

# CORPORATE MANAGEMENT GROUP

## Employment Application

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

Office Number: 507-923-4955

Office Address: 3707 Commercial Dr. SW Rochester, MN 55902



### 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) Abshirve EPMI Kahiro Date: 2/12/22  
 Address: (Street Address) 1405 Marion Rd SE (Apt./Unit #) 265  
 (City) Rochester (State) Mn (ZIP Code) 55904  
 Phone: 507-517-8090 Email: \_\_\_\_\_

Social Security No. X391599774 Date Available: Any

Position Applied for: 1 shift Desired Salary: \_\_\_\_\_

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

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

How did you hear about us? \_\_\_\_\_ 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				
College				
Bus. Or Trade School				
Professional School				

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### Previous Employment

Company: CMG Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference?  Yes  No

Company: CMG Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference?  Yes  No

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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

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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 X Ab Shire

Date: 9-9-2020

UNITED STATES OF AMERICA

PASSPORT CARD



Nationality: USA  
Passport Card no: C25665921

Surname: KARIYE  
Given Names: ABSHIRA EEMI

Sex: F  
Date of Birth: 01 JAN 1981

Place of Birth: SOMALIA

Issued On: 07 SEP 2021  
Expires On: 08 SEP 2031

J-5568010-05

1-04501-0

UNITED STATES DEPARTMENT OF STATE





## New Employee Acknowledgement Form

Welcome to CMG and Reichel Foods!

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

**CMG/ ESSG / Reichel Foods Handbook**

**Healthcare Notice of Exchange and Website for Enrollment**

**Safety Policy**

**Drug and Alcohol Testing Policy**

**View Paystubs**

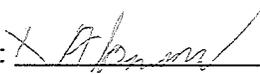
**Website:** <https://zenople.esgazure.com/login/cm>

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

**Login Name:** 5075178090

**Login Password:** Absh@8090

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

**Signature:**  **Date:** 2/8/22



## CMG/Reichel Foods, Inc. \$2,000.00 Retention Bonus

Thank you for accepting a position with CMG and Reichel Foods, Inc. By accepting this position, you are eligible for a \$2,000 Retention Bonus. Please read the below requirements and conditions about the sign-on bonus followed by your signature.

### Requirements and Conditions for the \$2,000 Retention Bonus

- You must pass all Reichel Foods, Inc. hiring requirements before you are eligible for hire
  - o You must complete the CMG/Reichel Foods, Inc. orientation
  - o You must pass a drug screen and background check
  - o You must meet Reichel Foods, Inc. language requirements
  - o You must meet company policies and practices for attendance and performance
- If you resign or your assignment ends, you will forfeit any remaining portion of the Retention Bonus.
- The bonus amount is for \$2,000 total
  - o You will receive weekly payments of \$41.67 for 12 weeks (totaling \$500)
  - o After which, you will receive a \$500 check from CMG after each quarter worked (i.e. 13 weeks) for the following 3 quarters. This totals \$1,500.
- Payroll taxes (including State & Federal Income Taxes) will not be withheld from your \$500 checks that are provided by CMG. You will be responsible for the tax liability when you file your individual income tax returns.
- You will receive a 1099 for payments from CMG for any tax year you were paid the bonus.

*\*I acknowledge that I have read and understand the terms and conditions above regarding the \$2,000 Retention Bonus with CMG and Reichel Foods, Inc.*

Employee Name

Signature

Date

Abshira Kabayo

\_\_\_\_\_

2/8/22

CMG Representative Name

CMG Representative Signature

Date

Kelly M. Sutter

[Signature]

2-7-2022

# CMG Preliminary Questions



Name: Abshira

Date: 2/8/22

### Please Mark Yes or No

- 1. If hired are you willing to take a drug test?  Yes  No
- 2. Do you have any known food allergies to soy, wheat, peanuts, or milk? Yes   No
- 3. Are you able to work with pork? Yes   No

### Please Mark Your Preferred Position

- 4. Which plant do you prefer?  South  North
- 5. What shift to you prefer?  1st  2nd  3rd

**\*To be completed during or after interview\***

Have you ever been convicted of a crime? Yes \_\_\_ No

Explain Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature Abshira

Interviewer Signature Kelly M. Sutton

# Pay Information

Payday is every Friday

Name: Ashira Kahiye

Last 4 of SSN: \_\_\_\_\_

Please mark what option you choose

\_\_\_\_ **Direct Deposit**

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

**Circle One**

Account Number \_\_\_\_\_

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 541 552

I authorize ESSG to send my paycheck stub electronically to the email address that is listed below from this date forward.

Email

Initial \_\_\_\_\_

# 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)

 -  - 

## 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: 7277631800541552**

Money Network<sup>®</sup> Checks and Money Network Cards are issued by MetaBank<sup>®</sup>, Member FDIC.

AK

## BALANCE and TRANSACTION LIMITS SCHEDULE

### Load Limitations

Maximum Account Balance<sup>3</sup>

Limit Amount

\$8000<sup>3</sup>

ACH Deposit of Other Funds (Direct Deposit) Load<sup>3</sup>

\$4000 per day | \$8000 per calendar month<sup>3</sup>

Load check funds via Mobile App<sup>1,2,3</sup>

\$25-2500 per check | \$5000 per day | \$10000 per month<sup>3</sup>

Load Cash at Load Location<sup>1,2,3</sup>

\$2500 per transaction and per day | \$5000 per month<sup>1,2,3</sup>

Secondary Account

\$8000 maximum account balance

Secondary Account Transfer

\$1000 per day | \$2000 per month

### Withdrawal Limitations<sup>1,2</sup>

Limit Amount<sup>1,2</sup>

ATM Withdrawal Limit

\$600 per transaction and per day

Money Network Check Limit

\$9999.99 per Check and per day

Bank/Teller Over the Counter Withdrawal

\$8000 per transaction and per day

ACH Transfer to Domestic Bank

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

ACH Transfer to International Bank

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

### Spend Limitations<sup>1,2</sup>

Limit Amount<sup>1,2</sup>

PIN Debit Transactions

\$3000 per transaction and per day

Signature Debit Transactions

\$3000 per transaction and per day

<sup>1</sup> Third parties may impose additional limitations and charge a separate fee. Reload locations may set a minimum load amount. For security reasons, we may impose additional limits on the amount, number, or types of Money Network Service transactions you may make.

<sup>2</sup> These limits apply to the transaction types identified. Your Fee Schedule identifies the transaction types available to you and the applicable fees.

<sup>3</sup> If you are participating in the payroll program of the employer that initially enrolled you into the Money Network Service, the Maximum Account Balance does not apply to wage deposits received from that employer. Loads via other load transactions may be rejected if you have reached the Maximum Account Balance or the load will cause your Balance to exceed the Maximum Account Balance.

## HOW DO I...

**REPORT A LOST OR STOLEN CARD OR CHECK** Call 1.888.913.0900 immediately to report it.

### DISPUTE A TRANSACTION

If you don't recognize a transaction in your recent history, promptly call the Customer Service number at 1-888-913-0900 to dispute the transaction.

For questions about your Account call 1-888-913-0900 or visit [moneynetwork.com](http://moneynetwork.com)

# Employee's Withholding Certificate

OMB No. 1545-0074

**2021**

▶ 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.

Step 1: Enter Personal Information	(a) First name and middle initial <b>AbShira F</b>	Last name <b>Kahiye</b>	(b) Social security number
	Address <b>1455 Marion Rd SE # 205</b>		▶ 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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code <b>Rochester Mn 55904</b>		
	(c) <input type="checkbox"/> Single or Married filing separately <input checked="" 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](http://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](http://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.)

<b>Step 3:</b> 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 ▶ \$ <u>3</u>		
	Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____		
	Add the amounts above and enter the total here . . . . .	3	\$
<b>Step 4</b> (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  ▶ AbShira F. Kahiye  
 Employee's signature (This form is not valid unless you sign it.) ▶ \_\_\_\_\_ Date \_\_\_\_\_

<b>Employers Only</b>	Employer's name and address Employer Solutions Staffing Group PO BOX 46270 MINNEAPOLIS, MINNESOTA 55344	First date of employment	Employer identification number (EIN)

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>Abshira Elmi</u>	Last Name <u>Kahife</u>	Employee's Social Security Number
Permanent Address <u>405 Marion Rd SE # 205</u>		Marital Status (Check one): <input type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate
City <u>Rochester</u>	State <u>MN</u>	ZIP Code <u>55904</u>

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 \_\_\_\_\_

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" 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 \_\_\_\_\_

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 \_\_\_\_\_

F Total number of allowances claimed. Add steps A through E.  
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 \_\_\_\_\_

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 3

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 [Signature] Date \_\_\_\_\_ 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 <u>Employer Solutions Staffing Group, LLC</u>	Federal Employer ID Number (FEIN) <u>208084369</u>	Minnesota Tax ID Number <u>30-703675</u>
Address <u>PO Box 46270</u>	City <u>Eden Prairie</u>	State <u>MN</u>
	ZIP Code <u>55344</u>	



**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>Kahive</u>		First Name (Given Name) <u>Abshira</u>		Middle Initial <u>E</u>	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
						ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

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):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States *(See instructions)*
- 3. A lawful permanent resident *(Alien Registration Number/USCIS Number):* \_\_\_\_\_
- 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: \_\_\_\_\_

QR Code - Section 1  
 Do Not Write in This Space

Signature of Employee <u>[Signature]</u>	Today's Date (mm/dd/yyyy) <u>2-8-2022</u>
---	--

**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

Employer Completes Next Page

# Voluntary Covid -19 Vaccination Status Certification

I understand that providing information regarding my vaccination status is currently voluntary. However, I also acknowledge that failure to provide this information may have an effect on my ability to be placed on specific assignments, should the employing company have a vaccination policy.

Are you Vaccinated against Covid-19?

*If Yes-*

Are you Fully Vaccinated or Partially Vaccinated?

- Fully Vaccinated
- Partially Vaccinated

*If No-*

If you are exercising your right not to receive the vaccination: Are you willing to submit to regular COVID-19 testing?

- Yes
- No

I hereby voluntarily release my vaccination status to ESSG and their agent.

- I read and agree