

**CORPORATE MANAGEMENT GROUP**

**Employment Application**

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri  
Office Number: 507-838-5994  
Office Address: 1825 7<sup>th</sup> St NW Rochester, MN 55901

5/21 @ 11AM



AKA: EJ.

**Applicant Information**

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

Full Name: (Last Name, First Name) Eugene Washington Date: 05-13-2024

Address: (Street Address) 613 2<sup>nd</sup> St SW (Apt./Unit #) \_\_\_\_\_  
(City) Rochester MN (State) MN (ZIP Code) 55902

Phone: 507-722-8709 Email: \_\_\_\_\_

Social Security No. 464-39-4824 Date Available: 05-14-2024

Position Applied for: Open Desired Wage: \$16-19.9

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~~ uncle Referral Name: Bud Whitehorn

If under 18, please list age: 17

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

good  
Transparent

**Previous Employment**

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

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

Job Title: \_\_\_\_\_

Responsibilities: See Attached

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

May we contact your previous supervisor for referer

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

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

Job Title: \_\_\_\_\_

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

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

May we contact your previous supervisor for referer

Orientation 5/20  
paylocity  
company  
time  
pending  
ever  
Nttu  
Katie

3rd Sanitation ge

# CORPORATE MANAGEMENT GROUP

## Employment Application

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Office Number: 507-838-5994

Office Address: 1825 7<sup>th</sup> St NW Rochester, MN 55901



### 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 be 'J. [unclear]', is written over a horizontal line.

Date: 05-13-2024

Cell phone number:  
Home phone number: 507-722-8709  
Rosie'sdad0312@gmail.com

**EUGENE WASHINGTON JR**

**OBJECTIVE** To obtain permanent, full, or part time, employment. That utilize my skills and experience.

*Looking for full perm work.*

- SKILLS & ABILITIES**
- Computer skills
  - Physical skills
  - Self-management
  - Organization skills
  - Time management
  - Awareness skills
  - Hospitality
  - Communication skills
  - Flexible mentality
  - Follows directions
  - Dependable
  - People orientated
  - Loyal
  - Trustworthy
  - Accountable
  - Consistent
  - Rule follower
  - Cooking
  - Cleaning
  - Serving

**EXPERIENCE**

- Kitchen crew member-Let me Cheese U: Redwing MN-2019-2019
- Kitchen crew member-Casey's Pizza: Hayfield MN-2019-2020
- Metal Manufacture -Kappers:01-2022/05-2022
- Lawncare Technician-Heartman's Lawncare: 04-2023/12-2023

*Lawncare  
Metal  
Kitchen crew.*

*Fairmonts 1 pack 1 store 1 sanitation 1 temp*

## EDUCATION

I've graduated from Humboldt high school in 2019 with a diploma.

I also have college credits, at MN southeast tech for physical health and science and the study of the human body. I currently don't have plans to go back at the moment, but maybe in the near future.

# CMG / Rochester Meat Company Interview Questionnaire

Applicant's Name: \_\_\_\_\_

Date/ Time: \_\_\_\_\_

Position applied for: \_\_\_\_\_

1. Why do you want to come work at the Rochester Meat Company?

A Friend.

2. Can you tell me a little about your previous work experience?

Background in production, cooking, lawn care, metal

3. What did you like most about your present/past jobs?

Down Care  
Welcome environment

4. What did you like least about one of your present/past jobs?

Moving

5. Why did you leave your previous jobs?



6. Sometimes conflicts can arise with co-workers. How have you handled conflicts with coworkers in the past (or how would you handle a conflict with a co-worker)?

Talk about it ... or talk to management

7. Sometimes disagreements can arise between supervisors and employees. How have you handled disagreements with your supervisor in the past (or how would handle a disagreement with your supervisor)?

Do what was told. Try to address later as a person / Friend.

8. With any new job there are a lot of things to learn in a short period of time. What would you do if you did not understand how to perform a particular task?

Ask.

9. Rochester Meat Company has a lot of safety rules and procedures. Do you feel that sometimes it is acceptable to ignore safety rules if it helps you complete the job faster?

No

10. While you are working, you notice that something does not seem right with the product or packaging. What would you do?

If know how to fix. Fix. let sup. know.

11. How much weight can you lift without hurting yourself?

100 lbs

12. Some of the work maybe repetitive in nature. Have you done repetitive work before and how do you feel about it?

yes ok.

13. Are you able to work the scheduled shift – Monday through Friday?

YES  NO

14. Are you able to work overtime including Saturdays and Sundays?

YES  NO

15. You would be working in temperature of 40-50 degrees. Would that be a problem for you?

YES  NO

16. Have you ever worked in food service or a restaurant before?

YES  NO

Notes:

**You have applied / are interviewing for the following position:**

**JOB TITLE:** Sanitation **Starting Wage:** \$15.50 + \$1.50 S/D (\$17.00) **Shift/Hours:** 3<sup>rd</sup> (10pm – 6am)

**JOB OBJECTIVE:** To clean and sanitize equipment and work area used in production.

**QUALIFICATIONS (based on essential functions):**

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

**JOB FUNCTIONS:** Every effort has been made to identify the essential functions of this positions, 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.

**DUTIES/RESPONSIBILITIES:** Wash, Rinse, Sanitize and set-up equipment for next shift; Dry floors and ceilings; Empty trash; Perform and assist in other related duties as required; Work well with others; Repot to work on time; Follow rules; Care for property.

**MACHINERY:** Pallet jacks.

**EQUIPMENT:** Hoses, wooden and plastic pallets, trash bags, foaming containers and wands, machine parts, large broom, grinding plate sharpener, paper towel dispensers, drop cords, pressure washers.

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

**CHEMICALS:** Caustic foaming chemicals used in sanitizing equipment, oil for drop cords and grease for machine parts.

**WORK ENVIRONMENT:** Standing on wet cement floors. Extremes of temperatures from – 30 degrees Fahrenheit in spirals to 80 degrees in portion room when hot hoses are in use. Limited visibility due to cold in work areas and the use of heat from water hoses. Slippery floors. Wet environment. Noise level is low after production. Some outdoor work. Work with hot water and high-pressure water.

**PHYSICAL REQUIREMENTS (with or without reasonable accommodation):** Ability to lift/move 10-80 pounds continuously. Requires varying degrees of pushing, pulling and lifting. Able to perform tasks requiring action of muscles or groups of muscles such as walking, crawling, bending, climbing, and stooping. Able to stand for prolonged periods (8-hour shift). Able to work early hours (after midnight) until morning. Have a good sense of smell and touch.

**MENTAL REQUIREMENTS (with or without reasonable accommodation):** Able to concentrate on minimal details with little interruption. Able to attend to task/function for 10-20 minutes at a time. Able to remember verbal and/or written task/assignment for an 8-hour shift.

**WORK HOURS:** Eight-hour work shift with 2 fifteen-minute breaks. Monday – Friday workweek. Will be required to work on Saturdays and some Sundays.

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

Applicant Signature: \_\_\_\_\_

Date: 5/21/24

Interviewer Signature: Managers

Date: 5/21/24

# 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 to you prefer?      1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>

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

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

Explain  
Incident 2023-

WALK Community / Church / Bible Study / child / probation

Employee Signature [Signature]

Interviewer Signature Diana [Signature]



## New Employee Acknowledgement Form

Welcome to CMG and ESSG!

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

**CMG/ ESSG**

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

**Safety Policy**

**Drug and Alcohol Testing Policy**

**View Paystubs**

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

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

**Login Name:** 5077228709

**Login Password:** EW@4828!

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:** 05-26-24

## Authorization to Enter New Hire Information

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

Employee Signature:  Date: 05-21-24

## Insurance Information

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

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

I agree: EW (initial)

## Employee Photo Consent Form

I, \_\_\_\_\_, agree to let CMG –to take and upload my photo for security purposes.

Employee Signature Name: 

Date: 05-21-24

## Electronic W-2 Consent:

The IRS has approved employers to send W-2 electronically to employees. Employees who choose to receive their W-2 statements electronically will have the following advantages. Faster access to your W-2. Ongoing availability to view the W-2. Ability to reprint as many times as needed.

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

By completing the box below, you are consenting to receive your W-2 by email to only the email address that you list. A paper copy will **NOT** be provided. This option can be changed at any time but remains in effect until you inform ESSG that you would like to revoke your consent.

I consent to receive my W-2 by email at the address listed below from this date forward.

Email:

I agree: EW (initial)

## **Applicant Certification and Authorization for Background Check**

*Please read the below statements and initial on the indicated line*

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

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

I understand that comprehensive background checks may be conducted to determine my eligibility for my hire by certain clients of ESSG. This may include – but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

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

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

**I have read and agree** CS **(initial)**

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

I further authorize any individual, company, firm, corporation, or public agency to divulge 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 applicants personal information, including, but not limited to, addresses, social security numbers and dates of birth.

**I have read and agree** CS **(initial)**

# TEMPORARY CREDENTIAL



Driver's License/ID #:  
**Y000-024-689-800**

TEMPORARY CREDENTIAL EXPIRATION  
**09/10/2024**

DATE OF BIRTH  
**11/17/2000**



Minnesota Department of Public Safety  
Driver and Vehicle Services division

445 Minnesota Street, Suite 175, Saint Paul, Minnesota 55101  
Phone: 651-297-3298 TTY: 651-282-6555  
[drive.mn.gov](http://drive.mn.gov)

## APPLICANT INFORMATION

APPLICATION DATE 05/13/2024

APPLICATION NAME WASHINGTON, EUGENE KAY ANTHONY JR

## CREDENTIAL INFORMATION

Name	WASHINGTON, EUGENE KAY ANTHONY JR	Date of Birth	11/17/2000
DL/ID Number	Y000-024-689-800	Height	5ft 5in
Residence Address	613 2ND ST SW ROCHESTER MN 55902-2932	Eye Color	Brown
Card Mailed To	613 2ND ST SW ROCHESTER MN 55902-2932	Sex	Male
Station Location	655 Rochester	Weight	175 lbs.
Credential Type	Standard ID	Organ Donor	No
Card Type	State ID	Veteran	No
Endorsements	None	Designation	
Restrictions	None		
License Indicators	None		



**THIS DOCUMENT IS FOR THE TYPE OF CARD  
INDICATED UNTIL THE EXPIRATION DATE  
LISTED ABOVE.**

- This document is void if the applicant is not in compliance with all restrictions indicated on the record.

**THIS IS NOT A STAND-ALONE IDENTIFICATION  
DOCUMENT**

**VALID FOR DRIVING PRIVILEGES IF THE  
RECORD INDICATES**

## CONTACT US

Visit [drive.mn.gov](http://drive.mn.gov) to:

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

Driver's License Questions	651-297-3298
License Status, available 24/7	651-284-1234
DVS Locations	651-297-2126
Motor Vehicle Questions	651-297-2126
TDD/TYY	651-282-6555

For additional information about organ, eye or tissue donation, please visit [DonateLifeMidwest.org](http://DonateLifeMidwest.org)

STATE OF MINNESOTA  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF BIRTH

STATE FILE NUMBER 2000-MN-054865

FULL NAME EUGENE KAY-ANTHONY WASHINGTON JR.  
DATE OF BIRTH NOVEMBER 17, 2000  
TIME 10:44 AM  
PLURALITY SINGLE (1)  
SEX MALE  
PLACE OF BIRTH ROCHESTER METHODIST HOSPITAL  
ROCHESTER OLMSTED MINNESOTA  
PARENT LAURA LEE ATKINSON  
NAME PRIOR TO FIRST MARRIAGE BANDEL  
DATE OF BIRTH JULY 03, 1968  
PLACE OF BIRTH MINNESOTA  
PARENT EUGENE KAY WASHINGTON  
DATE OF BIRTH JUNE 23, 1972  
PLACE OF BIRTH ILLINOIS

ANY AMENDMENT MADE PRIOR TO 06/30/2001 FOR THIS RECORD IS NOT NOTED ON THIS CERTIFICATE.

THIS IS A TRUE AND CORRECT RECORD OF BIRTH REGISTERED IN THE MINNESOTA OFFICE OF VITAL RECORDS.

MR&C Certificate ID  
15332326



55A-000336507

FILED: DECEMBER 06, 2000

*Molly Mulcahy Crawford*

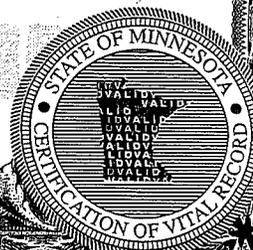
Molly Mulcahy Crawford  
STATE REGISTRAR

ISSUED: MAY 13, 2024

OLMSTED COUNTY LICENSE BUREAU

THIS CERTIFICATE IS VALID ONLY WHEN PRINTED ON OFFICIAL WATERMARKED SECURITY PAPER WITH A SECURITY THREAD AND STATE SEAL OF MINNESOTA.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



# EMERGENCY CONTACT INFORMATION

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

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

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

**Contact # 1:**

Name: Katie Wells

Relationship: Girlfriend

Phone Number: 507-722-8709

**Contact # 2**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

.....

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

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



# Employment Eligibility Verification

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

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 07/31/2026

**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) <b>Washington</b>		First Name (Given Name) <b>Eugene</b>		Middle Initial (if any) <b>Kay</b>	Other Last Names Used (if any)
Address (Street Number and Name) <b>613 2nd St SW</b>			Apt. Number (if any)	City or Town <b>Rochester</b>	State <b>MN</b> ZIP Code <b>55902</b>
Date of Birth (mm/dd/yyyy) <b>11-17-2000</b>	U.S. Social Security Number <b>969 394828</b>	Employee's Email Address		Employee's Telephone Number <b>507-722-8709</b>	
<p>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.</p>	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
	<input checked="" type="checkbox"/> 1. A citizen of the United States				
	<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
	<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 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					
Signature of Employee 				Today's Date (mm/dd/yyyy) <b>05-21-2024</b>	

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.

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)		<b>Additional Information:</b>        <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.		
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)				

**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.

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.

# Pay Information

Name: Eugene Washington

Last 4 of SSN: 4028

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Please mark what option you choose

**Direct Deposit**

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

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

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

**Circle One**

Checking -or- Savings

*I Understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs included if the account number that I provide is incorrect.*

**Initial** \_\_\_\_\_

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**Bank of America Money Network Card**

↓ Office Use Only ↓

Routing Number 084003997

Account Number 7277631800933827



## PAYROLL DEDUCTION AUTHORIZATION

I, \_\_\_\_\_ (Employee) acknowledge that I owe Employer Solutions Staffing Group for the following:

- A payroll advance in the amount of \$ \_\_\_\_\_
  - this advance will be paid back over the next \_\_\_\_\_ check(s)
  
- Uniform Deduction in the amount of \$ \_\_\_\_\_
  - this uniform deduction is weekly
  - this uniform deduction is a one-time deduction
  
- Other one-time deduction for: Key Card  
in the amount of: \$6.50

I hereby authorize Employer Solutions Staffing Group to deduct the above amount from my paycheck(s) to repay this amount.

Upon termination of my employment, regardless of the reason, I hereby authorize any unpaid amounts to be deducted in full, from my final paycheck.

Dated: 05-21-24

Signed: [Signature]

Printed Name: Eugene Washington



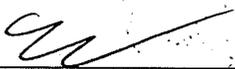
## Notification of Minnesota Law Requirement – Unemployment Acknowledgement

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.

EW (Initial)

Employee Signature: 

Date: 05-21-24

Print your name: Eugene Washington

### 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.

<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial <b>Eugene K</b>	Last name <b>Washington</b>	(b) Social security number
	Address <b>613 2nd St SW</b>		
	City or town, state, and ZIP code <b>Rochester MN 55902</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> .
	(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.)		

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](http://www.irs.gov/W4App).

**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). 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.)

<b>Step 3:</b> 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 <b>\$ 2,000</b>		<b>2,500</b>
	Multiply the number of other dependents by \$500 <b>\$ 500</b>		
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		<b>3</b>	\$
<b>Step 4 (optional):</b> Other Adjustments	(a) <b>Other income (not from jobs).</b> 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	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period	<b>4(c)</b>	\$

<b>Step 5:</b> 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.)	<b>05-21-24</b> Date	
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



**2024 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 <b>Eugene</b>	Last Name <b>Washington</b>	Social Security Number <b>469-39-4829</b>
Permanent Address <b>613 2nd St SW</b>		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 <b>Rochester</b>	State <b>MN</b>	ZIP Code <b>55902</b>

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 0

B Enter "1" if any of the following apply: ..... B 0 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

D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. .... D 2

E Enter "1" if you will use the filing status Head of Household (see instructions). .... E 0

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 3 -

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 for each pay period (see instructions) ..... 2 \$ 0

**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 	Date <b>05-21-24</b>	Daytime Phone Number <b>507-722-8709</b>
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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	Minnesota Tax ID Number	Federal Employer ID Number (FEIN)
Address	City	State ZIP Code

# E-Verify Case Number: 2024142165325JB

Report prepared: 05/21/2024

## Company Information

Company ID: 1284996

Company Name: ESSG - Corporate Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate Management Group

## Employee Information

Name: Eugene washington

Date of Birth: 11/17/2000

U.S. Social Security Number: \*\*\*-\*\*-4828

Employee's First Day of Employment: 05/21/2024

Citizenship Status: U.S. Citizen

## Document Information

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

Document Subtype: State Issued ID Card

Document Number: \*\*\*\*\*9800

Expiration Date: 09/10/2024

State: Minnesota

List C Document: Certificate of Report of Birth (DS 1350)

## Case Information

Case Status: Closed

Case Submitted By: Diana Elton

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close