



## AUTHORIZATION TO RELEASE INDUSTRIAL HEARING TEST RESULTS

I understand that a successful hearing test is a condition of my employment by Employer Solution Staffing Group, LLC. to work at the facility of Reichel Foods, Inc., and further, that Employer Solutions Staffing Group may, at its discretion, share the results of any such hearing test with Reichel Foods Inc.

I also understand that Employer Solutions Staffing Group may, at its discretion, conduct periodic hearing tests on me during the course of my employment with Employer Solutions Staffing Group and I consent to such tests.

First Name: Jemima

Middle Name: Nyarsuk

Last Name: SIB

Social Security Number: 502-25-7723

Date of Birth: 01-01-1957

Gender (Circle one):      Male       Female

My Signature: Jemima SIBI

Today's Date: 12-29-21

### Employee Photo Release Form

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

Employee Signature Name: Jemima SIBI

Date: 12-29-21

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

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

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

Your name Jemima N. Ibi Social security number ► 502-25-7223  
Street address where you live 4836 16th AVE NW  
City or town, state, and ZIP code Rochester 55901  
County \_\_\_\_\_ Telephone number (507) 319-6925  
If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

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

Jemima N. Ibi  
Signature—All Applicants Must Sign

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

Job applicant's signature ► Jemima Ibi

Date 12-29-21

# Employee's Withholding Certificate

**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 <u>Jemima N</u>	Last name <u>JIBI</u>	(b) Social security number <u>502-25-7723</u>
	Address <u>4836 16 Ave NW # 216</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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code <u>Rochester 55901</u>		
	(c) <input checked="" 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: 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](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.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ <u>        </u> Multiply the number of other dependents by \$500 . . . . . ▶ \$ <u>        </u> Add the amounts above and enter the total here . . . . . <u>3</u> \$ <u>        </u>	
	<b>Step 4 (optional): Other Adjustments</b> (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 . . . . . <u>        </u> 4(a) \$ <u>        </u>	
	(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 . . . . . <u>        </u> 4(b) \$ <u>        </u> (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . . <u>10</u> 4(c) \$ <u>        </u>	

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.	
	<u>Jemima JIBI</u> Employee's signature (This form is not valid unless you sign it.)	<u>12-29-21</u> Date

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

## 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 JJ (initial)

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

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

I have read and agree JJ (initial)



**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>JIBI</u>		First Name (Given Name) <u>Jemima</u>		Middle Initial <u>N</u>	Other Last Names Used (if any)	
Address (Street Number and Name) <u>4836 16th AVE NW</u>			Apt. Number <u>216</u>	City or Town <u>Rochester</u>		State <u>MN</u>
Date of Birth (mm/dd/yyyy) <u>01-01-1957</u>		U.S. Social Security Number <u>902-29-7723</u>		Employee's E-mail Address		Employee's Telephone Number <u>507-319-6925</u>

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

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

<input checked="" type="checkbox"/> 1. A citizen of the United States	QR Code - Section 1 Do Not Write In This Space
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>  <i>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.</i>  1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____  Country of Issuance: _____	

Signature of Employee <u>Jemima Jibi</u>	Today's Date (mm/dd/yyyy) <u>12-29-21</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

STOP    Employer Completes Next Page    STOP

Name: Jemima JIBI

Date: 12-29-21

**Achoo!**

**\*\*Read the story and answer the multiple-choice questions below \*\***

Achoo! We all sneeze sometimes. Sneezing is a reflex that your body does automatically. That means you cannot make yourself sneeze or stop one once it has started. When you sneeze, your body is trying to get rid of bad things in your nose, such as bacteria. You have extra germs when you have a cold, so you sneeze a lot more. You might also sneeze when you smell pepper!

Inside your nose, there are hundreds of tiny hairs. These hairs filter the air you breathe. Sometimes dust and pollen find their way through these hairs and bother your nasal passages. The nerves in the lining of your nose tell your brain that something is invading your body.

Your brain, lungs, nose, mouth and the muscles of your upper body work together to blow away the invaders with a sneeze. When you sneeze, germs from your nose get blown into the air. Using a tissue or "sneezing into your sleeve" captures most of these germs. It is very important to wash your hands after your sneeze into them, especially during cold and flu season.

Do you ever sneeze when you walk into bright sunlight? Some people say that happens to them often. Scientists believe the UV rays of the sun irritate the nose lining of these people, so they sneeze.

If someone nearby sneezes, remember to tell them "Gesundheit!" that is a funny-looking word which is pronounced "gezz-oont-hite." It is the German word that wishes someone good health after sneezing.

1. Why do people sneeze?
  - a. The tiny hairs in your nose tickle
  - b. Your body is trying to get rid of bad things
  - c. You can make yourself sneeze when you want to
  
2. What are the 3 parts of your body that work together with your upper body to sneeze?
  - a. Hand, Elbow, Shoulder
  - b. Ankle, Knee, Hip
  - c. Brain, Lungs, Mouth
  
3. What other things can make you sneeze?
  - a. Pepper, Sun, Dust, and Pollen
  - b. Water, Pop, Flowers, Trees
  - c. Salt, Seasonings, Meat, Fruit
  
4. What is a German word that people often say to someone that sneezes?
  - a. Good Job
  - b. Gesundheit
  - c. Hang in there
  
5. What should you do after your sneeze into your hands especially during cold and flu season? (This should also be done in the production area!)
  - a. Wipe them with a tissue
  - b. Nothing
  - c. Wash your hands

# 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: Christopher Apolo

Relationship: husband

Phone Number: 507, 322-8011

**Contact # 2**

Name: SCOLAS ~~Friend~~ Godin

Relationship: Friend

Phone Number: 507, 202-5785

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

