

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: Monday-Friday 8am-4pm

Office Number: 507-923-7956

Office Address: 1825 7th St 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) Bushaw Nicholas Date: 9-26-20

Address: (Street Address) 1715 7th Street SW (Apt. /Unit #) _____

(City) Rochester MN 55902 (State) _____ (ZIP Code) _____

Phone: 507-696-4893 Email: bushawnicholas@yahoo.com

Social Security No. 474-11-1706 Date Available: _____

Position Applied for: _____ Desired Salary: _____

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

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

How did you hear about us? INDEED Referral Name: _____

If under 18, please list age: _____

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

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	Lourees high school		4	
College				
Bus. Or Trade School				
Professional School				

**MINNESOTA
DRIVER'S LICENSE**



NICHOLAS JOHN BUSHAW
1715 7TH ST SW
ROCHESTER, MN 55902

Date of Birth 01-18-1981

Sex	Eyes	Class
M	HZL	D

Height	Weight
6-1	223

ISSUED 01-2017

EXPIRES 01-18-2021

Nicholas John Bushaw

Y056282741710

BIRTH CERTIFICATE

FULL NAME

NICHOLAS JOHN BUSHAW

SEX

MALE

DATE OF BIRTH

JANUARY 18, 1981

CITY OR TOWNSHIP OF BIRTH

ROCHESTER

COUNTY

OLMSTED

PARENT(S)

CHRISTINE MARIE (SCHMIDT)

ROBERT PATRICK BUSHAW

AMENDMENTS MADE PRIOR TO AUGUST 09, 2000 FOR THIS RECORD ARE NOT NOTED ON THE CERTIFIED COPY.

S22-001975670 1

THIS IS A TRUE AND OFFICIAL RECORD OF THE BIRTH REGISTERED IN THE
OFFICE OF THE STATE REGISTRAR. DATE FILED: JANUARY 23, 1981

PLACE ISSUED: OLMSTED

DATE ISSUED: JUNE 01, 2004

Barbara A. Carter
STATE REGISTRAR



EMERGENCY CONTACT INFORMATION

EMPLOYER SOLUTIONS STAFFING GROUP
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Employee Name: _____

Address: _____

Home Phone: _____

EMERGENCY CONTACTS

Please list two people (in priority order) who could be contacted in case of an emergency

Contact #1	
Name: <i>Christine Bushaw</i> Relationship: <i>Mother</i>	Home Phone: Cell Phone: <i>501-272-7518</i> Work Phone:
Contact #2	
Name: <i>MATTHEW Bushaw</i> Relationship: <i>BROTHER</i>	Home Phone: Cell Phone: <i>763-438-7940</i> Work Phone:

Additional information you want Employer Solutions Staffing Group and our clients to know in the event of an emergency:

Rochester Meat Company

Starting time could change. Please wait for a call from HR before coming.

Start Date: Tuesday September 8th, 2020

Title: Full Time Cutter
Department: Portion Day
Supervisor: Nisvet Ribo
Wage: \$13.50 / Hour
Skill Level: 3

Orientation Schedule - 1st Shift

Tuesday: 8:00am to 1:00pm Shadow, 1:00pm to 4:00pm Orientation

Wednesday: 8:00am to 1:00pm Shadow, 1:00pm to 4:00pm Orientation

Thursday: Work Regular Schedule 6:00am - 2:30pm

Friday: Work Regular Schedule 6:00am - 2:30pm

Misc Items:

Please park in the employee parking lot behind the plant.

If you are unable to make it to orientation, please call the HR at 507-529-4721.

Dress warm, something you don't mind getting dirty, no shorts, dresses, or loose items.

Non slip resistance shoes if you have any. Open toed shoes are not allowed.

Provide locker but no lock.

Make sure to bring your indentifications like driver's license and social security card.



2020 W4-MN, 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 and when your personal or financial situation changes.

Employee's First Name and Initial Nicholas	Last Name Bushaw	Employee's Social Security Number 474-111-766
Permanent Address 1715 7th Street SW RD		Marital Status (Check one): <input checked="" type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate
City Rochester MN	State MN	ZIP Code 55902

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" for yourself if no one else can claim you as a dependent A 1
- B Enter "1" if any of the following apply: B _____
 - 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" for your spouse. 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 _____
- D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. D _____
- E Enter "1" if you will file as Head of Household (see instructions for qualifying as Head of Household). E _____
- F Total number of allowances claimed. Add steps A through E.
If you plan to itemize deductions on your 2020 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. F _____

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 of all of the following:
 - 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 the following are true:
 - 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 1
- 2 Additional Minnesota withholding you want deducted each pay period (see instructions) 2 _____

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 Nicholas Bushaw	Date 9/01/20	Daytime Phone 507-696-4893
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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	Federal Employer ID Number (FEIN)	Minnesota Tax ID Number
Address	City	State ZIP Code

Form W-4MN Employee Instructions

Complete this form for your employer to calculate the amount of Minnesota income tax to be withheld from your pay.

What's New?

Beginning in 2020, federal Form W-4 does not use withholding allowances. If you complete a 2020 Form W-4, you must complete Minnesota Form W-4MN to determine your allowances for Minnesota income tax withholding.

When should I complete Form W-4MN?

Complete Form W-4MN if any of the following apply:

- You begin employment
- You change your filing status
- You reasonably expect to change your filing status in the next calendar year
- Your personal or financial situation changes
- You claim exempt from Minnesota withholding (see Section 2 instructions for qualifications)
- You request an additional amount of tax deducted each pay period

If you have not had sufficient Minnesota income tax withheld from your wages, we may assess penalty and interest when you file your state income tax return.

Your employer may be required to submit copies of your Form W-4MN to the Minnesota Department of Revenue.

Note: You may be subject to a \$500 penalty if you submit a false Form W-4MN.

What if I have completed federal Form W-4?

If you completed a Form W-4 from 2019 or in prior years, you may complete Form W-4MN to determine your allowances for Minnesota withholding purposes. If you completed a 2020 Form W-4, you **must** complete Form W-4MN to determine your allowances for Minnesota withholding.

Your Minnesota allowances must not be greater than your federal allowances.

What if I am exempt from Minnesota withholding?

If you claim exempt from Minnesota withholding, complete only Section 2 of Form W-4MN and sign the form to validate it. You must provide your employer with a new Form W-4MN by February 15 of each year if you claim exempt.

You cannot claim exempt from withholding if all of the following apply:

- Another person can claim you as a dependent on their federal tax return
- Your annual income exceeds \$1,100
- Your annual income includes more than \$350 of unearned income

What if I am a nonresident alien for U.S. income taxes?

If you are a nonresident alien, you are not allowed to claim exempt from withholding. You will check the single box for marital status regardless of your actual marital status and may enter one personal allowance on Step A. Enter zero on steps B, C, and E.

If you are resident of Canada, Mexico, South Korea or India and allowed to claim dependents, you may enter the number of dependents on Step D.

Section 1 — Minnesota Allowances Worksheet

Complete Section 1 to find your allowances for Minnesota withholding tax. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

If you expect to owe more income tax for the year than will be withheld, you can claim fewer allowances or request additional Minnesota withholding from your wages. Enter the amount of additional Minnesota income tax you want withheld on line 2 of Section 1

Nonwage Income

Consider making estimated payments if you have a large amount of "nonwage income." Nonwage income (other than tax-exempt income) includes interest, dividends, net rental income, unemployment compensation, gambling winnings, prizes and awards, hobby income, capital gains, royalties, and partnership income.

Two Earners or Multiple Jobs

If your spouse works or you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4MN. Usually, your withholding will be more accurate when all allowances are claimed on the Form W-4MN for the highest paying job and zero allowances are claimed on the others.

Head of Household

You may claim Head of Household as your filing status if you are unmarried and pay more than 50 percent of the costs of keeping up a home for yourself, your dependents, and other qualifying individuals. Enter "1" on Step E if you may claim Head of Household as your filing status on your tax return.

Continued

Form W-4MN Employer Instructions

What's New?

Beginning in 2020, federal Form W-4 will not determine withholding allowances used to determine the amount of Minnesota withholding. Employees completing a 2020 Form W-4 will need to complete 2020 Form W-4MN to determine the appropriate amount of Minnesota withholding.

Use the amount on line 1 of page 1 for calculating the withholding tax for your employees.

When does an employee complete Form W-4MN?

Employees complete Form W-4MN when they begin employment or when their personal or financial situation changes.

How should I determine Minnesota withholding for an employee that does not complete Form W-4MN?

If an employee does not complete Form W-4MN and they have a federal Form W-4 (from 2019 or prior years) on file, use the allowances on their federal Form W-4. If the employee does not complete a Form W-4MN, withhold Minnesota tax as if the employee is single with zero withholding allowances.

What if my employee claims to be exempt from Minnesota withholding?

If your employee claims exempt from Minnesota withholding, they must complete Section 2 of Form W-4MN. They must provide you with a new Form W-4MN by February 15 of each year.

When do I need to submit copies of a Form W-4MN to the department?

You must send copies of Form W-4MN to us if any of the following apply:

- The employee claims more than 10 Minnesota withholding allowances
- The employee checked box A or B under Section 2, and you reasonably expect the employee's wages to exceed \$200 per week
- You believe the employee is not entitled to the number of allowances claimed

You do not need to submit Form W-4MN to us if the employee is asking to have additional Minnesota withholding deducted from their pay.

We may assess a \$50 penalty for each Form W-4MN you do not file with us when required.

Mail Forms W-4MN to:
Minnesota Department of Revenue
Mail Station 6501
600 N. Robert St.
St. Paul, MN 55146-6501

What if my employee is a resident of a reciprocity state?

If your employee is a resident of North Dakota or Michigan and they do not want you to withhold Minnesota tax from their wages, they must complete Form MWR, *Reciprocity Exemption/Affidavit of Residency*. They must complete a Form MWR by February 28 of each year, or within 30 days after they begin working or change their permanent residence. See Withholding Fact Sheet 20, *Reciprocity - Employee Withholding*, for more information.

What is an invalid Form W-4MN?

A Form W-4MN is considered invalid if any of the following apply:

- There is any unauthorized change or addition to the form, including any change to the language certifying the form is correct
- The employee indicates in any way the form is false by the date they provide you with the form
- The form is incomplete or lacks the necessary signatures
- Both Section 1 and Section 2 were completed
- The employer information is incomplete

What if I receive an invalid form?

Do not use the invalid form to calculate Minnesota income tax withholding. Have the employee complete and submit a new Form W-4MN. If the employee does not give you a valid form, and you have an earlier Form W-4MN or Form W-4 (from 2019 or prior years) from them, use the earlier form to calculate their withholding. Otherwise, withhold taxes as if the employee is single and claiming zero withholding allowances.

What if my employee is a nonresident alien of the United States?

If the wages to this employee are subject to income tax withholding, you will use Table 1 and the procedure under **Withholding Adjustment for Nonresident Alien Employees** in IRS Publication 15-T to determine the correct Minnesota withholding tax. Do not use this procedure for nonresident alien students from India and business apprentices from India.

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.

2020

Step 1: Enter Personal Information	(a) First name and middle initial Nicholas J	Last name Bushaw	(b) Social security number 474-111-766
	Address 1715 7th Street SW		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code Rochester MN 55902		
(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 online estimator, 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

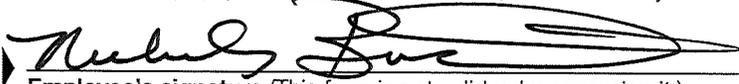
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(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 2020 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 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.		
	 Employee's signature (This form is not valid unless you sign it.)		▶ 09/01/20 Date

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

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



"your workforce management & staffing experts"

Criminal Background Check Acknowledgement

Part of the selection process at Corporate Management Group includes a background check. The background check includes the applicant's criminal history. As part of this interview, we ask if the applicant has been convicted of any crime. Whether or not an applicant has been convicted of a crime does not determine applicant's eligibility for this position.

Applicant Name: Nicholas Bushaw Date of Interview: _____

Recruiter Name: _____

Have you ever been convicted of any crime, felony, misdemeanor, not including expunged records?

Yes No

If yes, when, where and what was the nature of this offense.

DWI -

You will not be denied employment solely because you answered "Yes" above or because you have been convicted of a crime, felony or misdemeanor. The company considers many individualized factors in evaluating a job candidate, including but not limited to, with respect to criminal history, the nature and date of any offense, the surrounding circumstances, and the nature of the position for which you apply.

By my signature below, I certify that the information provided above is true and complete that I have discussed the above with my interviewer as disclosed. I understand and agree that any misrepresentation by me will be sufficient cause to eliminate me from consideration for employment and/or terminate employment at any time if I have been employed.

Applicant Signature: Nicholas Bushaw Date: 09/01/20

HR Manager Signature: _____ Eligible: ___ Ineligible: ___ Date: _____



Photo Release Agreement

Branding Iron Holdings (Company) includes images and identifying information of employees and community partners on its website, publications, videos, presentations, and other outreach.

I, Nicholas Bushaw [print name], authorize Branding Iron Holdings (hereafter, the Company) and its agents to videotape, photograph, and otherwise record my images, likenesses, voice, and related information for use in educational and/or informational videos, publications, promotions and presentations. I hereby waive and release the Company, its employees, partners and agents from any claim or liability arising out of or relating to such use. I hereby grant permission to the Company to copyright and use, re-use, and publish and republish video, images, likenesses, voice and related information in whole or in part. This is to include print, electronic, Web and/or various media for an indefinite period. I also understand that any photographs, films, videotapes or other recordings in which I may appear may be used by the Company, its employees, partners and agents without any liability or compensation to me and that I may not be informed in advance of the specific use of my image. This permission extends to print, audio, electronic, Web, including social media, and other formats and materials if there is no intent to use the image, voice, or likeness in a disparaging manner. Reasonable adjustments may be made to the images, materials and formats for purposes of editorial, layout and delivery need. Permission is granted, although not obligated, to identify me in connection with the information. I understand the images and information posted to the Web can be seen and copied by anyone with access to the Internet worldwide.

Nicholas Bushaw

POULTON

Employee Name (Please Print)

Department

Nicholas Bushaw

9/14/20

Employee Signature

Date

**COPY A
(Employer)**

EMPLOYEE RIGHT TO REVIEW PERSONNEL RECORDS

Effective January 1, 2008, Minnesota Statute Chapter 181.9631 law requires Minnesota employers with more than 20 employees to provide written notice to all newly hired employees concerning their right to review their personnel records.

Minnesota Statute Chapter 181.9631 NOTICE OF EMPLOYEE RIGHTS states:
“An employer as defined under section 181.960, subdivision 3, shall provide written notice to a job applicant upon hire of the rights and remedies provided in sections 181.960 to 181.965.”

Attached is a copy of Minnesota Statute Chapter 181, Sections 181.960 through 181.965.

My signature below acknowledges that I have received a copy of Minnesota Statute Chapter 181, Sections 181.960 through 181.965.


Employee Signature

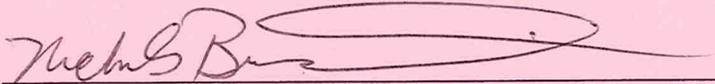
Nicholas Bushaw
(Print Your Name)

9/14/20
Date Signed

COPY B

ACKNOWLEDGMENT OF RECEIPT, REVIEW AND UNDERSTANDING OF
ROCHESTER MEATS, INC.'S ALCOHOL AND CONTROLLED SUBSTANCES
POLICY

I certify that I have received and reviewed a copy of the Employer's Alcohol and Controlled Substances Policy, and understand that the Employer requires its employees to work under and to abide by this Policy. I understand that the Employer and its agents may, in the course of implementation and enforcement of this Policy: (1) investigate and interview me; (2) search my person, my work locations and vehicles, and any property, documents or other articles in my possession or control; (3) administer to me urine tests for drugs or alcohol; and (4) use the results of such interviews, investigations, searches and tests, any refusal to submit to or cooperate in such interviews, investigations, searches and tests, as well as other relevant evidence, in determining whether to hire me as an employee, to refer me for evaluation or rehabilitation, or to discipline or discharge me as an employee of the Employer. In addition, I acknowledge that this Policy is not intended to confer third-party beneficiary status upon any third party and does not create any affirmative obligations or duties for the Employer aside from those expressly required by statute. I also acknowledge receipt of a copy of this signed Acknowledgment Form.

Employee/Applicant: 
(Signature)

Name of Applicant: Nicholas Bushaw
(Printed)

Social Security Number: 474-111-766

Witness: _____ Dated: _____

Copy A for Applicant/Employee
Copy B for Personnel File

Rochester Meat Co. Ladder Safety

We at Rochester Meat Co. feel that climbing ladders is very dangerous if it is not done in a safe manner. We feel that the risk of being hurt is greater the higher you are on a ladder. So we want to provide you with some tips to help you to work safely.

1. Choose the proper ladder for the job.
 - A. Never use a folding (step) ladder as a straight ladder. Folding ladders are built to be fully open when in use.
 - B. Never use the top two steps of a ladder. If you can't reach what you are working on you need to get a taller ladder.

2. Setting up your ladder.
 - A. When using a straight ladder always remember that the base should be one foot away for every 4 feet of the height of where the ladder is supported at the top. Or about 75 degrees.
 - B. Never place ladders on an unstable base. (barrels, boxes, or uneven ground)
 - C. Never place a ladder in front of a doorway without blocking off the door.

3. Proper climbing.
 - A. Ladders are made for one person to climb at a time.
 - B. Always face the ladder when climbing.
 - C. Always use both hands when climbing.
 - D. When working on a ladder and are leaning over the side of the ladder, Always hold on with one hand, and never reach too far. A rule to follow is never allowing your belt buckle to go past the side support of the ladder.

I have read and understand that I am responsible to use ladders in a safe manner. I also understand that if I am seen using ladders in an unsafe manner there could be disciplinary actions taken by the company.

Signature Michael B. Burt Date 9/19/20

PROCESS SAFETY MANAGEMENT DOCUMENT
AMMONIA REFRIGERATION

ROCHESTER MEAT COMPANY, Rochester, MN, has implemented a Process Safety Management (PSM) Program in compliance with OSHA standard 29 CFR 1910.119. The purpose of this program is to prevent or minimize the consequences of catastrophic releases of toxic, reactive, inflammable or explosive chemicals and to ensure that employees are not exposed to undue risks.

Our PSM Program details specific precautions and procedures affecting the safe operation and maintenance of our ammonia refrigeration process. This program has been developed with the participation of employees involved with the operation and maintenance of this process.

All employees have access to the PSM manuals and files, under the following conditions:

1. Approval is required to remove any documents from the file.
2. Original documents may not be removed from the file area.
3. Copies of original documents will be provided, upon request, within 10 working days of the request.
4. No markings shall be made on original documents.

TRAINING

1. **All employees** shall be made aware of the general nature of this PSM program and of the hazards associated with ammonia as part of the Hazard Communications Program in this facility.
2. Those **employees involved with the operation and maintenance** of the ammonia refrigeration system, including any contractor employees so involved, shall complete specific training as detailed in the PSM program.

I hereby verify that I have read and understood the above informing me of the existence of the Process Safety Management Program for ammonia refrigeration and that I have completed the training outlined above as so indicated below.

PSM training on ammonia refrigeration (operation and maintenance personnel)
HazCom awareness of ammonia (all employees)

Employee Name (Print) Nicholas Bushaw Department: Portion
Signature: Nicholas Bushaw Date: 9/14/20

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: Monday-Friday 8am-4pm

Office Number: 507-923-7956

Office Address: 1825 7th St NW Rochester, Mn 55901



"your workforce management & staffing experts"

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

A handwritten signature in black ink, appearing to read 'Michael S. Zuckerman', written over a horizontal line.

Date:

09/04/20



employer solutions staffing group^{llc}

Leveraging Resources in a Changing Market

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.

It is your responsibility to contact ESSG (for instance, by calling (320) 281.5617 or using any other form of contact) 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 within 5 calendar days once an assignment ends. I also acknowledge that I have received a separate copy of this form. MB (Initial)



Employee Signature:

09/01/20
Date:

Nicholas Bushaw

Employee (please print your name here)

**EMPLOYER SOLUTIONS STAFFING GROUP
BACKGROUND CHECK AUTHORIZATION**

Employee Name: Nicholas J Bushaw
(First) (Middle) (Last)

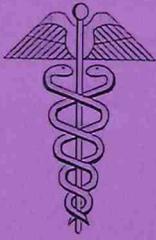
Social Security Number: 474 -111-766 DOB: 1/18/81

The information contained in this application is correct to the best of my knowledge.

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, county 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.

Signature:  Date: 09/01/20



**YOU MUST REPORT ALL INJURIES AND
WORK RELATED ILLNESSES**

ALL WORK RELATED INJURIES, HOWEVER SLIGHT, MUST BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY - BY THE END OF YOUR WORKING SHIFT!!

When a work related injury/illness involves medical expenses and/or lost time from work, your supervisor and the HR Manager will file formal reports required by state regulations and company policy.

Rochester Meat Company has retained an Occupational Health Nurse to deal with occupational injuries and illnesses. Transportation will be provided from the plant in the event that prompt medical attention is needed.

The nurse's office is located by the frocks and is staffed on Wednesday's from 12:30 pm to 4:30 pm. If you require assistance in the nurse's absence, please contact your supervisor or the HR Manager.

I understand that if I have a work related accident I must have permission from the nurse, shift supervisor, or Human Resource Manager ***before*** I see a Doctor. ***Failure to comply with these rules may result in suspension.***


Employee Signature

9/14/20
Date

COPY B
(Employee)

EMPLOYEE RIGHT TO REVIEW PERSONNEL RECORDS

Effective January 1, 2008, Minnesota Statute Chapter 181.9631 law requires Minnesota employers with more than 20 employees to provide written notice to all newly hired employees concerning their right to review their personnel records.

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Attached is a copy of Minnesota Statute Chapter 181, Sections 181.960 through 181.965.

My signature below acknowledges that I have received a copy of Minnesota Statute Chapter 181, Sections 181.960 through 181.965.


Employee Signature


(Print Your Name)


Date Signed

January 1, 2008



OLMSTED
MEDICAL
CENTER

Pre-Placement Report to Employer

210 Ninth Street SE
Rochester, MN 55904
tel: 507.288.3443

Name: Nicholas Bushaw Chart ID#: 10143746

Employer: Rochester Meat Company Date: 08/25/2020

Contact Name: LEAnn Haack Phone: 507.529.4727

Employee's Position: Meat Cutter

Employee can work without restrictions

Employee can work with the following restrictions:

Employee should not work at this position at this time for the following reason:

Medical recommendation deferred for the following reason:
(further evaluation pending, information from personal healthcare provider needed, etc.)

Healthcare Provider Signature: _____
Stamp

Date: 8/25/2020

@screen. Specimen Result Certificate

ID Number: 29891523

Report printed on 8/26/2020 1:14:54 PM

Page 1 of 1

Attention:
Leann Haack
Rochester Meat Company
1825 7 St NW
Rochester, MN 55901

Verification Date 8/25/2020 03:28 PM

Collection Site:
4290 - OMC Rochester SE

Medical Review Officer:
Drs. Fields and Bodeau
210 9th St SE
Rochester, MN 55904
507-288-3440

Donor Name: Bushaw, Nicholas
Date Of Test: 8/25/2020
ID Number: 29891523

Donor SSN: XXX-XX-1766
Donor ID:
Reason for Test: Pre-employment

Service: mCup 11A on site drug test

Regulation: Non-DOT
Specimen Type: Urine

Drugs Tested:

Drug Name	Result	Laboratory	Laboratory	Drug Name	Result	Laboratory	Laboratory
		Screening	Confirmation			Screening	Confirmation
		Cutoff *	Cutoff *			Cutoff *	Cutoff *
Marijuana	Negative	50 ng/mL	15 ng/mL	PCP	Negative	25 ng/mL	25 ng/mL
Cocaine	Negative	300 ng/mL	150 ng/mL	Barbiturates	Negative	300 ng/mL	300 ng/mL
Amphetamines	Negative	1000 ng/mL	500 ng/mL	Benzodiazepines	Negative	300 ng/mL	300 ng/mL
Opiates	Negative	300 ng/mL	300 ng/mL	Methadone	Negative	300 ng/mL	300 ng/mL
Oxycodone	Negative	100 ng/mL	100 ng/mL	MDMA/MDA	Negative	500 ng/mL	250 ng/mL

Final Result Disposition: **Negative**

Remarks:

* Represents laboratory screening and confirmation values.

Nicholas Bushaw

Rochester, MN 55902
bushawnicholas8_ieh@indeedemail.com
507-696-4893

Authorized to work in the US for any employer

Work Experience

Bartender/Server/Cook/Catering

Charlie's Eatery and Pub - Rochester, MN
December 2018 to Present

- Excellent Customer Service
- Staff Training
- Bartending
- Serving
- Catering & Event Set-up/Take Down
- Line Cook
- Catering Cook
- Developed efficiency-enhancing work flow/process improvements that made it possible to accommodate increasing responsibilities.

Executive Chef

Nelson's Resort - Crane Lake, MN
May 2013 to 2017

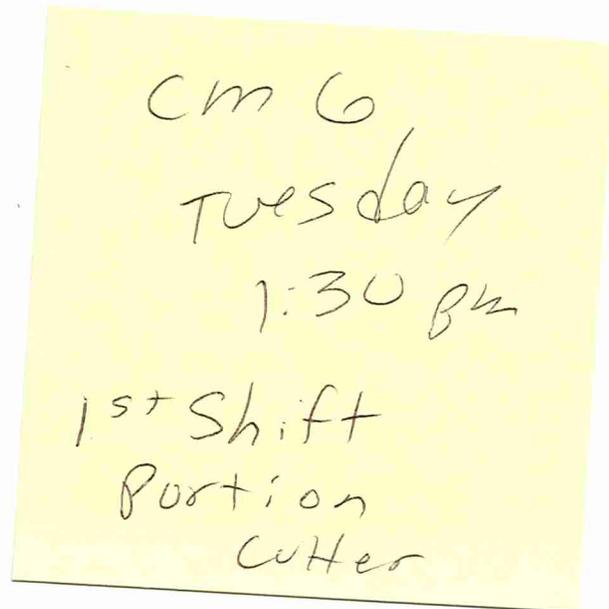
- Catering & Event Set-up/Take Down
- Line Cook
- Catering Cook
- Managed all food and menu items
- Ordering
- Prepping
- Scheduling
- Maintaining all aspects of the kitchen

Sous Chef Plus

The Loop/Pescara's - Rochester, MN
April 2012 to May 2013

- Lead Line Cook
- Ordering
- Prepping
- Maintaining all aspects of the kitchen
- Skilled in working all shifts
- Experienced in handling and prepping numerous fish types
- Worked/handled crowds for Thursday's on First and all outdoor functions

Bartender/Server



Education

High school or equivalent in General High School Diploma

Lourdes - Rochester, MN

September 1996 to June 2000

Skills

- Quick learner with a 'can do' attitude
- Skilled in all food equipment and various types of cooking techniques
- Creative with ideas for menu items and specials
- Responsible worker and a team player
- Flexible with hours including weekends and holidays
- Many year's experience with food prep and inventory control
- Versatile, can easily move around stations and work where needed
- Barback
- Bartending
- Restaurant Server
- Waiter
- Microsoft Office
- POS
- Catering
- Kitchen Management Experience
- Busser
- Banquet Experience
- Culinary Experience