - I expect to have no Minnesota income tax liability this year
- C All of these apply:
 - My spouse is a military service member assigned to a military location in Minnesota
 - My domicile (legal residence) is in another state
 - I am in Minnesota solely to be with my spouse. My state of domicile is _____
- D I am an American Indian that resides and works on a reservation
- E I am a member of the Minnesota National Guard or an active duty U.S. military member and claim exempt from Minnesota withholding on my military pay
- F I receive a military pension or other military retirement pay as calculated under U.S. Code, title 10, sections 1401 through 1414, 1447 through 1455, and 12733, and I claim exempt from Minnesota withholding on this retirement pay

Minnesota Allowances and Additional Withholding

- 1 Minnesota Allowances. Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet . . . 1 0
- 2 Additional Minnesota withholding you want deducted each pay period (see instructions) 2 0

I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false Form W-4MN.

Employee's Signature <u>Israh Talamantes</u>	Date <u>2-16-22</u>	Daytime Phone Number <u>612-707-0509</u>
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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	Federal Employer ID Number (FEIN)	Minnesota Tax ID Number
Address	City	State
		ZIP Code

Employee's Withholding Certificate

OMB No. 1545-0074

▶ **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.**

2021

Step 1: Enter Personal Information	(a) First name and middle initial <u>Isaiah R</u>	Last name <u>Talamantes</u>	(b) Social security number <u>473-29-6570</u>
	Address <u>2118 Campus Dr SE Suite 300</u>		▶ 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 <u>Rochester MN 55904</u>		
	(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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.)		

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, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: 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.

Multiple Jobs or Spouse Works Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents	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 and 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.		
	▶ <u>Isaiah Talamantes</u> Employee's signature (This form is not valid unless you sign it.)		▶ <u>2-16-22</u> Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

ETHNICITY AND RACE IDENTIFICATION

(Please read the Privacy Act Statement and instructions before completing form.)

Name (Last, First, Middle Initial) <i>Isabel Ray Talamantes</i>	Social Security Number <i>473-29-6570</i>	Birthdate (Month and Year) <i>3-1-95</i>
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Agency Use Only

Privacy Act Statement

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

Specific Instructions: The two questions below are designed to identify your ethnicity and race. **Regardless of your answer to question 1, go to question 2.**

Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
 Yes No

Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

ACCOUNT INFORMATION SLIP/VOLANTE DE INFORMACIÓN DE CUENTA

STEP 1/PASO 1:

Complete the following information/Completa los siguientes datos

First Name/Nombre:

Last Name/Apellido:

Employee ID Number/Número de Empleado:

Social Security Number (optional)/ Número de Seguro Social (opcional)

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STEP 2/PASO 2:

Detach this slip and provide it to your employer. You will not need this information, again.

Desprende este volante y entrégaselo a tu patrono o empleador. No necesitarás usar esta información nuevamente.

FOR EMPLOYER USE ONLY

PARA USO DEL PATRONO O EMPLEADOR SOLAMENTE

ROUTING NUMBER: 084003997

ACCOUNT NUMBER: 7277631800447362

Money Network® Checks and Money Network Cards are issued by MetaBank®, Member FDIC.

BALANCE and TRANSACTION LIMITS SCHEDULE

Load Limitations

Maximum Account Balance³

ACH Deposit of Other Funds (Direct Deposit) Load³

Load check funds via Mobile App^{1,2,3}

Load Cash at Load Location^{1,2,3}

Secondary Account

Secondary Account Transfer

Limit Amount

\$8000³

\$4000 per day | \$8000 per calendar month³

\$25-2500 per check | \$5000 per day | \$10000 per month³

\$2500 per transaction and per day | \$5000 per month^{1,2,3}

\$8000 maximum account balance

\$1000 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

\$9999.99 per Check and per day

\$8000 per transaction and per day

\$8000 per transaction | \$16000 per day | \$64000 per month

\$1000 per transaction and per day | \$2000 per month

Pay Information

Name: Isaiiah Talamantes

Last 4 of SSN: 6570

Please mark what option you choose

Direct Deposit

Bank Name _____

Routing Number _____

Account Number _____

Circle One

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 the account number that I provide is incorrect.

Initial _____

Bank of America Money Network Card

↓ Office Use Only ↓

Routing Number _____

Account Number _____



Case Verification Number: 2022047213201CK

Report prepared: 02/16/2022

Company Information

Company ID: 1284996

Company Name: ESSG - Corporate Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate Management Group

Employee Information

Name: Isaiah Talamantes

Date of Birth: 03/01/1995

U.S. Social Security Number: ***-**-6570

Employee's First Day of Employment: 02/16/2022

Citizenship Status: U.S. Citizen

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

Document Subtype: Driver's License

Document Number: *****4812

Expiration Date: 06/01/2022

State: Minnesota

List C Document: Social Security Card

Case Information

Case Status: Closed

Case Submitted By: Diana Elton

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close