

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri

Office Number: 507-838-5994

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

7/24
@ 230p.



Applicant Information

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

Full Name: (Last Name, First Name) Luis Ovalle Date: July 15th 2025

Address: (Street Address) 2124 7th Ave (Apt./Unit #) _____

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

Phone: 507-358-2691 Email: Luisovalle16@gmail.com

Social Security No. 473-31-7194 Date Available: AS soon as can.

Position Applied for: Any 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? Google 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 weekends pk

Looking for per

Transportation
Forklift
Pallet

Previous Employment

Company: Nickelson painting & Restoration Phone: 507-514-5360

Address: South Broadway Rich Supervisor: BOB Nickelson

Job Title: Supervisor

Responsibilities: Meet with Sub contractors Read blueprints and oversee jobs.

From: 2015 To: 2025 Reason for Leaving: looking for better hours, preferably evenings

May we contact your previous supervisor for reference? Yes No

Company: Kitchen Collections Phone: NSA

Address: Apache Mall Supervisor: Kelly Stevens

Job Title: Key holder

Responsibilities: Open Store / close. Count tills, stock, PAYROLL.

From: Apr 2014 To: Apr 2015 Reason for Leaving: Store closed

May we contact your previous supervisor for reference? Yes No Store closed

You have applied / are interviewing for the following position:

JOB TITLE: Grinder **Starting Wage:** \$17.00 **Shift/Hours:** 2nd Shift 2:30 P.M. to 11:30 P.M or later

JOB OBJECTIVE: To operate grinders to grind raw beef or pork into patties according to company specifications.

QUALIFICATIONS (based on essential functions):

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

JOB FUNCTIONS: Every effort has been made to identify the essential functions of this position. However, it in 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: set up grinding equipment; gather materials to be used for proper formulation; operate grinding equipment; keep accurate production and raw material sheets as needed; move product to freezers quickly; breakdown equipment for cleaning; preform other duties assigned by supervisor; work well with others; report to work on time; follow rules; care and maintain property and equipment.

This job description does not list all the duties of the job. You may be asked by your supervisor, manager or Executive Committee to perform other duties. You will be evaluated in part based upon your performance of the tasks listed in this job description.

MACHINERY: Grinding equipment, bone and gristle remover, snowing equipment, stuffer equipment, metal detector, anyl-ray and basic operating knowledge of Formax machines.

EQUIPMENT: Hand pallet jack, combos, luggers, carts, PPE, calculator, hand tools.

CHEMICALS: Dry Ice.

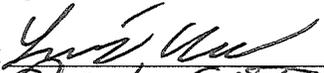
WORK ENVIRONMENT: Standing on cement floor. Moderate to high noise. Temperature range of 30-50 degrees Fahrenheit.

PHYSICAL REQUIREMENTS (with or without reasonable accommodation): Ability to lift/move 10-65 pounds continuously. Requires varying degrees of pushing, pulling (of 400-pound tubs), bending and lifting to move boxes. Must be able to continuously perform simple repetitive and manipulative tasks. Able to perform tasks requiring action of muscles or groups of muscles such as walking, reaching, climbing and stooping. Must be able to stand for prolonged periods of time (eight-hour shift).

MENTAL REQUIREMENTS (with or without reasonable accommodation): Able to concentrate on details with many interruptions. 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: Eight-hour workweek, Monday through Friday. Will be required to work some weekends.

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

Applicant Signature:  Date: 7/24/2025
Interviewer Signature:  Date: 7/24/2025

m MINNESOTA
USA

**DRIVER'S
LICENSE**

NOT FOR FEDERAL IDENTIFICATION
1 OVALLE
2 LUIS ENRIQUE
8 2724 1ST AVE SW
ROCHESTER, MN 55902-1238

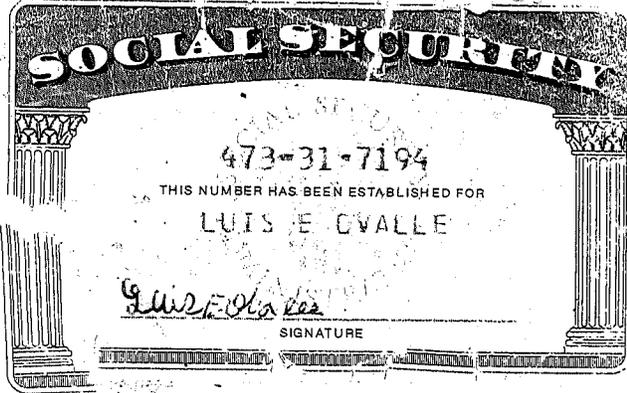


Luis E

4d DL# Z016-247-075-807 4a ISS 08/07/2024
3s DOB 05/24/1996 4b EXP 05/24/2028
9 CLASS D 9a END NONE
12 RESTR NONE

15 SEX M 17 WGT 225 lb
16 HGT 5'-07" 18 EYES BRO

5s DD 00000009982709 05/24/96



E0567DFA



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 this form stating that you received your log in information.

CMG/ESSG/Rochester Meats Handbook

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

View Paystubs

Employee Notice of Employment and Wage

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

****do not fill out the login name or password. CMG will provide you with this information****

Login Name: 50735582691

Login Password: Lo@7194!

I hereby acknowledge that I have been provided with the login information to view the items listed above. I understand that it is my responsibility to read and follow each document provided to me and that if I have any questions concerning the content, it is my responsibility to address my questions with a CMG representative. I also hereby waive any claim, now or in the future, that I did not receive, did not read or did not comprehend the items or their contents.

Signature: [Handwritten Signature] Date: 7/24/25

CMG Preliminary Questions

Name: _____

Date: _____

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 do you prefer? 1st 2nd 3rd

To be completed during or after interview

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

Explain

Incident Domestic 7 yrs. Felony. Off probation.

Employee Signature [Signature]

Interviewer Signature [Signature]

Employee Photo Release Form

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

X Signature: [Signature] Date: _____

Emergency Contact Information

Please list at least one person with one working phone number. We will only contact the name(s) listed below if we are unable to get ahold of you or if there is an emergency.

Contact #1	Contact #2
Name: <u>Beatriz Martinez</u>	Name: _____
Relationship: <u>Sister</u>	Relationship: _____
Phone Number: <u>507-517-5360</u>	Phone Number: _____

Additional information you want ESSG and our client to know in the event of an emergency:

This information will remain confidential and will only be used in the case of an emergency.

Authorization to Enter New Hire Information

By signing below, I authorize a member of Corporate Management Group to enter my new hire paperwork into ESSG's online Zenople Employee Portal. I understand that I will be provided access via login name and password to view forms that have been entered on my behalf.

Signature: [Signature] Date: 7/24/25

Insurance Information

I understand that the CMG Staff defaults to decline insurance when entering my new hire paperwork unless specified otherwise during my interview. I understand that I have 30 days after my job offer to apply for insurance through ESSG via the log in information provided to me.

Signature: [Signature] Date: 7/24/25

Electronic W-2 Consent

The IRS has approved employers to send W-2's electronically to employees. You will receive your W-2 faster and have access to your W-2 at anytime.

Would you like to receive your W-2 statement electronically? Yes No

Email: [Signature]

Background Check Authorization

I, hereby authorize and its designated agents and representatives to conduct a comprehensive background check as part of the employment screening process. This background check may include, but is not limited to, the following:

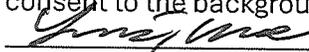
1. Criminal background check: This may involve researching and reporting any criminal convictions or pending criminal cases.
2. Employment history verification: This may include contacting past employers to verify work history, job titles, dates of employment, and reasons for leaving.
3. Education verification: This may include verifying academic degrees, diplomas, and certificates from educational institutions.
4. Professional references: This may involve contacting individuals listed as professional references by the employee to assess their qualifications and suitability for the position.
5. Credit history check (if applicable): This may include obtaining information related to the employee's credit history and financial responsibility.

Driving record check (if applicable): This may involve reviewing the employee's driving history, including any traffic violations and accidents.

Release of Information:

I understand that, in the course of the background check process, may need to disclose my personal information to third-party vendors or agencies for the purpose of obtaining the necessary background information. I consent to the release of such information.

By signing below, I acknowledge that I have read and understand the terms of this consent form and voluntarily consent to the background check described herein.

X Signature:  Date: _____

Notification of Minnesota Law Requirement – Unemployment Acknowledgement

According to Minnesota Statute section **268.095**, subdivision 2, paragraph (d), an applicant who, within five calendar days after completion of a suitable job assignment from a staffing service, (1) fails without good cause to affirmatively request an additional suitable job assignment, (2) refuses without good cause an additional suitable job assignment offered, or (3) accepts employment with the client of the staffing service, is considered to have quit employment. This paragraph applies only if, at the time of beginning of employment with the staffing service, the applicant signed and was provided a copy of a separate document written in clear and concise language that informed the applicant of this paragraph and that unemployment benefits may be affected. It is your responsibility to contact ESSG through the recruiter stated below for additional assignments. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact ESSG through the recruiter stated below within 5 calendar days once an assignment ends. I also acknowledge that I have been provided a copy of this form.

Signature:  Date: _____

EEO Information

Please choose one option under the following:

Gender

- No Answer
- Female
- Male
- Non-Binary
- Other

Marital Status

- No Answer
- Divorced
- Married
- Unmarried
- Widowed

Ethnicity

- Alaska Native
- Asian
- Hispanic Latino
- Other Pacific Islander
- Unknown Ethnicity
- No Answer
- American Indian
- Black or African American
- Native Hawaiian
- Two or more Races
- White

Veteran

- Vietnam Era Veteran
- Veteran
- Non-Veteran
- Other Protected Veteran
- Recently Separated Veteran
- Special Disabled Veteran
- No Answer

Signature: _____

Date: _____



employer solutions staffing group, llc
 Employer Solutions Staffing Group, LLC
 7201 Metro Blvd Suite 900
 Edina, MN 55439
 (952) 835-1288

EMPLOYEE DEDUCTION AUTHORIZATION

This form is to authorize an employer to make specified deductions

Employee Information			
Name:		Employee ID:	
Job Title:		Assignment:	
<p>I, _____, hereby authorize Employer Solutions Staffing Group, LLC <small>(employee name)</small></p> <p>to deduct \$ _____ from my paycheck. <small>(amount)</small></p> <p>This deduction will occur on a (check one) basis: <input checked="" type="checkbox"/> One time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____</p>			
Deductions			
Deduction	Amount	Deduction	Amount
Key Card	\$ 6.50		\$
	\$		\$
	\$		\$
TOTAL DEDUCTIONS PER PAY PERIOD: \$ 6.50		DATE OF FINAL DEDUCTION: _____ (if applicable)	
Provide any additional details specific to the deductions, such as the purpose, frequency, and any other relevant terms: did not return key card apont termination			

Attestation:
I hereby certify that the above deductions and amounts are accurate to the best of my knowledge. I understand that these deductions are voluntary and can be revoked at any time by providing written notice to my employer. I further understand that these deductions will not reduce my wages below minimum wage as required by law. This authorization is separate from any prior deductions and is in compliance with all applicable federal and state laws, including California Labor Code §§ 221–224 and Minnesota Statutes § 181.79. I understand and agree that any remaining balance of the authorized

deductions, as outlined above, may be collected from my final paycheck upon termination of my employment, in accordance with applicable state and federal laws. This collection will not reduce my final wages below the minimum wage required by law.

Employee Signature: *[Handwritten Signature]* Date: 7/24/25

Employer Acknowledgement:

I, as a representative of Employer Solutions Staffing Group, LLC acknowledge that the deductions outlined above are made in compliance with applicable federal and state laws, including California Labor Code §§ 221–224 and Minnesota Statutes § 181.79, and that these deductions are not for the benefit of the employer. Additionally, I affirm that the deductions will not reduce the employee's wages below the minimum wage required by law. A signed copy of this authorization form will be provided to the employee.

Employer Representative Signature: _____ Date: _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 07/31/2025

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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

Last Name (Family Name): Ovalle		First Name (Given Name): Luis		Middle Initial (if any): e	Other Last Names Used (if any):	
Address (Street Number and Name): 2724 1st Ave			Appt. Number (if any):	City or Town: Rochester	State: MN	ZIP Code: 55902
Date of Birth (mm/dd/yyyy): 05-24-1996	U.S. Social Security Number: 473-31-7194		Employee's Email Address:		Employee's Telephone Number: 507-358-2601	

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

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

1. A citizen of the United States

2. A noncitizen national of the United States (See instructions.)

3. A lawful permanent resident (Enter USCIS or A-Number.)

4. A noncitizen (other than item numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check item number 4., enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
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Signature of Employee: *[Signature]* Today's Date (mm/dd/yyyy): **7-29-25**

If a preparer and/or translator assisted you in completing section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see instructions.

Document Title	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
--	--	---------------------------

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
--	--

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

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.

2025

Step 1: Enter Personal Information	(a) First name and middle initial <u>Luis Ovalle</u>	Last name <u>Ovalle</u>	(b) Social security number
	Address <u>2724 1st AVE</u>		
	City or town, state, and ZIP code <u>Rochester, MN 55902</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 .
	(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):	
	Multiply the number of qualifying children under age 17 by \$2,000	\$ <u>10,000</u>
	Multiply the number of other dependents by \$500	\$ _____
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3 \$ <u>10,000</u>
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: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

[Signature] Employee's signature (This form is not valid unless you sign it.)

7-29-25 Date

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



2025 W-4MN, Minnesota Withholding Allowance/Exemption Certificate

Employees

Complete Form W-4MN so your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MN each year and when your personal or financial situation changes. If no Form W-4MN is in effect, the number of withholding allowances claimed will be zero.

First Name and Initial <u>Luis</u>	Last Name <u>Ovalle</u>	Social Security Number
Permanent Address <u>Rochester</u>		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	State ZIP Code <u>MN 55902</u>	

Complete Section 1 OR Section 2, then sign the bottom and give the completed form to your employer.

Section 1 — Determining Minnesota Allowances

A Enter "1" if no one else can claim you as a dependent A 1

B Enter "1" if any of the following apply: B 1

- You are single and have only one job
- You are married, have only one job, and your spouse does not work
- Your wages from a second job or your spouse's wages are \$1500 or less

C Enter "1" if you are married. Or 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 7

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 use the filing status Head of Household (see instructions)..... E 1

F Add steps A through E. If you plan to itemize deductions on your 2024 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. F 10

1 Minnesota Allowances. Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet..... 1 10

2 Additional Minnesota withholding you want deducted for each pay period (see instructions) 2 \$ _____

Section 2 — Exemption From Minnesota Withholding

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

A I meet the requirements and claim exempt from both federal and Minnesota income tax withholding

B Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding, because:

- I had no Minnesota income tax liability last year
- I received a refund of all Minnesota income tax withheld
- I expect to have no Minnesota income tax liability this year

C All of these apply:

- My spouse is a military service member assigned to a military location in Minnesota
- My domicile (legal residence) is in another state
- I am in Minnesota solely to be with my spouse. My state of domicile is _____

D I am an American Indian that resides and works on a reservation for which I am enrolled (see instructions).
Enter the reservation name: _____
Enter your Certificate of Degree of Indian Blood (CDIB)/Enrollment number: _____

E I am a member of the Minnesota National Guard or an active-duty U.S. military member and claim exempt from Minnesota withholding on my military pay

F I receive a military pension or other military retirement pay as calculated under U.S. Code, title 10, sections 1401 through 1414, 1447 through 1455, and 12733, and I claim exempt from Minnesota withholding on this retirement pay

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

Employee's Signature [Signature] Date 8-7-29-25 Daytime Phone Number _____

Employees: Give the completed form to your employer.

Employers

See the employer instructions to determine if you must send a copy of this form to the Minnesota Department of Revenue. If required, enter your information below and mail this form to the address in the instructions. (Incomplete forms are considered invalid.) We may assess a \$50 penalty for each required Form W-4MN not filed with us. Keep a copy for your records.

Name of Employer	Minnesota Tax ID Number	Federal Employer ID Number (FEIN)
Address	City	State ZIP Code

Work Opportunity Tax Credit

Please circle Yes or No to the following questions:

- In the last year, have you or anyone you've lived with received SNAP (Supplemental Nutrition Assistance Program also referred to as food stamps)? **Yes/No**
- In the last two years, have you or anyone you've lived with received TANF (Temporary Assistance for Needy Families also referred to as welfare)? **Yes/No**
- Are you a veteran of the U.S. Military/Armed Forces? **Yes/No**
- Are you a person who has a disability? **Yes/No**
- Have you ever been convicted of a felony? **Yes/No**
- Are you unemployed? **Yes/No**
- Have you collected unemployment benefits at any time during your unemployment period? **Yes/No**

Thank you for taking the time to complete this survey related to IRS Form 8850 (Pre-screening Notice and Certification Request for the Work Opportunity Tax Credit) and the ETA Form 9175 (Long-Term Unemployment Recipient Self-Attestation Form). These forms are used to verify the information you have provided and to manage the important WOTC jobs program.

If you agree with the following declaration, click the submit button to electronically sign the Forms 8850 and (if applicable) 9175. Your electronic signature will authorize the Veterans Administration, Department of Vocational Rehabilitation, Tribal Governments, federal and state unemployment insurance offices, or other applicable agency to release verification of information to TCC. If the name is incorrect, type in your correct name and click the submit button to electronically sign.

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

X Signature: 

Date: 7-29-25

Direct Deposit

Payday is bi-weekly on Friday.

Bank Name Green Dot Routing # 124303120 Account # 185801422360

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 is provided is incorrect.

___ Please check here if you do not have your account information or have an account. We will provide you with a Bank of America Money Network Card.

___ Please check here if you would like your paystubs electronically emailed to your email address.

Signature: 

Date: 7-29-25