

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: Monday-Friday 9am-3pm

Office Number: 507-838-5994

Office Address: 1232 Valley High Dr NW Rochester, Mn 55901



Applicant Information

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

Please fully complete pages 1-3

Full Name: (Last Name, First Name) Mohammad Mustaja Date: 06/15/22

Address: (Street Address) ⁹⁷⁰ 11th Avenue NW (Apt./Unit #) 302

(City) Rochester (State) MN (ZIP Code) 55901

Phone: 507-405-6604 Email: mustajasirat@gmail.com

Social Security No. 674-61-1299 Date Available: 06/25/22

Position Applied for: grinder Desired Wage: _____

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

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

How did you hear about us? Internet Referral Name: Indeed.com

If under 18, please list age: _____

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

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School				
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Wage: \$ _____ Ending Wage: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Wage: \$ _____ Ending Wage: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Wage: \$ _____ Ending Wage: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Wage: \$ _____ Ending Wage: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

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

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

Signature: _____ Date: _____

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PLEASE READ CAREFULLY APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

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

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant X [Signature] Date: X 06/15/22

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION



Surname
SIRAT

Given Name
MOHAMMAD MUSTAFA

USCIS# Category Card#
2-3-165-634 C11 IOE8354035114

Country of Birth
Afghanistan

Terms and Conditions
Name

Date of Birth Sex
24 DEC 1989 M

Valid From **04/07/22**

Card Expires **04/06/24**

NOT VALID FOR REENTRY TO U.S.

You have applied / are interviewing for the following position:

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

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

QUALIFICATIONS (based on essential functions):

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

JOB FUNCTIONS: Every effort has been made to identify the essential functions of this position. However, it in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or an essential function of the position.

DUTIES/RESPONSIBILITIES: set up grinding equipment; gather materials to be used for proper formulation; operate grinding equipment; keep accurate production and raw material sheets as needed; move product to freezers quickly; breakdown equipment for cleaning; preform other duties assigned by supervisor; work well with others; report to work on time; follow rules; care and maintain property and equipment.

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

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

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

CHEMICALS: Dry Ice.

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

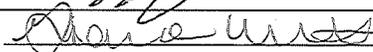
PHYSICAL REQUIREMENTS (with or without reasonable accommodation): Ability to lift/move 10-65 pounds continuously. Requires varying degrees of pushing, pulling (of 400-pound tubs), bending and lifting to move boxes. Must be able to continuously perform simple repetitive and manipulative tasks. Able to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

MENTAL REQUIREMENTS (with or without reasonable accommodation): Able to concentrate on details with many interruptions. Able to attend to task/function for 60 minutes at a time. Able to remember verbal and/or written task/assignment for an eight-hour shift. Must be able to read and use a pound percentage scale.

WORK HOURS: Eight-hour workweek, Monday through Friday. Will be required to work some weekends.

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

Applicant Signature:  Date: 06/15/22

Interviewer Signature:  Date: 6/15/22

Mohammad Mustafa Sirat

Address: 970 11th Ave. NW #302 Rochester, MN, 55901

Phone number: 507-405-6604

Email: mustafasirat100@gmail.com

10+ years of professional work experience in HRM and Management. I hold a Bachelor Degree in Science from the University of Herat, and completed a Master Degree in Economic Development (MED) at Kateb University. I have gained experience using my analytical skills, attention to detail, negotiation skills, time management, multi-tasking and team building skills. I am well-organized, motivated and I enjoy working with people.

Work Experience

Senior HR Functional Review Expert - Ministry of Finance, Kabul, Afghanistan
September 2020 – March 2021

- Analyzing and reviewing the current structure of the ministry
- Assessing how the activities could be delivered in a more efficient and effective manner.
- Determining the training needs opportunities and developing comprehensive and efficient training plans.
- Actively arranging and participating in meetings with general directors
- Reviewing existing SOPs, policies and job descriptions.
- Releasing financial and human resources
- Bringing the structure into line with functions performed and identifying new functions and competencies.

Procurement Expert - HSR (USAID Project-Future Group), Kabul, Afghanistan
March 2019 – March 2020

- Assisting the hospital management team in development of hospital procurement plans
- Providing daily job training to hospital procurement staff.
- Assisting the hospital procurement team in procurement of goods, medicines and other supplies
- Assisting hospital procurement team in ensuring that procurement related documents are properly filled and archived.
- Developing and revising procurement related SOPs and tools
- Conducting trainings
- Reports to the GDCM's General Director.

HR GENERAL MANAGER - Mellat Super Specialty Hospital (MSH), Kabul, Afghanistan
July 2018 – February 2019

- Maintaining the work structure by updating job requirements and job descriptions for all positions.
- Maintaining organization staff by recruiting, testing, and interviewing, counseling managers on candidate selection, conducting and analyzing interviews, recommending changes.
- Preparing employees for assignments by establishing and conducting orientation and training programs.
- Maintaining a pay plan by conducting periodic pay surveys; scheduling and conducting job evaluations; preparing pay budgets; monitoring and scheduling individual pay actions; recommending, planning, and implementing pay structure revisions.
- Monitoring an employee work results by training managers to coach and discipline employees; scheduling management conferences with employees; hearing and resolving employee grievances; counseling employees and supervisors.
- Maintaining employee benefits programs and informs employees about their benefits.

Human Resources Manager Advisor – Ministry of Public Health (World Bank Project), Kabul, Afghanistan

December 2017 – June 2018

- Assisting with the hospital in HR policy development.
- Assisting with the establishment of computerized data base and conducting timely HR evaluation process.
- Conducting assessment of hospital HRM staff on quarterly bases
- Conducting trainings
- Submitting monthly, quarterly and annual financial report.

HR General Manager - Ministry of Public Health (CBR Program), Kabul, Afghanistan

March 2014 – December 2017

- Managing HR matters, including reviewing and developing relevant policies and procedures and providing advice in relation to employee performance
- Assisting with preparations for disciplinary and grievance hearings as necessary
- Administration, co-ordination and support of recruitment
- Developing and managing, employee-related programs
- Providing administrative support as required

HRMIS and Performance Appraisal General Manager - Ministry of Public Health, Kabul, Afghanistan

December 2012 - March 2014

- Managing of appraisal process.
- Managing the HRMIS System.
- Controlling and compression.
- Organizing workshops for all the public health representatives of 34 provinces.

- Leading and managing weekly meetings
- Updating of Provincial NGO's and MoPH's Profiles.

HR Officer - Salam University, Kabul Afghanistan

December 2011 – December 2012

- Supporting development and implementation of HR initiatives and systems
- Providing counselling on policies and procedures
- Being actively involved in recruitment by preparing job descriptions, posting ads and managing the hiring process
- Creating and implementing effective onboarding plans
- Managing the HRMIS System.
- Maintaining employee records (attendance, EEO data etc.) according to policy and legal requirements
- Review employment and working conditions to ensure legal compliance

Education

Master in Economics Development (Graduate) - Kateb University, Kabul. Afghanistan
(2017-2018)

Bachelor's Degree in Science (Graduate) - University of Herat, Herat, Afghanistan
(2008-2011)

Skills & Interests

- **Professional skills:** HRM, Communication, Time Management, Management, Monitoring & Evaluation, Coordination, Procurement Management, Policy and Planning, Technical Writing –SOPs, Manuals, Teaching & Training.
- **Language skills:** Dari, Pashto, English.
- **Leadership Skills:** Leading teams in organization.
- **Computer skills:** Microsoft Office (MS-Word, Excel, Power Point), Database, Outlook.

References

Veronica Orozco-Street– Case Manager – Catholic Charities
903 West Center Street Suite 220
Rochester, MN 55902
Phone: (507) 721-9203
Email: vorozco-street@ccsommn.org

John Meyers - Director of Refugee Resettlement – Catholic Charities
903 West Center Street Suite 220
Rochester, MN 55902
Phone: (507) 287-2047 ext. 35
Email: jmeyers@ccwinona.org

M. Hamayoon Noori
Team Leader of Hospital Technical Experts
Email: hamayoon.khan.sme@gmail.com

Dr. Mohebullah Zeer (MD)
General Director of GDCM in (MoPH)
Email: mohebullahzr08@gmail.com



New Employee Acknowledgement Form

Welcome to CMG and Rochester Meats!

As a new employee, you will be provided with the website, username and password to view the new hire forms that you signed during your CMG interview. Please sign and date the bottom of 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/cmgi>

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

Login Name: 5674050604

Login Password: Ms@1299

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: [Signature] Date: 06/15/22

CMG Preliminary Questions

Name: Mohammad Mustajir

Date: 06/15/22

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? 1st 2nd 3rd

To be completed during or after interview

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

Explain

Incident _____

Employee Signature _____

Interviewer Signature 

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: 06/15/22

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: MS (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 NS (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 applicant's personal information, including, but not limited to, addresses, social security numbers and dates of birth.

I have read and agree NS (initial)

Employee Photo Consent Form

I, am, agree to let CMG – Rochester office – to take and upload my photo for security purposes.

Employee Signature Name:  Mohammad Mustafa

Date: 06/15/22

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: Malika

Relationship: Spouse

Phone Number: 507-405 6915

Contact # 2

Name: _____

Relationship: _____

Phone Number: _____

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

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

Employee's Withholding Certificate

OMB No. 1545-0074

2021

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
▶ Give Form W-4 to your employer.
▶ Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information	(a) First name and middle initial <u>Mohammed M</u>	Last name <u>Sirat</u>	(b) Social security number <u>1074 411299</u>
	Address <u>970 11th Ave. NW #302</u>		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code <u>Rochester, MN 55901</u>		
	(c) <input type="checkbox"/> Single or Married filing separately <input checked="" type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, 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 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>2000</u>		
	Multiply the number of other dependents by \$500 ▶ \$		
Add the amounts above and enter the total here		3	\$ <u>2000</u>
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: 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.) 	Date <u>06/15/22</u>	
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)



2021 W-4MN, Minnesota Employee Withholding Allowance/Exemption Certificate

Employees

Complete Form W-4MN so that your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MN each year or when your personal or financial situation changes.

Employee's First Name and Initial <u>Mohammed</u>	Last Name <u>Sirat</u>	Employee's Social Security Number <u>104-101-1299</u>
Permanent Address <u>970 11th Ave. NW #302</u>		Marital Status (Check one): <input type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate
City <u>Rochester</u>	State ZIP Code <u>MN 55901</u>	

Read instructions on back. Complete Section 1 OR Section 2, then sign and give the completed form to your employer. Do not complete both Section 1 and Section 2. Completing both sections will make the form invalid.

Section 1 — Determining Minnesota Allowances

- A Enter "1" if no one else can claim you as a dependent A 1
- B Enter "1" if any of the following apply: B 1
 - You are single and have only one job
 - You are married, have only one job, and your spouse does not work
 - Your wages from a second job or your spouse's wages are \$1500 or less
- C Enter "1" if you are married. You may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.) C 0
- D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. D 1
- E Enter "1" if you will use the filing status Head of Household (see instructions). E 1
- F Total number of allowances claimed. Add steps A through E.
If you plan to itemize deductions on your 2021 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. F 4

Section 2 — Exemption From Minnesota Withholding

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

- A I meet the requirements and claim exempt from both federal and Minnesota income tax withholding
- B Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding, because:
 - I had no Minnesota income tax liability last year
 - I received a refund of all Minnesota income tax withheld
 - I expect to have no Minnesota income tax liability this year
- C All of these apply:
 - My spouse is a military service member assigned to a military location in Minnesota
 - My domicile (legal residence) is in another state
 - I am in Minnesota solely to be with my spouse. My state of domicile is _____
- D I am an American Indian that resides and works on a reservation
- E I am a member of the Minnesota National Guard or an active duty U.S. military member and claim exempt from Minnesota withholding on my military pay
- F I receive a military pension or other military retirement pay as calculated under U.S. Code, title 10, sections 1401 through 1414, 1447 through 1455, and 12733, and I claim exempt from Minnesota withholding on this retirement pay

Minnesota Allowances and Additional Withholding

- 1 Minnesota Allowances. Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet . . . 1 3
- 2 Additional Minnesota withholding you want deducted each pay period (see instructions) 2 _____

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

Employee's Signature 	Date <u>06/15/22</u>	Daytime Phone Number
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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	Federal Employer ID Number (FEIN)	Minnesota Tax ID Number
Address	City	State ZIP Code

Pay Information

Name: Mohammad Sirat

Last 4 of SSN: 1299

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 _____

_____ Bank of America Money Network Card

↓ Office Use Only ↓

Routing Number _____

Account Number _____



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>Sirat</u>		First Name (Given Name) <u>Mohammad</u>		Middle Initial <u>M</u>	Other Last Names Used (if any)	
Address (Street Number and Name) <u>970 11th Ave. NW</u>			Apt. Number <u>302</u>	City or Town <u>Rochester</u>		State <u>NY</u>
Date of Birth (mm/dd/yyyy) <u>12/24/99</u>		U.S. Social Security Number <u>074-01-1299</u>		Employee's E-mail Address		ZIP Code <u>55901</u>
					Employee's Telephone Number <u>507-405-1604</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 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 (Alien Registration Number/USCIS Number):
<input checked="" type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>4/10/2024</u> Some aliens may write "N/A" in the expiration date field. (See instructions)
<p><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></p> <p>1. Alien Registration Number/USCIS Number: <u>243-1165-534</u> OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
QR Code - Section 1 Do Not Write in This Space

Signature of Employee	Today's Date (mm/dd/yyyy) <u>06/15/22</u>
-----------------------	--

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code

Employer Completes Next Page

ETHNICITY AND RACE IDENTIFICATION

(Please read the Privacy Act Statement and instructions before completing form.)

Name (Last, First, Middle Initial) <i>Sirat Mohammed M</i>	Social Security Number <i>674 61 1299</i>	Birthdate (Month and Year) <i>12/24/1989</i>
Agency Use Only		

Privacy Act Statement

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

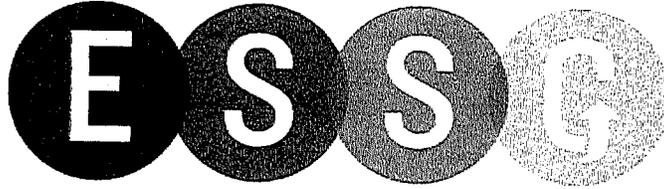
Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

Specific Instructions: The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2.

Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
 Yes No (Asian)

Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input checked="" type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.



employer solutions staffing group, llc

PAYROLL DEDUCTION AUTHORIZATION

I, Mohammad Sirat (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 \$ 10.50

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: _____ 06/15/22

Signed: _____

Printed Name: Mohammad Mustafa