



## 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: Nhial Deng

Middle Name: Ngor

Last Name: Deng

Social Security Number: 382314772

Date of Birth: 08/24/1980

Gender (Circle one):  Male  Female

My Signature: Nhial Deng

Today's Date: 2/8/22

### Employee Photo Release Form

I, Nhial Deng, 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: Nhial Deng

Date: 2/8/22

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

OMB No. 1545-1500

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 Nhial Ngor Deng Social security number ▶ 382314772  
Street address where you live 159 Sunfish PL NE # B  
City or town, state, and ZIP code Rochester MN 55906  
County Olmsted Telephone number 5072719082  
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.

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 ▶

Date

2/8/22

# 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: Deng Deng

Relationship: Brother

Phone Number: 2023861686

**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



# Pay Information

Payday is every Friday

Name: Nhial Deng

Last 4 of SSN: 4772

Please mark what option you choose

**Direct Deposit**

Bank Name MS Bank

Routing Number 091000022

**Circle One**

Account Number 104783780711

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 ND

**Bank of America Money Network Card**

↓ Office Use Only ↓

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

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

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

Email

Initial \_\_\_\_\_

# 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<br><u>Nhial N</u> | Last Name<br><u>Deng</u> | Employee's Social Security Number<br><u>382314772</u>   |
| Permanent Address<br><u>159 Sunfish PL NE #B</u>    |                          | Marital Status (Check one):<br><input checked="" type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien<br><input type="checkbox"/> Married<br><input type="checkbox"/> Married, but withhold at higher Single rate |
| City<br><u>Rochester</u>                            | State<br><u>MN</u>       | ZIP Code<br><u>55906</u>  |

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

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

- Section 2 — Exemption From Minnesota Withholding
- Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate why you believe you are exempt:
- A I meet the requirements and claim exempt from both federal and Minnesota income tax withholding
  - B Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding, because:
    - I had no Minnesota income tax liability last year
    - I received a refund of all Minnesota income tax withheld
    - I expect to have no Minnesota income tax liability this year
  - C All of these apply:
    - My spouse is a military service member assigned to a military location in Minnesota
    - My domicile (legal residence) is in another state
    - I am in Minnesota solely to be with my spouse. My state of domicile is \_\_\_\_\_
  - D I am an American Indian that resides and works on a reservation
  - E I am a member of the Minnesota National Guard or an active duty U.S. military member and claim exempt from Minnesota withholding on my military pay
  - F I receive a military pension or other military retirement pay as calculated under U.S. Code, title 10, sections 1401 through 1414, 1447 through 1455, and 12733, and I claim exempt from Minnesota withholding on this retirement pay

Minnesota Allowances and Additional Withholding

1 Minnesota Allowances. Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet .. 1 1

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 Nhial Date 2/8/22 Daytime Phone Number \_\_\_\_\_

Employees: Give the completed form to your employer.

## Employers

See the employer instructions to determine if you must send a copy of this form to the Minnesota Department of Revenue. If required, enter your information below and mail this form to the address in the instructions. (Incomplete forms are considered invalid.) We may assess a \$50 penalty for each required Form W-4MN not filed with us. Keep a copy for your records.

|   |   |   |
|---|---|---|
| Name of Employer<br><u>Employer Solutions Staffing Group, LLC</u> | Federal Employer ID Number (FEIN)<br><u>208084369</u> | Minnesota Tax ID Number<br><u>30-703675</u> |
| Address<br><u>PO Box 46270</u>                                    | City<br><u>Eden Prairie</u>                           | State<br><u>MN</u>                          |
|   |   | ZIP Code<br><u>55344</u>                    |

# 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.

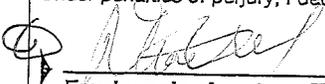
|   |   |                          |   |
|---|---|--------------------------|---|
| Step 1:<br>Enter<br>Personal<br>Information | (a) First name and middle initial<br><i>Nhrial Deng N</i>   | Last name<br><i>Deng</i> | (b) Social security number  |
|   | Address<br><i>159 Sunfish PL NE # B Rochester MN</i>  |                          |   |
|   | City or town, state, and ZIP code<br><i>Rochester MN 55906</i>  |                          | ▶ 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<br><input type="checkbox"/> Married filing jointly or Qualifying widow(er)<br><input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) |                          |   |

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

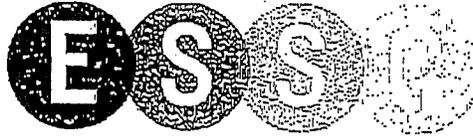
**Step 2:** Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.  
**Multiple Jobs or Spouse Works** Do only one of the following.  
 (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or  
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or  
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . .   
**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

|  |  |      |    |
|--|--|------|----|
| <b>Step 3:</b><br>Claim Dependents             | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):<br>Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____   |      |    |
|  | Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____  |      |    |
|  | Add the amounts above and enter the total here . . . . .   | 3    | \$ |
| <b>Step 4 (optional):</b><br>Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . | 4(a) | \$ |
|  | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .  | 4(b) | \$ |
|  | (c) Extra withholding. Enter any additional tax you want withheld each pay period . . . . .  | 4(c) | \$ |

**Step 5:** Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.  
**Sign Here**  ▶ 2/8/22  
Date  
 Employee's signature (This form is not valid unless you sign it)

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



employer solutions staffing group.

## 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. SM \_ (Initial)

Recruiter: Corporate Management Group

Phone Number: 303-9201425

Address: 1501 W. 124th Ave Unit 500 Westminster, CO 80234

2/8/22

Employee Signature:

Date:

Employee (please print your name here)