

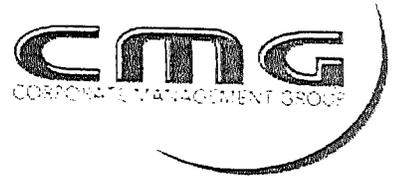
CORPORATE MANAGEMENT GROUP

Employment Application

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

Office Number: 507-898-5994

Office Address: 1825 7th St NW Rochester, MN 55901



Your workforce management & staffing partner.

Applicant Information

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

Full Name: (Last Name, First Name) Darith Hin Darith Date: 8/22/24

Address: (Street Address) 362 Elton Hills Dr NW (Apt./Unit #) 37

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

Phone: 507-735-8990 Email: hindarith@gmail.com

Social Security No. 474-27-4439 Date Available: ASAP

Position Applied for: 2nd shift Meat Grinder Desired Wage: 17.00

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.com 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 off.

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

CORPORATE MANAGEMENT GROUP

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Your workforce management & staffing partner.

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

Garth Min

Date:

8-22-24

Darith Hin

Rochester, MN 55904
darithhin6_jdr@indeedemail.com
+1 507 735 8990

Authorized to work in the US for any employer

Work Experience

Warehouse Associate

The Furniture Superstore-Rochester, MN
September 2023 to June 2024

I would bring customers their merchandise that was purchased to their vehicles, build furniture for delivery and clean the warehouse. *work*

Night Auditor/Front Desk Agent

Hilton Home2 Suites-Rochester, MN
May 2023 to July 2023

Check in guests, guest services, assist with breakfast set up, clean lobby, clean pool area, ensure there is pool towels for the next day, clean and stock restroom, run systems to roll over to the next business day, distribute emails to the correct team members of management, property security walks.

My current proudest accomplishments is to be able to adapt to a new property, uphold and Hilton standards, and to keep a personal standard above company standards to ensure guest satisfaction.

Night Auditor

Hilton Garden Inn Hotel-Rochester, MN
October 2021 to April 2023

I perform Outlet Distributions so that out hotel can keep accurate records of profit, I also perform Billing Cycles and assist guests for checking in and out for reservations.

Front Desk Receptionist/Night Auditor

Hampton by Hilton-Rochester, MN
June 2020 to August 2021

Front Desk, Cash handling, Reservation making, Billing Management, Customer support, Auditing.

Front Desk Agent/Night Auditor

Rochester Marriott Mayo Clinic Area-Rochester, MN
August 2019 to June 2020

Front Desk Agent:

Follow work "to do list", assign people to their rooms and check them in, answer any questions they may have ie, questions on the area, directions etc. Identify and acknowledged loyalty status for the guests checking in, answer phones and go above and beyond to fulfill the guests requests. Proper communication to not only the staff i work around, but everyone in the building to work together to fulfill every guests needs.

*Roller loads
for work*

*working / delivery
repairing
pick up / recycle
clean up / organize*

*experience / full service
to part
service.*

Night Audit:

Everything listed above.

close all of hotel transactions to properly accumulate and record profits through out the day to be transferred electronically to our international data base. Run all credit cards and special requests for the day to be processed to reflect purchases and incidents. Input and record all information such as billings to accounting and record all hotel restaurant purchases to the lead staff of the according to hotel's outlet. Communicate with all Kahler and Marriott properties for purchases outside of the my property to be billed accurately. Process all of the days records and employee records to headquarters IMS program. Print an distribute all billing to everyone in the hotel with paper receipts for those who haven't fully integrated into the technological era.

Repeat the same processes on paper form in case of system back up malfunction. Prepare House Keeping for any special requests and accommodations for arrivals of the next business day and to boot the hotel's internal system for a new business day.

Front Desk Clerk

Planet Fitness-Rochester, MN

January 2018 to August 2019

Sign people up for memberships or cancel. Clean the gym during the night shift.

Cashier/Customer Service overnights

Casey's General Store-Sleepy Eye, MN

December 2016 to August 2017

Cashier shift:

Usual cashier duties

Clean bathrooms and mop floors

Make store presentable and tidy

Restock items onto shelf

Prepare next shifts drawer

Kitchen Shift:

Prepare and cook pizzas on the hour, every hour

Make customers pizzas for pickup

Throw away old conventional donuts and package cake donuts

Wash dishes

Laundry

Prepare the donut shift

Warehouse Worker

Exide Battery-Minneapolis, MN

August 2016 to November 2016

Inspect inventory

Check battery levels

Replace battery labels
Recharge batteries
Ship batteries to different companies

O/N Stocker (Dairy frozen team)

Target-Rochester, MN
February 2015 to March 2016
Pull items with system devices
Unload the food truck
Take Food Temp
Manifestation paper work
Store shipment to freezers and refrigerators
Stock

Assistant Manager

Asian Food Store-Rochester, MN
February 2013 to October 2014
Open the store
Display weekly fresh produce
Clean the kitchen
Unload the daily fresh produce from the shipment truck
Stock items if needed
Help the customers bring out groceries
Sweep and mop the store
Restroom clean up
Put away the food on display
Close up shop

Family.

Tumbler Operator

CMG/Reichel foods-Rochester, MN
January 2011 to November 2012
Put on Gear
Inspect the Tumbler
Empty and replace the calcium solution for the apples
Start up the Tumbler
Place the apple side up in the Tumbler
Change equipment every hour for sanitation purposes

*boxed pallet } machine op:
Inventory.
work scheduled
lots of hours*

Private constructor

Lowneys Freeland Builders-Rochester, MN
February 2008 to November 2008

Sweeping and vacuuming the floors

Scrapped the walls clean of paint

Check Piping and walls

Replace any walls that had molding and fix any holes in the walls

Many more general construction duties

Education

GED in Generals

Hawthorne Diploma Program - Rochester, MN

January 2014 to January 2014

Skills

- Cleaning Experience (9 years)
- Night Audit (Less than 1 year)
- Produce Experience (Less than 1 year)
- Guest Services (5 years)
- Cash Handling (5 years)
- Front Desk (4 years)
- Stocking (3 years)
- Customer Service (5 years)
- Warehouse Experience (3 years)
- Kitchen Experience (3 years)
- Dish Washing Experience (2 years)
- Auditing
- Assistant Manager Experience
- Store Management Experience
- Supervising experience
- Customer service
- Guest services
- Cash register
- Auditing
- Store management
- Cash handling
- Sales
- Communication skills
- Organizational skills
- Mechanical knowledge
- Hand tools

- Lean manufacturing
- Microsoft Office
- Microsoft Excel
- Microsoft Word
- Materials handling
- Pallet jack
- RF scanner

Certifications and Licenses

Forklift Certified

m MINNESOTA IDENTIFICATION CARD
USA

NOT FOR FEDERAL IDENTIFICATION

1 HIN:
2 DARITH CHAN
8 902 11TH AVE NW
APT 103
ROCHESTER, MN 55901-1701

4d ID# L292-146-299-613 4a ISS 04/24/2019
3f DOB 10/19/1993 4b EXP 10/19/2023

NOT A DRIVER'S LICENSE

15 SEX M 17 WGT 294 lb
18 HGT 5'10" 18 EYES BRO

5f OB 00000001000689 10/19/93



SOCIAL SECURITY

474-27-4439

THIS NUMBER HAS BEEN ESTABLISHED FOR

DARITH CHAN HIN

Darith e. Hin

SIGNATURE



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: Denita Amin Date: 8/22/24
Interviewer Signature: Steve Green Date: 8/27/24

CMG Preliminary Questions

Name: _____

Date: _____

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 do 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 July 23 > Fel.

Employee Signature *Dominic Biv*

Interviewer Signature *Shirley Cottrell*



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

Safety Policy

Drug and Alcohol Testing Policy

View Paystubs

Website: <https://zenople.esgazure.com/login/cm>

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

Login Name: 5077358990

Login Password: Dh@4439!

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: X *Dorinda* *Arb* Date: X 8-22-24

Authorization to Enter New Hire Information

X 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: Rushon Hill Date: 8-22-24

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: DH (initial)

Employee Photo Consent Form

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

X Employee Signature Name: Rushon Hill
Date: 8-22-24

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 X No _____

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: hindarith@gmail.com

I agree: DH (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 DH (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.

I have read and agree DH (initial)

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: ~~Kat~~ Katelynn Hin

Relationship: Wife

Phone Number: 507-513-8820

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.



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) <i>Hin</i>		First Name (Given Name) <i>Darith</i>		Middle Initial (if any) <i>L</i>	Other Last Names Used (if any)	
Address (Street Number and Name) <i>362 Elton Hills Dr NW</i>			Apt. Number (if any) <i>37</i>	City or Town <i>Rochester</i>		State <i>MN</i>
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's Email Address		ZIP Code <i>55901</i>
				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.):

1. A citizen of the United States

2. A noncitizen national of the United States (See Instructions.)

3. A lawful permanent resident (Enter USCIS or A-Number.)

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
Darith Hin

Today's Date (mm/dd/yyyy)
08-22-2024

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	List A	OR	List B	AND	List C
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:

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.

First Day of Employment (mm/dd/yyyy):

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.



PAYROLL DEDUCTION AUTHORIZATION

I, Darith Hin (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: 08-22-2024
✗ Signed: Darith Hin dGonitn Hin
✗ Printed Name: Darith Hin



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.

DH (Initial)

Employee Signature: Darwin Hin

Date: 08-22-2024

Print your name: Darwin Hin

Pay Information

Name: Darith Hin

Last 4 of SSN: 4439

Please mark what option you choose

Direct Deposit

Bank Name Wells Fargo

Routing Number 091000019

Account Number 7008082906

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.

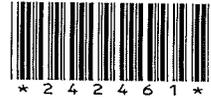
Initial DH

Bank of America Money Network Card

↓ Office Use Only ↓

Routing Number _____

Account Number _____



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>Darith</u>	Last Name <u>Hin</u>	Social Security Number <u>474-27-4439</u>
Permanent Address <u>362 Elton Hills Dr NW MN 55901</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 <u>MN</u> ZIP Code <u>55901</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 0
 - 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 1
- 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 2

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

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 <u>Darith Hin</u>	Date <u>8-22-24</u>	Daytime Phone Number <u>507-735-8990</u>
---	------------------------	---

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

Department of the Treasury
Internal Revenue Service

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.

2024

Step 1: Enter Personal Information	(a) First name and middle initial <i>Darith C</i>	Last name <i>Hin</i>	(b) Social security number <i>474-27-4439</i>
	Address <i>362 Elton Hills Dr NW #37</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 www.ssa.gov .
	City or town, state, and ZIP code <i>Rochester MN 55901</i>		
	(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.

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 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	\$ <i>0</i>	
	Multiply the number of other dependents by \$500	\$ <i>0</i>	
	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	\$ <i>0</i>
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)	\$ <i>0</i>
	(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)	\$ <i>0</i>
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ <i>0</i>

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 *Darith Hin* *8-22-24*

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

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

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.

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

Your name Dorith Hin Social security number ► 474-27-4439
Street address where you live 362 Elton Mills Dr NW #37
City or town, state, and ZIP code Rochester MN 55901
County Clmsted Telephone number 507-735-8990
If you are under age 40, enter your date of birth (month, day, year) 10-19-1993

- 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 ► Dorith Hin

Date 8-22-24

E-Verify Case Number: 2024235215434HH

Report prepared: 08/22/2024

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: Darith Hin

Date of Birth: 10/19/1993

U.S. Social Security Number: ***-**-4439

Employee's First Day of Employment: 08/22/2024

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: State Issued ID Card

Document Number: *****9613

State: Minnesota

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