



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 this form stating that you received your log in information.

CMG/ESSG/Reichel Foods 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: 5073835851

Login Password: Lang1030

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:  Date: 02/24/20

Employee Photo Release Form

I, Joseph Langen 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.

Signature: [Signature] Date: 02/24/26

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>Eileen</u>	Name: <u>Ben</u>
Relationship: <u>Aunt</u>	Relationship: <u>Brother</u>
Phone Number: <u>907-328-1956</u>	Phone Number: <u>907-513-9348</u>

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: 02/24/26

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: 02/24/26

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: JosephLangen@gmail.com

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.

Signature:  _____ Date: 02/24/26

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: 02/24/26

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.

Signature: _____

Date: 02/24/20

Direct Deposit

Payday is weekly on Friday.

Bank Name First Alliance CU Routing # 291975481 Account # 812000351013

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 account number that provide 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: 02/24/20



Employment Eligibility Verification
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
 Form I-9
 OMB No. 1615-0047
 Expires 12/31/2025

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) Langu		First Name (Given Name) Joseph		Middle Initial (if any) N	Other Last Names Used (if any)	
Address (Street Number and Name) 1206 17th Ave NW			Apt. Number (if any) 4	City or Town Rochester		State MN
Date of Birth (mm/dd/yyyy) 07/12/2001		U.S. Social Security Number 5864771030		Employee's Email Address JosephLangu@gmail.com		Employee's Telephone Number 507-383-9851
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.)				
		<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 items 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		Foreign Passport Number and Country of Issuance
Signature of Employee <i>[Signature]</i>				Today's Date (mm/dd/yyyy) 02/24/26		
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 representatives 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 the 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	List B	AND	List C	
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
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.

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.

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	Veteran
-Alaska Native	-Vietnam Era Veteran
-Asian	-Veteran
-Hispanic Latino	✓ -Non-Veteran
-Other Pacific Islander	-Other Protected Veteran
-Unknown Ethnicity	-Recently Separated Veteran
-No Answer	-Special Disabled Veteran
-American Indian	-No Answer
-Black or African American	
-Native Hawaiian	
-Two or more Races	
-White	

Signature: 

Date: 02/24/26

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.

2025

Department of the Treasury
Internal Revenue Service

Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information	(a) First name and middle initial Joseph N	Last name Langu	(b) Social security number 516 47 1630
	Address 1206 17th AV NW		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code Rochester NV 65901		
	(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: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works
Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for 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 \$ <input type="text"/>	
	Multiply the number of other dependents by \$500 \$ <input type="text"/>	
	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 \$ <input type="text"/>
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) \$ <input type="text"/>
	(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) \$ <input type="text"/>
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c) \$ <input type="text"/>

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.


Employee's signature (This form is not valid unless you sign it)

02/24/26
Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Statement Regarding Employer Solutions Staffing Group II, LLC Plan Electronic Disclosures

Individuals entitled to receive benefits under Employer Solutions Staffing Group II, LLC's Employee Benefits Plan (the Plan) are also entitled to be furnished with certain documents required by ERISA. Employer Solutions Staffing Group II, LLC intends to provide the following documents to you by electronic delivery (as described below):

- the Summary Plan Description (SPD);
- any required Summaries of Material Modifications (SMMs);
- the Summary Annual Report (SAR); and
- any documents required to be furnished under ERISA § 104(b)(4) on request by a participant or beneficiary under the Plan or made available under ERISA § 104(b)(2).

Electronic Delivery Method to Be Used: These ERISA-required documents will be furnished to you in each case as an attachment to an e-mail sent to the e-mail address you specify to us. The attachment will be in Microsoft Word or Adobe PDF. To access the e-mail and attached document, you must have (1) a computer with internet access; (2) access to a program (either installed or on the internet) on that computer allowing you to send and receive e-mails (such as Gmail, Yahoo Mail, or Outlook); and (3) the application program Adobe Acrobat Reader and Microsoft Word for Windows 97 or higher installed on your computer allowing you to open and read the attached document. To retain a copy of the e-mail and attached document for future reference, you must either (1) be able to print a copy on a printer attached to the computer; or (2) save a copy in electronic form onto a backup system external to your computer's hard drive (e.g., on a zip drive).

If any of these requirements change in a way that creates a material risk that you will no longer be able to access and retain electronically transmitted documents, you will be furnished with notice and required to provide an additional consent for receiving documents electronically.

What You Must Do: To receive documents electronically, you must do the following:

1. Provide us with an e-mail address to which electronic documents should be sent. To update your e-mail address, you must notify ESSG's Employee Benefits Team by sending an e-mail message to benefits@employersolutionsgroup.com that indicates in the subject line: Change in E-Mail Address for Electronic Disclosure.

Your Right to a Paper Copy: You have a right to request and obtain a paper version of any electronically transmitted document at no charge. Contact ESSG's Employee Benefits Team at 952-767-9549 or benefits@employersolutionsgroup.com to request a paper copy.

Consent to Receive Employer Solutions Staffing Group II, LLC
Plan Disclosures Electronically

(Initials)

J I have read and received the Statement Regarding Employer Solutions Staffing Group II, LLC Plan Electronic Disclosures (the Statement), which is set out above.

J I consent to receiving the type of documents described in the Statement by electronic means at the following e-mail address: _____

J I understand that if my email address changes, I must notify ESSG's Employee Benefits Team by sending an email to: benefits@employersolutionsgroup.com.

J I confirm that I have the ability to access information in the electronic form that is described in the Statement. I understand that I will receive copies of the types of documents described in the Statement only in the electronic form described there unless I exercise my right to affirmatively request a paper copy of such document. I understand that I can withdraw this consent at any time by sending an e-mail to ESSG's Employee Benefits Team at benefits@employersolutionsgroup.com with the subject line: CONSENT WITHDRAWN FOR ELECTRONIC DISCLOSURE and include in the body my full name, address and phone number.

_____ I DO NOT consent to receiving the type of documents described in the Statement by electronic means.

Print Name: Joseph Langu

E-mail Address to be used for Electronic Delivery: Joseph.langu@gmail.com

Signature: J. Langu Date: 02/24/26

Voluntary Self-Identification of "Protected" Veteran Status

Why Are You Being Asked to Complete This Form?

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way.

For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How Do You Know if You Are a Veteran Protected by VEVRAA?

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War which is defined as occurring from August 2, 1990 to the present.

If you believe you belong to any of the categories of protected veterans please indicate by checking the appropriate box below. The categories are defined on the next page and explained further in an "[Am I a Protected Veteran?](#)" infographic provided by OFCCP.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED BELOW

I AM NOT A PROTECTED VETERAN

I DO NOT WISH TO ANSWER

Joseph Luygen
Your Name

02/24/26
Today's Date

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)

Full Name: (Last Name, First Name) Langu Joseph Date: 02/24/26
 Address: (Street Address) 1206 17th Ave NW (Apt./Unit #) 4
 (City) Rochester (State) MN (ZIP Code) 5600 55901
 Phone: 507-383-5851 Email: Josephlangu@gmail.com
 Social Security No. 586-47-1030 Date Available: weekdays
 Position Applied for: Production Associate Desired Wage: Minimum
 Shift Available to work: 1st 2nd 3rd Employment desired: Full-Time Part-Time
 Are you authorized to work in the U.S.? Yes No
 How did you hear about us? Indeed Referral Name: _____
 If under 18, please list age: _____
 Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? No Yes

*Just a
OK ES
Weeks*

file

Previous Employment

Company: Remswoodvale Phone: 641-426-0237
 Address: Austin Mn 605 W Oakland Ave Supervisor: Danielle Nohen
 Job Title: DSP
 Responsibilities: Care provider Healthcare
 From: 2021 To: 2023 Reason for Leaving: _____
 May we contact your previous supervisor for reference? Yes No

*helping
Grandma
2025*

*Washhouse
little pick
transportation
from Austin
to cities*

Company: Lou-Rich Phone: 507-377-8110
 Address: Albert Lea Mn 505 W First St Supervisor: Sally H.
 Job Title: Assembly tech
 Responsibilities: Assembly company product and package ready for shipment.
 From: 2023 To: 2024 Reason for Leaving: Mae at SF town.
 May we contact your previous supervisor for reference? Yes No

J1@1030!

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



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]', written over a horizontal line.

Date: 02/24/26

CMG Preliminary Questions



Name: Joseph L.

Date: 02/24/26

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 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

Have you ever been convicted of a crime? Yes ___ No

Explain

Incident _____

Employee Signature

Interviewer Signature _____

Complete after interview

Viewed the Production Video before interview JS initials

Viewed New Hire Manual before interview JS initials

Showed badge for punching in/out and with the call in line number
JS initials

Name:

Joseph L.

Date:

02/24/26

Julies Race

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

The dogsled race was about to begin. Julie's team of dogs was lined up at the starting gate. Julie stood behind them. The air was so cold that she could see her breath. Other teams were lined up, too, and the dogs were excited. Julie kept her eyes on the dock. At exactly ten o'clock, she and the other racers yelled, "Mush!" the dogs knew that meant "Go!" They leapt forward and the race began!

Julie had trained months for this race, and she hoped she and her dogs would win. Hour after hour, day after day, Julie's dogs pulled the sled in order to get in shape for the race.

Now, they ran over snowy hills and down into frozen valleys. They stopped only to rest and eat. They wanted to stay ahead of the other teams. The racers had to go a thousand miles across Alaska. Alaska is one of the coldest places on Earth. The dogs' thick fur coats helped keep them warm in the cold wind and weather. In many places along the route, the snow was deep. Pieces of ice were as sharp as a knife. The ice could cut the dogs' feet. To keep that from happening, Julie had put special booties on their feet.

At first, the dogs seemed to pull the sled very slowly. They were still getting used to the race. But on the third day out, they began to pull more quickly. They worked as a team and passed many of the other racers. Once one of the sled's runners slid into a hole and broke. Julie could have given up then, but she didn't. She fixed it and they kept going.

When they finally reached the finish line, they found out that they had come in first place! It was a great day for Julie and her dogs.

1. The author of "Julie's Race" wrote the story in order to do what?
 - a. To describe how dogs stay warm in the cold weather
 - b. To tell about a dogsled race
 - c. To explain how cold it can be in winter
2. Where does the dogsled race take place?
 - a. In Antarctica
 - b. On a track
 - c. In Alaska
3. What happened **BEFORE** the dogs began running?
 - a. The dogs pulled the sled slowly
 - b. Julie and the dogs lined up at the starting gate
 - c. The runner on Julie's sled broke
4. Julie's team of dogs lined up at the starting gate. What does team mean?
 - a. Friends and family
 - b. Many dogs
 - c. A group working together

2/24 10AM

ENTERED

Joseph Langu

Rochester, MN 55901
josephjuniorlangu4_igh@indeedemail.com
+1 507 383 5851

Willing to relocate: Anywhere
Authorized to work in the US for any employer

Work Experience

Production Assembler

Lou-Rich Innovance Inc-Albert Lea, MN
July 2025 to January 2026

Assembly technician

DSP (Direct Support Professional)

REMSWOODVALE-Austin, MN
November 2022 to September 2024

- As a DSP staff your duties and responsibilities are with your clients. you'll assist the people you support to direct the course of their own lives. you will Work in partnership with others to support individuals leading self-directed lives, whether its providing care, administering medication, Transporting resident to and from Medical referrals/outing etc. With just a few years in the healthcare fields yet still counting I've work with multiple individuals with different backgrounds, Personalities, ethnicities, and challenges which improve me mentally and physically as a character to come up with fun and bright ways for each individuals you work with to reach there standard goals from a day to day basis.

Cashier

Shell Oil Station-Saipan
August 2018 to September 2020

Provide outstanding customers service. Upsell in store merchandise to customers. Restock merch. Tilt count and input sells after every shift.

Education

High school diploma

Marianas High School-Saipan
June 2016 to June 2020

Upper secondary education

Skills

- Medical billing
- Outdoor work
- Phone etiquette
- Spanish

- Printed materials color matching
- Time management
- Warehouse experience
- Calipers
- Food processing
- Merchandising
- Door-to-door
- Coordinate measuring machine
- Forklift
- Microsoft Access
- Food service management
- Supervising experience
- Oracle
- Senior care
- Bilingual
- Work ethic
- Data entry
- Delivery driver experience
- B2B
- Microsoft Office
- DSP
- Visual inspection for quality control
- Typing
- Upselling/customer service
- Administrative experience
- Project management
- Printing facility experience
- Office experience
- Transportation management systems
- Mechanical knowledge
- Hotel experience
- Legal counsel
- Writing skills
- Medical scheduling
- Word processing
- Electrical experience
- Salesforce
- Inventory control
- CGMP
- Customer support

- Windows
- Software troubleshooting
- Plumbing
- Epic
- Medical office experience
- Physiology knowledge
- Digital printing
- Color correction (printed materials)
- Sales consultant
- Computer skills
- Vision inspection system
- Communication skills
- Medication Administration
- Patient Care
- Retail sales
- Research
- Ceridian
- English
- Filing
- Point-Click Care
- Cash handling
- Working with people with developmental disabilities
- Manufacturing
- Microsoft Word
- Intake
- GM vehicles
- Vital Signs
- Cherry picker
- CRM software
- Regulatory inspections
- RF scanner
- Planograms
- HIPAA
- Printed materials color profiling
- valid drivers license
- Product demos
- Heavy lifting
- Basic math
- iOS
- Nursing

TEMPORARY LICENSE



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



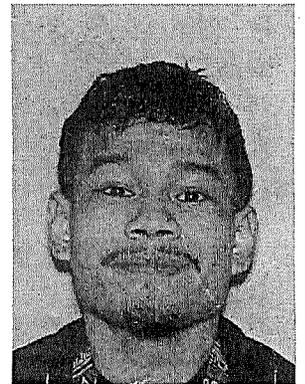
Driver's License/ID #:
R000-054-695-100
TEMPORARY CREDENTIAL EXPIRATION
04/30/2026
DATE OF BIRTH
07/12/2001

APPLICANT INFORMATION

APPLICATION DATE 12/31/2025
APPLICATION NAME LANGU, JOSEPH JUNIOR NORES

CREDENTIAL INFORMATION

Name	LANGU, JOSEPH JUNIOR NORES		
DL/ID Number	R000-054-695-100	Date of Birth	07/12/2001
Residence Address	1206 17TH AVE NW APT 4 ROCHESTER MN 55901-0251	Height	5ft 8in
Card Mailed To	1206 17TH AVE NW APT 4 ROCHESTER MN 55901-0251	Eye Color	Brown
Station Location	771 Rochester Exam Station	Sex	Male
Credential Type	Standard ID	Weight	135 lbs.
Card Type	DL Class D	Organ Donor	Yes
Endorsements	None	Veteran Designation	No
Restrictions	Corrective Lenses		
License Indicators	Living Will/Healthcare Directive		



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 to:

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- 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

Use Letter ID: L0087785021 to sign up for MyDVS at drive.mn.gov or scan the QR code below



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