

CORPORATE MANAGEMENT GROUP

Employment Application

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

Office Number: 507-923-4955

Office Address: 3707 Commercial Dr. SW Rochester, MN 55902



Applicant Information

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

Full Name: (Last Name, First Name) Montes Luciano Date: 06/03/26

Address: (Street Address) 439 Adams Ave NW (Apt. /Unit #) _____

(City) Owatonna (State) MN (ZIP Code) 55060

Phone: 507-676-7267 Email: galaxy speck@gmail.com

Social Security No. 469-06-9680 Date Available: open

Position Applied for: Driver & warehouse Desired Wage: \$130/hr

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 Referral Name: Luke Smith

If under 18, please list age: _____

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

Previous Employment

Company: Costco Phone: 507-599-4000

Address: 3601 SW 10th str Supervisor: Nathan

Job Title: Equipment Operator

Responsibilities: unload & Load trailers

From: 02/26 To: still here Reason for Leaving: NA

May we contact your previous supervisor for reference? ☒ Yes ☐ No

Company: ABC Supply Phone: 651/452/1835

Address: 1170 Egan Industrial RD #5 Supervisor: Nick

Job Title: Driver

Responsibilities: Drove Semi truck / single unit truck / Box truck to deliver windows

From: 08/26 To: 02/26 Reason for Leaving: Let go

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 Luciano Montes Date: 06/03/26

CMG Preliminary Questions



Name: Luciano Montes

Date: 06/03/2026

Please Mark Yes or No

1. If hired are you willing to take a drug test? (Yes) No
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? Yes (No)
3. Are you able to work with pork? (Yes) No

Please Mark Your Preferred Position

4. Which plant do you prefer? South North
5. What shift to you prefer? 1st 2nd 3rd

Have you ever been convicted of a crime? Yes X No

Explain

Incident Domestic - got into argument with
girlfriend I finished probation - 05/29/26

Employee Signature

Luciano Montes

Interviewer Signature

Complete after interview

Viewed the Production Video before interview _____ initials

Viewed New Hire Manual before interview _____ initials

Showed badge for punching in/out and with the call in line number
_____ initials

Name: Luciano Montes
Date: 06/03/26

Julies Race

**** Read the story and answer the multiple-choice questions below****

The dogsled race was about to begin. Julie's team of dogs was lined up at the starting gate. Julie stood behind them. The air was so cold that she could see her breath. Other teams were lined up, too, and the dogs were excited. Julie kept her eyes on the dock. At exactly ten o'clock, she and the other racers yelled, "Mush!" the dogs knew that meant "Go!" They leapt forward and the race began!

Julie had trained months for this race, and she hoped she and her dogs would win. Hour after hour, day after day, Julie's dogs pulled the sled in order to get in shape for the race.

Now, they ran over snowy hills and down into frozen valleys. They stopped only to rest and eat. They wanted to stay ahead of the other teams. The racers had to go a thousand miles across Alaska. Alaska is one of the coldest places on Earth. The dogs' thick fur coats helped keep them warm in the cold wind and weather. In many places along the route, the snow was deep. Pieces of ice were as sharp as a knife. The ice could cut the dogs' feet. To keep that from happening, Julie had put special booties on their feet.

At first, the dogs seemed to pull the sled very slowly. They were still getting used to the race. But on the third day out, they began to pull more quickly. They worked as a team and passed many of the other racers. Once one of the sled's runners slid into a hole and broke. Julie could have given up then, but she didn't. She fixed it and they kept going.

When they finally reached the finish line, they found out that they had come in first place! It was a great day for Julie and her dogs.

1. The author of "Julie's Race" wrote the story in order to do what?

- a. To describe how dogs stay warm in the cold weather
- ☒ b. To tell about a dogsled race
- c. To explain how cold it can be in winter

2. Where does the dogsled race take place?

- a. In Antarctica
- b. On a track
- ☒ c. In Alaska

3. What happened **BEFORE** the dogs began running?

- a. The dogs pulled the sled slowly
- ☒ b. Julie and the dogs lined up at the starting gate
- c. The runner on Julie's sled broke

4. Julie's team of dogs lined up at the starting gate. What does team mean?

- a. Friends and family
- b. Many dogs
- ☒ c. A group working together

LUCIANO R MONTES

439 Adam's Ave NW
Owatonna, MN 55060
(507) 676-7267
galaxyspeck@gmail.com

6/3/11A
CDL w/
Jeremy

OBJECTIVE

I'm a graduated Welder and a class A Semi-Driver seeking employment in the following fields: GTAW, GMAW, & Stick or a semi truck driver position. Looking for a company that would offer me the chance to prove what a dedicated & willing worker I am. Also interested in an Internship or Union Apprenticeship that would allow me to further my skills. I also am seeking employment in a multitude of fields from forklift driving to machine tool. I'm an open minded person seeking growth in a thriving company.

JOB HISTORY/DUTIES

Shipping

Costco Warehouse Distribution
Owatonna, MN

Start Date: 02/02/2026 End Date: Still working

I use an electric pallet jack, called an epj, I unload trucks of pallets, recycled good, returned goods, and load storage trucks or loads. I also use an electric sit down forklift to stack pallets, straighten pallets stacks, and load pallets or goods on truck to be shipped, I also unload trucks of goods and down stack the shipments if necessary, also coordinate with others to label and sort goods to be shipped in a timely and orderly fashion.

Driver

ABC Supply Inc
Eagan, MN

Start Date: 08/02/2025 End Date: 12/19/2025

Drove a semi truck trailer, a single unit tractor truck, or a box truck to deliver windows to local locations across Minnesota and surrounding states.

Van Driver

Valley Transportation Inc
Grand Meadow, MN

Start Date: 06/01/25 End Date: 07/25/25

Deliver customer-ordered material to designated location(s)

Perform routine inspections on oil level, brakes, and lights prior to departure

Perform routine inspections on cargo for proper securing procedures

Assists with unloading/loading of material at delivery locations

Collects customer payments or leaves invoice for customer review

Accurately and precisely record information in Driver's Log to comply with DOT regulations

Maintain positive and on-going customer relations through proper attitude, behavior, and appearance

Become acquainted with inventory and retail products

Must operate crane and forklift skillfully and safely

Learn, understand, and comply with OSHA requirements, company safety rules, and health policies at all times, working according to good safety practices as posted, instructed, and discussed

Use all safety devices, equipment, and PPE as directed and provided for protection

Perform other duties as assigned and directed

Trucking

Riverland Community Collge
Albert Lea, MN

Start Date: 03/03/2025 End Date: 05/23/2025

Learned a variety of vehicles ranging from passenger bus, to straight truck (Dump Truck), concrete truck, garbage truck, n a range of semi (tractor) trailers, varying from 8-18 speed Manuals

Production Engineer

Cargill
Owatonna, MN

Start Date: 04/16/24 End Date: 02/24/25

I operate a bagging machine, so I watch, monitor and adjust the machine so I can allow it to bag and close the bag and send it to be palletized. I also operate a forklift to move pallets of wrapped dog food, to be stored in a warehouse and recorded on the jobs records. I also monitor and restabilize the machine, so that the machine runs smoothly.

Supervisor-Bryan Karigi-# 1-218-410-6480

Address- 800 24th NW Owatonna MN, 55060

Shipping

Viracon Inc

Owatonna,MN

Start Date: 08/05/22 End Date: 03/05/24

Loaded truck with wood n nail gun, operated crane too move box, and used forklift to load transfer trucks or used crane too load transfer truck, and put material in inventory.

Phone-1 800 533 2080

Address-800 Park Dr, Owatonna MN

Supervisor-Eric Johnson

supervisor #-1 507 363 6864

Material Handler

Amesbury Truth

Owatonna,MN

Start Date: 11/10/20 End Date: 07/05/22

Took material from the floor with forklift and moved it to shipping area and added to inventory.

Phone-1 800 866 7884

Address-700 W Bridge Str. Owatonna MN

Supervisor-Tonya

Shipping and recieving

Viracon Inc

Owatonna,MN

Start Date: 10/20/17 End Date: 10/20/20

I operate a 3 ton crane to, pick boxes off carts that come from an assembly line. I pick them up to be loaded on a semi trailer, I place the boxes on the trailer and secure them with a metal pin, I also program a scanner to signify that the boxes are being transferred to another building. Then when the truck is full I secure the boxes with a strap and pull a roll tight tarp to be fastened to the truck. I also drive a forklift to pick up multi boxes to be drove to a specific place in the warehouse to be placed in a pin rack. Then I program a scanner to signify that this is place the were you can find the box. I count boxes and scan them in so that I can mark them as a load and make sure I have the right boxes and what order they have to be placed in if any. I also place boxes on a trailer to be nailed in place and prep wood so that we can fasten the boxes upright by making A-frames, so that we can band the boxes and tag the load parts accordingly.

Shipping

Express/Wenger

Owatonna,MN

Start Date: 05/01/17 End Date: 10/19/17

I drive forklift in the warehouse to get finished product to be put on the dock to be checked, then check and label, so I may load cleaned trucks for shipping. Other jobs include, cleaning trailers and fabricating pallets and Shipping crates.

Phone- 1-507-455-4100

Address- 555 Park Drive, Owatonna, MN 55060

Supervisor- Tyler- 1-507-456-2691

Lead- Doug- 1-507-720-2885

Batcher

Aerotek/Kerry

Owatonna ,MN

Start Date: 10/12/2016 End Date: 04/28/2017

Drove forklift to, lift large totes above a hopper and poured them in, also assembled smaller ingredients

and also placed them in hopper to be agglomerated. Helped agglomerates to dump bowls into large totes with a lift arm and move them to staging area to be sifted. also performed wet cleans and drove a scissors lift, as well as used chemicals to wash and sterilize the area. Plus I weighted and documented, the time and weight of the totes, plus documented the amount that I put in each batch.
Address- 220 24th Ave NW, Owatonna MN, 55060
Supervisor- Sean -507-414-2819
Aerotek- rep- Shiela - 507-456-0973

Door Line Assembler

Unidoor Corp.
Gaylord,MN
Start Date: 10/14/2014 End Date: 10/25/2015
I assembled doors, I did a few different jobs. I used a staple gun in order to staple insert blocks into the door to be able to put door knobs into the door, I placed door inserts to fill the door called hollow core & put whole planks or plank pieces of wood to fill the core, called solid core. I would slide the pieces of the door through a glue machine so that then someone else could start the next process, witch then i or them would place the frame and the inserts on to a door cover. We called them door skins, they were the front & back of the door, then i would or someone else would place the top of the door and the next skin of the next door in place to be able to start the next door. Then I or someone else would move the stack of the the rollers that we made them on ad would put them on a roller cart so we could put them into a press and pressed them & then put the next set of doors that we previously done, on a roller cart behind the press so a forklift driver could come and get the next order. Also, we wrote the size, make, & buyers name, on the order. I also made and dissassembled pallets, aswell as flipped doors as they came out of a trim saw machine.
Address-47709 MN-19, Gaylord MN,55334
Telephone-1-(612)-332-8364
Supervisor- Ken Garman

EDUCATION

Major: Welding Diploma
Ridgewater College, MN
Date Completed: May 15, 2009
Courses: GTAW,GMAW,SMAW, OAW,OAC,

Major: Truck Driving
Riverland Community College, MN USA
GPA: 4.0
Courses: Class B- passenger Class A-Combination, Air Brakes, General Knowledge, Tanker, Manual

LICENSES/CERTIFICATES/ADDITIONAL TRAINING

Class D

11-30-2019
Minnesota MN

Overhead Crane and Rigging

01/02/14
Saftey on Site, LLC MN
OSHA Regulation 29 C.F.R. 1910.179 and ASME B30.2-2011

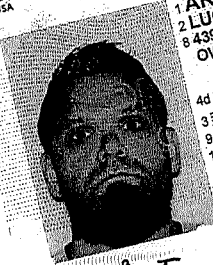
ADDITIONAL SKILLS

Forklift(tens years exp.)/Tractor/Math skills/General labor/Landscaping/Basic Measurement/Lift 20-100 lbs/General Cleaning/General tools
Class B- Passenger, Class A- Air Brakes, Combination, General Knowledge, Tanker, Manual



MINNESOTA

COMMERCIAL
DRIVER'S LICENSE



1 ARRIETA MONTES
2 LUCIANO ROBERTO
8 439 ADAMS AVE NW
OWATONNA, MN 55060-2244

4d DL# F456-030-178-315
3d DOB 11/30/1983
9 CLASS A
12 RESTR M2

4a ISS 08/14/2025
4b EXP 11/30/2029

9a END PN

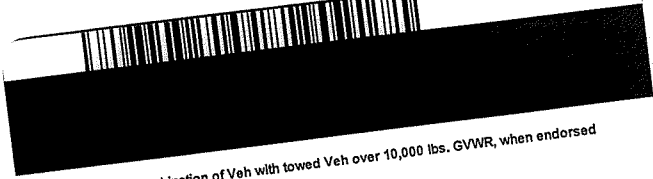
15 SEX M
16 HGT 5'-08"

17 WGT 200 lb
18 EYES BRO

5d DO 00000012189048

11/30/83

Arrieta Montes



CLASS: A-Any combination of Veh with towed Veh over 10,000 lbs. GVWR, when endorsed
END: Passenger; Tank
RESTR: No Cis A Bus; Corr. Lenses



Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Medical Programs Division, Federal Motor Carrier Safety Administration, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

OMB No: 2126-0006 Expiration Date: 03/31/2028



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(For Commercial Driver Medical Certification)

I certify that I have examined **Last Name: Montes** **First Name: Luciano** in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

☒ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Medical Examiner's State License, Certificate, or Registration Number

Medical Examiner's Telephone Number

Medical Examiner's Certificate Expiration Date

Date Certificate Signed

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify)

Issuing State

National Registry Number

Driver's Signature

Driver's Address

Street Address:

Driver's License Number

Issuing State/Province

Zip Code

CLP/CDL Applicant/Holder

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Rev 3/27/25

MOTOR VEHICLE REPORT AUTHORIZATION FORM

In connection with your application for employment, or employment as a Warehouse employee with Reichel Foods, Inc. we will obtain a Motor Vehicle Report to verify your driving record. Please sign below and provide us with your authorization to procure this report.

You are required to report any moving violations within 30 days of conviction.

AUTHORIZATION

I authorize Reichel Foods, Inc. to obtain a Motor Vehicle Report in connection with my application for employment, or employment.

Applicant/Employee Signature

Applicant/Employee Name

Driver's License Number/State

Date of Birth



CMG/Reichel Foods, Inc. \$2,000.00 Retention Bonus

Thank you for accepting a 2nd Shift CDL position with CMG and Reichel Foods, Inc. By accepting this position, you are eligible for a \$2,000 Retention Bonus. Please read the below requirements and conditions about the sign-on bonus followed by your signature.

Requirements and Conditions for the \$2,000 Retention Bonus

- You must pass all Reichel Foods, Inc. hiring requirements before you are eligible for hire
 - o You must complete the CMG/Reichel Foods, Inc. orientation
 - o You must pass a drug screen and background check
 - o You must meet Reichel Foods, Inc. language requirements
 - o You must meet company policies and practices for attendance and performance
- If you resign or your assignment ends, you will forfeit any remaining portion of the Retention Bonus.
- The bonus amount is for \$2,000 total
 - o You will receive weekly payments of \$83.33 for 12 weeks (totaling \$1000)
- After you have completed another 12 weeks of employment (24 weeks in total from start date), you will receive a \$1000 check from CMG.
- Payroll taxes (including State & Federal Income Taxes) will not be withheld from your \$1,000 check that are provided by CMG. You will be responsible for the tax liability when you file your individual income tax returns.
- You will receive a 1099 for payments from CMG for any tax year you were paid the bonus.

**I acknowledge that I have read and understand the terms and conditions above regarding the \$2,000 Retention Bonus with CMG and Reichel Foods, Inc.*

Employee Name

Signature

Date

CMG Representative Name

CMG Representative Signature

Date



New Employee Acknowledgement Form

Welcome to CMG and Reichel Foods!

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/Reichel Foods 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: _____

Login Password: _____

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: _____ **Date:** _____

Employee Photo Release Form

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

Signature: _____ Date: _____

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: _____

Name: _____

Relationship: _____

Relationship: _____

Phone Number: _____

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: _____ Date: _____

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: _____ Date: _____

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: _____ 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.

Signature: _____ Date: _____

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: _____ Date: _____

Direct Deposit

Payday is weekly on Friday.

Bank Name _____ Routing # _____ Account # _____

Checking or Savings

I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs included if account number that provide 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: _____ Date: _____

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

Ethnicity

- Alaska Native
- Asian
- Hispanic Latino
- Other Pacific Islander
- Unknown Ethnicity
- No Answer
- American Indian
- Black or African American
- Native Hawaiian
- Two or more Races
- White

Veteran

- Vietnam Era Veteran
- Veteran
- Non-Veteran
- Other Protected Veteran
- Recently Separated Veteran
- Special Disabled Veteran
- No Answer

Signature: _____

Date: _____



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)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)											
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State 	ZIP Code									
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												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.):														
		☐ 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		Today's Date (mm/dd/yyyy)														

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.

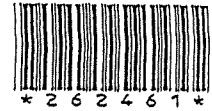
Section 2: Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary 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.

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)					
		☐ 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		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.



2026 W-4MN, Minnesota Employee Withholding 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	Last Name	Social Security Number
Permanent Address		Marital Status (Check one):
City	State	ZIP Code
		☐ Single; Married, but legally separated; or Spouse is a nonresident alien ☐ Married ☐ Married, but withhold at higher Single rate

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 _____

B Enter "1" if any of the following apply: B _____

- You are single and have only one job
- You are married, have only one job, and your spouse does not work
- Your wages from a second job or your spouse's wages are \$1500 or less

C Enter "1" if you are married, or enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.) . C _____

D Enter the number of dependents you will claim on your tax return. D _____

E Enter "1" if you will use the filing status Head of Household (see instructions)..... E _____

F Add steps A through E. If you plan to itemize deductions on your 2026 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. F _____

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

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	Date	Daytime Phone Number
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Employees: Give the completed form to your employer.

Employers

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

Name of Employer	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.

2026**Step 1:****Enter
Personal
Information**

(a) First name and middle initial

Last name

(b) Social security number

Address

City or town, state, and ZIP code

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.(c) ☐ Single or Married filing separately☐ Married filing jointly or Qualifying surviving spouse☐ 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.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at 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.

Step 2:**Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.(a) Use the estimator at www.irs.gov/W4App for 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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(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):

(a) Multiply the number of qualifying children under age 17 by \$2,200

3(a) \$

(b) Multiply the number of other dependents by \$500

3(b) \$

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here

3 \$

Step 4:**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.** Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here

4(b) \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period

4(c) \$

**Exempt from
withholding**I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 ☐**Step 5:****Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

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

Date

**Employers
Only**

Employer's name and address

First date of
employmentEmployer identification
number (EIN)

Statement Regarding Employer Solutions Staffing Group II, LLC Plan Electronic Disclosures

Individuals entitled to receive benefits under Employer Solutions Staffing Group II, LLC's Employee Benefits Plan (the Plan) are also entitled to be furnished with certain documents required by ERISA. Employer Solutions Staffing Group II, LLC intends to provide the following documents to you by electronic delivery (as described below):

- the Summary Plan Description (SPD);
- any required Summaries of Material Modifications (SMMs);
- the Summary Annual Report (SAR); and
- any documents required to be furnished under ERISA § 104(b)(4) on request by a participant or beneficiary under the Plan or made available under ERISA § 104(b)(2).

Electronic Delivery Method to Be Used: These ERISA-required documents will be furnished to you in each case as an attachment to an e-mail sent to the e-mail address you specify to us. The attachment will be in Microsoft Word or Adobe PDF. To access the e-mail and attached document, you must have (1) a computer with Internet access; (2) access to a program (either installed or on the internet) on that computer allowing you to send and receive e-mails (such as Gmail, Yahoo Mail, or Outlook); and (3) the application program Adobe Acrobat Reader and Microsoft Word for Windows 97 or higher installed on your computer allowing you to open and read the attached document. To retain a copy of the e-mail and attached document for future reference, you must either (1) be able to print a copy on a printer attached to the computer; or (2) save a copy in electronic form onto a backup system external to your computer's hard drive (e.g., on a zip drive).

If any of these requirements change in a way that creates a material risk that you will no longer be able to access and retain electronically transmitted documents, you will be furnished with notice and required to provide an additional consent for receiving documents electronically.

What You Must Do: To receive documents electronically, you must do the following:

1. Provide us with an e-mail address to which electronic documents should be sent. To update your e-mail address, you must notify ESSG's Employee Benefits Team by sending an e-mail message to benefits@employersolutionsgroup.com that indicates in the subject line: **Change in E-Mail Address for Electronic Disclosure**.

Your Right to a Paper Copy: You have a right to request and obtain a paper version of any electronically transmitted document at no charge. Contact ESSG's Employee Benefits Team at 952-767-9519 or benefits@employersolutionsgroup.com to request a paper copy.

**Consent to Receive Employer Solutions Staffing Group II, LLC
Plan Disclosures Electronically**

(Initials)

- _____ I have read and received the Statement Regarding Employer Solutions Staffing Group II, LLC Plan Electronic Disclosures (the Statement), which is set out above.
- _____ I consent to receiving the type of documents described in the Statement by electronic means at the following e-mail address: CliffordGerminal2@gmail.com
- _____ I understand that if my email address changes, I must notify ESSG's Employee Benefits Team by sending an email to: benefits@employersolutionsgroup.com.
- _____ I confirm that I have the ability to access information in the electronic form that is described in the Statement. I understand that I will receive copies of the types of documents described in the Statement only in the electronic form described there unless I exercise my right to affirmatively request a paper copy of such document. I understand that I can withdraw this consent at any time by sending an e-mail to ESSG's Employee Benefits Team at: benefits@employersolutionsgroup.com with the subject line: CONSENT WITHDRAWN FOR ELECTRONIC DISCLOSURE and include in the body my full name, address and phone number.
- _____ I DO NOT consent to receiving the type of documents described in the Statement by electronic means.

Print Name: _____

E-mail Address to be used for Electronic Delivery: _____

Signature: _____ Date: _____

Voluntary Self-Identification of “Protected” Veteran Status

Why Are You Being Asked to Complete This Form?

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way.

For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How Do You Know if You Are a Veteran Protected by VEVRAA?

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War which is defined as occurring from August 2, 1990 to the present.

If you believe you belong to any of the categories of protected veterans please indicate by checking the appropriate box below. The categories are defined on the next page and explained further in an “Am I a Protected Veteran?” infographic provided by OFCCP.

☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED BELOW

☐ I AM NOT A PROTECTED VETERAN

☐ I DO NOT WISH TO ANSWER

Your Name

Today's Date

