

**CORPORATE MANAGEMENT GROUP**

Employment Application

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri

Office Number: 507-838-5994

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

9/4  
11AM



"your workforce management & staffing experts"

**Applicant Information**

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

Full Name: (Last Name, First Name) Mueller Joseph Date: \_\_\_\_\_

Address: (Street Address) 63794 160th ave (Apt. /Unit #) \_\_\_\_\_

(City) Dodge Center (State) MN (ZIP Code) 55927

Phone: 719-431-0551 Email: Joe.mueller.930@gmail.com

Social Security No. 329-70-4823 Date Available: 9-9-24

Position Applied for: Sanitation Desired Wage: open

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

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

How did you hear about us? walk in 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 Weekends ok.

**Previous Employment**

Company: Greener Pastures Phone: 719-275-6411

Address: 2980 Ute St Supervisor: Cohle

Job Title: Meat Cutter

Responsibilities: Cutting grinding making sausage

From: 9-22 To: 6-24 Reason for Leaving: moved to mn

May we contact your previous supervisor for reference?  Yes  No

Company: Westcliff Meats Phone: 719-373-6169

Address: 1358 Co Rd 140 Supervisor: Robert

Job Title: Meat Cutter

Responsibilities: Cutting grinding meat

From: 9-21 To: 9-22 Reason for Leaving: not enough hours

May we contact your previous supervisor for reference?  Yes  No

Moved

any

Slater House

AMTAN  
15 cows  
high cost  
of living

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

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

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

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

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

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

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

**MACHINERY:** Pallet jacks.

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

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

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

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

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

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

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

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

Applicant Signature:

*Jol Mueller*

Date:

*9-4-24*

Interviewer Signature:

*Diana C...*

Date:

*9/4/24*



## New Employee Acknowledgement Form

Welcome to CMG and ESSG!

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

**CMG/ ESSG**

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

30 Days

**Safety Policy**

**Drug and Alcohol Testing Policy**

**View Paystubs**

**Website:** <https://zenoble.esgazure.com/login/cmig>

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

**Login Name:** 7194310551

**Login Password:** Jm@48231.

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: Joe Mueller Date: 9-4-24

# CMG Preliminary Questions

Name: Joe

Date: 9/4/24

### Please Mark Yes or No

1. If hired, are you willing to take a drug test?  Yes  No

2. Are you able to work with pork and beef?  Yes  No

### Please Mark Your Preferred Position

3. What shift to you prefer?      1<sup>st</sup>    2<sup>nd</sup>     3<sup>rd</sup>

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

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

Explain

Incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature Joseph Mueller

Interviewer Signature [Signature]

## X 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.

X Employee Signature: Joe Mueller Date: 9-4-24

## Insurance Information

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

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

X I agree: JM (initial)

## Employee Photo Consent Form

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

X Employee Signature Name: Joe Mueller  
Date: \_\_\_\_\_

## Electronic W-2 Consent:

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

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

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

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

Email:

I agree: JM (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.

X I have read and agree JM (initial)

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

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

X I have read and agree JM (initial)

**COLORADO** USA  

DRIVER LICENSE

DOB: 09/30/1965  
DL#: 14-239-0697  
EXP: 09/30/2028

MUELLER  
JOSEPH ED  
1720 E MAIN ST LOT 10  
FLORENCE CO 81226

Issue 07/01/2024  
Sex: M Hgt: 00 Eye: BLU  
Class: F



**COLORADO**

329-70-4823

THIS NUMBER HAS BEEN ESTABLISHED FOR

JOSEPH E  
MUELLER



Reh 87332



# Employment Eligibility Verification

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

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the **Instructions**.

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name) <b>MULLER</b>		First Name (Given Name) <b>Joseph</b>		Middle Initial (if any) <b>E</b>	Other Last Names Used (if any)	
Address (Street Number and Name) <b>63794 160th Ave</b>			Apt. Number (if any)	City or Town <b>Dodge Center</b>		State <b>MN</b>
Date of Birth (mm/dd/yyyy) <b>9-30-1965</b>		U.S. Social Security Number <b>329 70 4823</b>		Employee's Email Address		Employee's Telephone Number
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 Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4., enter one of these:				USCIS A-Number		OR
				Form I-94 Admission Number		OR
				Foreign Passport Number and Country of Issuance		
Signature of Employee <b>X Joseph E Mueller</b>				Today's Date (mm/dd/yyyy) <b>X 9-4-2024</b>		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the **Preparer and/or Translator Certification** on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

Document Title 1	Issuing Authority	Document Number (if any)	Expiration Date (if any)	Document Title 2 (if any)	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)	Additional Information	
													List A
													<b>CO DL</b>
													<b>SS CARD</b>
													<b>14-239-0697</b>
													<b>329-70-4823</b>
													<b>9/30/2028</b>
													<input type="checkbox"/> 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 <b>Ellen Hanna</b>		Signature of Employer or Authorized Representative <i>[Signature]</i>		Today's Date (mm/dd/yyyy) <b>9/4/2024</b>
Employer's Business or Organization Name <b>1825 Hn St. NW</b>		Employer's Business or Organization Address, City or Town, State, ZIP Code <b>UMG-Rochester Meats</b>		

For reverification or rehire, complete **Supplement B, Reverification and Rehire** on Page 4.

## 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 \_\_\_\_\_ Social security number ► \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number \_\_\_\_\_

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 \_\_\_\_\_



## 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.

x jm (Initial)

Employee Signature: Joseph Mueller  
Date: 9-4-2024  
Print your name: Joseph Mueller

# 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: Donna Hagen

Relationship: Friend

Phone Number: 507-384-7531

**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.

# E-Verify Case Number: 2024248164403HJ

Report prepared: 09/04/2024

## Company Information

Company ID: 1284996

Company Name: ESSG - Corporate Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate Management Group

## Employee Information

Name: Joseph Mueller

Date of Birth: 09/30/1965

U.S. Social Security Number: \*\*\*-\*\*-4823

Employee's First Day of Employment:  
09/04/2024

Citizenship Status: U.S. Citizen

## Document Information

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

Document Subtype: Driver's License

Document Number: \*\*\*\*\*0697

Expiration Date: 09/30/2028

State: Colorado

List C Document: Social Security Card

## Case Information

Case Status: Closed

Case Submitted By: Diana Elton

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized  
Auto Close



**2024 W-4MN, Minnesota Withholding Allowance/Exemption Certificate**

**Employees**

Complete Form W-4MN so your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MN each year and when your personal or financial situation changes. If no Form W-4MN is in effect, the number of withholding allowances claimed will be zero.

First Name and Initial <u>Joseph E</u>	Last Name <u>Mueller</u>	Social Security Number <u>329-70-4823</u>
Permanent Address <u>63794 160th Ave</u>		Marital Status (Check one): <input checked="" type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate
City <u>Dodge Center</u>	State ZIP Code <u>Mn 55927</u>	

Complete Section 1 OR Section 2, then sign the bottom and give the completed form to your employer.

**Section 1 — Determining Minnesota Allowances**

- A Enter "1" if no one else can claim you as a dependent ..... A 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. Or choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.) . C 0
- D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. .... D 0
- E Enter "1" if you will use the filing status Head of Household (see instructions). .... E 0
- F Add steps A through E. If you plan to itemize deductions on your 2024 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. .... F 0

- 1 Minnesota Allowances. Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet ..... 10
- 2 Additional Minnesota withholding you want deducted for each pay period (see instructions) ..... 250

**Section 2 — Exemption From Minnesota Withholding**

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

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

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

Employee's Signature Joseph Mueller Date 9-4-2024 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	Minnesota Tax ID Number	Federal Employer ID Number (FEIN)
Address	City	State ZIP Code

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**Step 1:**  
Enter  
Personal  
Information

(a) First name and middle initial <b>Joseph E</b>	Last name <b>MUeller</b>	(b) Social security number
Address <b>63794 160th Ave</b>		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code <b>Dodge Center MN 55927</b>		
(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

**Step 2:**  
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). 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 \$ \_\_\_\_\_

Multiply the number of other dependents by \$500 . . . . . \$ \_\_\_\_\_

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** \$

**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.

X Joseph E Mueller  
Employee's signature (This form is not valid unless you sign it.)

X 9-4-2024  
Date

**Employers  
Only**

Employer's name and address

First date of  
employment

Employer identification  
number (EIN)



## PAYROLL DEDUCTION AUTHORIZATION

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

- A payroll advance in the amount of \$ \_\_\_\_\_
  - this advance will be paid back over the next \_\_\_\_\_ check(s)

- Uniform Deduction in the amount of \$ \_\_\_\_\_
  - this uniform deduction is weekly
  - this uniform deduction is a one-time deduction

Other one-time deduction for: Key Card

in the amount of: \$6.50

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

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

Dated: 9/4/2024

Signed: Joseph Mueller

Printed Name: JOSEPH MUELLER

# Pay Information

Name: Joe Mueller

Last 4 of SSN: 4923

Please mark what option you choose

**Direct Deposit**

Bank Name Sunflower

Routing Number 101100621

Account Number 1100858006

Circle One

Checking  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 JM

**Bank of America Money Network Card**

↓ Office Use Only ↓

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

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