

**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



Your work is our management & training focus

**Applicant Information**

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

Full Name: (Last Name, First Name) Saira Najeli Gonzales Armenta Date: 04/07/24

Address: (Street Address) 1811 Greenfield LN SW AP 10 (Apt./Unit #) 10

(City) Rochester (State) MN (ZIP Code) 55902

Phone: 507-735-9264 Email: SairaGonzArmenta@gmail.com

Social Security No. 817-65-3004 Date Available: 04/08/24

Position Applied for: Pack Desired Wage: 20

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? inced Referral Name: \_\_\_\_\_

If under 18, please list age: 26

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

**Previous Employment**

Company: Cosa Corazon Phone: 507 735 6532

Address: 970 34<sup>th</sup> Ave NW Rochester MN 55901 Supervisor: Alex Ictran

Job Title: Lead Teacher

Responsibilities: \_\_\_\_\_

From: 02/20/24 To: 02/22/24 Reason for Leaving: the minimum wage

May we contact your previous supervisor for reference?  Yes  No

Company: concast in Phone: 507-732-4695

Address: 1010 N star Dr Zumbrota MN 55992 Supervisor: Forest

Job Title: spray of

Responsibilities: Create concrete molds with fiberglass

From: 06/22/20 To: 03/20/24 Reason for Leaving: the distance from mi home to work

May we contact your previous supervisor for reference?  Yes  No

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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 \_\_\_\_\_ Date: \_\_\_\_\_

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

**JOB TITLE:** Packer **Starting Wage:** \$15.00 **Shift/Hours:** 1<sup>st</sup> shift 6:50am to 3:30pm

**JOB OBJECTIVE:** To package ground beef patties according to company specifications.

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

- Related experience preferred.
- Must be able to 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:**

Pack proper quantities of ground beef patties in boxes at an acceptable speed to keep up with the rest of the line; Make boxes and insert liners before shift begins and during shift as needed. Change boxes above production lines when changing product runs; Clean up patties from floor before breaks and at end of shift; Assist with general clean up at end of shift as directed; Perform other duties as needed; Work effectively with others, both within and outside the department. Work as a team with others; Report to work on time. Leave and return from breaks on time; Follow safety rules, conduct rules, GMP, Quality Standards and other regulations; Able and willing to do new or different jobs as required; Take care of and properly maintain the equipment used in this job (as appropriate).

**MACHINERY:** Conveyor, pattie grouper, pattie paper interleaver, box machines.

**WORK ENVIRONMENT:** Standing on cement floor for the entire shift. Moderate to high noise. Temperature range of 40-50 degrees Fahrenheit.

**PHYSICAL REQUIREMENTS (with or without reasonable accommodation):** Requires varying degrees of pushing, pulling and reaching for patties. Must be able to continuously perform simple manipulative tasks such as packing single patties and stacks of patties. Occasionally perform difficult manipulative tasks. Able to perform tasks requiring action of muscles or groups of muscles such as walking 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 minimal details with little interruption. 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.

**WORK HOURS:** Eight-hour workweek, Monday through Friday. May be required to work on Saturdays.

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

Applicant Signature: Sajco Gonzalez A. Date: 06/17/25  
Interviewer Signature: [Signature] Date: 6/17/25

UNITED STATES OF AMERICA  
**PERMANENT RESIDENT**



Surname  
**GONZALEZ ARMENTA**

Given Name  
**SAIRA N**

Country of Birth  
**Mexico**

USCIS#  
**060-074-658**

Category  
**F43**

Date of Birth  
**07 AUG 1998**

Sex  
**F**

Card Expires: Resident Since:  
**11/13/33 04/21/08**

**SOCIAL SECURITY**

**817-65-3004**

THIS NUMBER HAS BEEN ESTABLISHED FOR

**SAIRA  
GONZALEZ ARMENTA**

*Saira Gonzalez Armenta*  
SIGNATURE

**11/20/2020**





## 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 this form stating that you received your log in information.

**CMG/ESSG/Rochester Meats Handbook**

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

**Safety Policy**

**Drug and Alcohol Testing Policy**

**View Paystubs**

**Employee Notice of Employment and Wage**

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

**\*\*do not fill out the login name or password. CMG will provide you with this information\*\***

Login Name: 5077359264

Login Password: Sg@3004!      Sain3004

I hereby acknowledge that I have been provided with the login information to view the items listed above. I understand that it is my responsibility to read and follow each document provided to me and that if I have any questions concerning the content, it is my responsibility to address my questions with a CMG representative. I also hereby waive any claim, now or in the future, that I did not receive, did not read or did not comprehend the items or their contents.

Signature: Saira Gonzalez Armenta      Date: 06/17/25

## Work Opportunity Tax Credit

Please circle Yes or No to the following questions:

- In the last year, have you or anyone you've lived with received SNAP (Supplemental Nutrition Assistance Program also referred to as food stamps)? Yes/No
- In the last two years, have you or anyone you've lived with received TANF (Temporary Assistance for Needy Families also referred to as welfare)? Yes/No
- Are you a veteran of the U.S. Military/Armed Forces? Yes/No
- Are you a person who has a disability? Yes/No
- Have you ever been convicted of a felony? Yes/No
- Are you unemployed? Yes/No
- Have you collected unemployment benefits at any time during your unemployment period? Yes/No

Thank you for taking the time to complete this survey related to IRS Form 8850 (Pre-screening Notice and Certification Request for the Work Opportunity Tax Credit) and the ETA Form 9175 (Long-Term Unemployment Recipient Self-Attestation Form). These forms are used to verify the information you have provided and to manage the important WOTC jobs program.

If you agree with the following declaration, click the submit button to electronically sign the Forms 8850 and (if applicable) 9175. Your electronic signature will authorize the Veterans Administration, Department of Vocational Rehabilitation, Tribal Governments, federal and state unemployment insurance offices, or other applicable agency to release verification of information to TCC. If the name is incorrect, type in your correct name and click the submit button to electronically sign. *Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.*

Signature: Saira Gonzalez A.

Date: 06-17-25

## Direct Deposit

Payday is bi-weekly on Friday.

Bank Name First Alliance Routing # 291975481 Account # 558868-01

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 is provided is incorrect.

Please check here if you do not have your account information or have an account. We will provide you with a Bank of America Money Network Card.

Please check here if you would like your paystubs electronically emailed to your email address.

Signature: Saira Gonzalez Armas

Date: 06-17-25

# CMG Preliminary Questions

Name: Saira Gonzalez

Date: 4/17/15

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature Saira Gonzalez

Interviewer Signature [Signature]

## Employee Photo Release Form

I, \_\_\_\_\_ agree to let Rochester Meats use my picture for internal security purposes. I also agree to submit a written request to Rochester Meats if/when I wish my photo be removed from the company database.

Signature: Saira Gonzalez Armenta Date: 06/17/25

## Emergency Contact Information

Please list at least one person with one working phone number. We will only contact the name(s) listed below if we are unable to get ahold of you or if there is an emergency.

Contact #1	Contact #2
Name: <u>Kevin Merillo</u>	Name: _____
Relationship: <u>Husband</u>	Relationship: _____
Phone Number: <u>507-923-7241</u>	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.

## Authorization to Enter New Hire Information

By signing below, I authorize a member of Corporate Management Group to enter my new hire paperwork into ESSG's online Zenople Employee Portal. I understand that I will be provided access via login name and password to view forms that have been entered on my behalf.

Signature: Saira Gonzalez A. Date: 06/17/25

## Insurance Information

I understand that the CMG Staff defaults to decline insurance when entering my new hire paperwork unless specified otherwise during my interview. I understand that I have 30 days after my job offer to apply for insurance through ESSG via the log in information provided to me.

Signature: Saira Gonzalez A. Date: 06/17/25

## Electronic W-2 Consent

The IRS has approved employers to send W-2's electronically to employees. You will receive your W-2 faster and have access to your W-2 at anytime.

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

Email: \_\_\_\_\_

## Background Check Authorization

I, hereby authorize and its designated agents and representatives to conduct a comprehensive background check as part of the employment screening process. This background check may include, but is not limited to, the following:

1. Criminal background check: This may involve researching and reporting any criminal convictions or pending criminal cases.
  2. Employment history verification: This may include contacting past employers to verify work history, job titles, dates of employment, and reasons for leaving.
  3. Education verification: This may include verifying academic degrees, diplomas, and certificates from educational institutions.
  4. Professional references: This may involve contacting individuals listed as professional references by the employee to assess their qualifications and suitability for the position.
  5. Credit history check (if applicable): This may include obtaining information related to the employee's credit history and financial responsibility.
- Driving record check (if applicable): This may involve reviewing the employee's driving history, including any traffic violations and accidents.

Release of Information:

I understand that, in the course of the background check process, may need to disclose my personal information to third-party vendors or agencies for the purpose of obtaining the necessary background information. I consent to the release of such information.

By signing below, I acknowledge that I have read and understand the terms of this consent form and voluntarily consent to the background check described herein.

Signature: Jaira Gonzales A. Date: 06/19/25

## Notification of Minnesota Law Requirement – Unemployment Acknowledgement

According to Minnesota Statute section **268.095**, subdivision 2, paragraph (d), an applicant who, within five calendar days after completion of a suitable job assignment from a staffing service, (1) fails without good cause to affirmatively request an additional suitable job assignment, (2) refuses without good cause an additional suitable job assignment offered, or (3) accepts employment with the client of the staffing service, is considered to have quit employment. This paragraph applies only if, at the time of beginning of employment with the staffing service, the applicant signed and was provided a copy of a separate document written in clear and concise language that informed the applicant of this paragraph and that unemployment benefits may be affected. It is your responsibility to contact ESSG through the recruiter stated below for additional assignments. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact ESSG through the recruiter stated below within 5 calendar days once an assignment ends. I also acknowledge that I have been provided a copy of this form.

Signature: Jaira Gonzales A. Date: 06/19/25

**EEO Information**

**Please choose one option under the following:**

**Gender**

- No Answer
- Female
- Male
- Non-Binary
- Other

**Marital Status**

- No Answer
- Divorced
- Married
- Unmarried
- Widowed

<p><b>Ethnicity</b></p> <ul style="list-style-type: none"><li>-Alaska Native</li><li>-Asian</li><li>-Hispanic Latino</li><li>-Other Pacific Islander</li><li>-Unknown Ethnicity</li><li>-No Answer</li></ul>	<ul style="list-style-type: none"><li>-American Indian</li><li>-Black or African American</li><li>-Native Hawaiian</li><li>-Two or more Races</li><li>-White</li></ul>	<p><b>Veteran</b></p> <ul style="list-style-type: none"><li>-Vietnam Era Veteran</li><li>-Veteran</li><li>-Non-Veteran</li><li>-Other Protected Veteran</li><li>-Recently Separated Veteran</li><li>-Special Disabled Veteran</li><li>-No Answer</li></ul>
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Signature: Daura Gonzalez A.

Date: 06/17/25



# Employment Eligibility Verification

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

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 07/31/2025

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

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

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

Last Name (Family Name): <b>Saira Naydi</b>		First Name (Given Name): <b>Gonzalez Armenta</b>		Middle Initial (if any):	Other Last Names used (if any):
Address (Street Number and Name): <b>1811 Greenfield LN SW APT 10</b>			Apt. Number (if any): <b>APT 10</b>	City or Town: <b>Rocheester, MN</b>	State: <b>MN</b>
Date of Birth (mm/dd/yyyy): <b>8/7/1998</b>		U.S. Social Security Number: <b>817-65-3004</b>		Employee's Email Address:	Employee's Telephone Number: <b>65902</b>
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 type="checkbox"/> 1. A citizen of the United States				
	<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
	<input checked="" 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>Saira Gonzalez A.</b>				Today's Date (mm/dd/yyyy): <b>06/17/25</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	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
					<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.					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.

# 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.

**2025**

<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial <u>Saira Nayeli</u>	Last name <u>Gonzalez Armenta</u>	(b) Social security number
	Address <u>1811 Greenfield LW SW AP 10</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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code <u>Rochester MN 55902</u>		
	(c) <input type="checkbox"/> Single or Married filing separately <input checked="" type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://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](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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

<b>Step 3:</b> 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 \$ <u>2000</u>			
	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	\$	<u>2000</u>
<b>Step 4 (optional):</b> Other Adjustments	(a) <b>Other income (not from jobs).</b> 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) <b>Deductions.</b> 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) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	4(c)	\$	<u>0</u>

**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** Saira Gonzalez Armenta 06/17/25  
Employee's signature (This form is not valid unless you sign it.) Date

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

**2025 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>Saira Nayeli</u>	Last Name <u>Gonzalez Armenta</u>	Social Security Number
Permanent Address <u>Bohcoater</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>Bohcoater</u>	State <u>MN</u> ZIP Code <u>55902</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 1
- 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 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>Saira Gonzalez A.</u>	Date <u>06/17/25</u>	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



employer solutions staffing group, llc  
 Employer Solutions Staffing Group, LLC  
 7201 Metro Blvd Suite 900  
 Edina, MN 55439  
 (952) 835-1288

## EMPLOYEE DEDUCTION AUTHORIZATION

*This form is to authorize an employer to make specified deductions*

Employee Information			
Name: <u>Saira Gonzalez</u>		Employee ID:	
Job Title: <u>Packager</u>		Assignment:	
I, <u>Saira</u> (employee name), hereby authorize <b>Employer Solutions Staffing Group, LLC</b> to deduct \$ _____ (amount) from my paycheck.			
This deduction will occur on a (check one) basis: <input checked="" type="checkbox"/> One time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____			
Deduction	Amount	Deduction	Amount
Key Card	\$ 6.50		\$
	\$		\$
	\$		\$
<b>TOTAL DEDUCTIONS PER PAY PERIOD:</b> \$ 6.50		<b>DATE OF FINAL DEDUCTION:</b> _____ (if applicable)	
Provide any additional details specific to the deductions, such as the purpose, frequency, and any other relevant terms: <u>did not return key card apont termination</u>			

Attestation:
I hereby certify that the above deductions and amounts are accurate to the best of my knowledge. I understand that these deductions are voluntary and can be revoked at any time by providing written notice to my employer. I further understand that these deductions will not reduce my wages below minimum wage as required by law. This authorization is separate from any prior deductions and is in compliance with all applicable federal and state laws, including California Labor Code §§ 221-224 and Minnesota Statutes § 181.79. I understand and agree that any remaining balance of the authorized

deductions, as outlined above, may be collected from my final paycheck upon termination of my employment, in accordance with applicable state and federal laws. This collection will not reduce my final wages below the minimum wage required by law.

Employee Signature: Saira Lopez A.

Date: 06/17/25

**Employer Acknowledgement:**

I, as a representative of Employer Solutions Staffing Group, LLC acknowledge that the deductions outlined above are made in compliance with applicable federal and state laws, including California Labor Code §§ 221–224 and Minnesota Statutes § 181.79, and that these deductions are not for the benefit of the employer. Additionally, I affirm that the deductions will not reduce the employee's wages below the minimum wage required by law. A signed copy of this authorization form will be provided to the employee.

Employer Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_