

Message 2/27/24  
**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

2/29  
 2pm



# New #  
 507-261-0508

**Applicant Information**

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

Full Name: (Last Name, First Name) Villafan Isaiah T. Date: 2/26/24  
 Address: (Street Address) 1201 Whitewater Ave APT 6 (Apt./Unit #) 6  
 (City) St Charles MN (State) 55972 (ZIP Code) 55972  
 Phone: 507 577-8540 Email: isaiah.villafan@gmail.com  
 Social Security No. 475-17-9272 Date Available: any time  
 Position Applied for: \_\_\_\_\_ Desired Wage: open  
 Shift Available to work: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> Employment desired:  Full-Time  Part-Time

Are you authorized to work in the U.S.?  Yes  No  
 How did you hear about us? walking in Referral Name: \_\_\_\_\_  
 If under 18, please list age: \_\_\_\_\_

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

**Previous Employment**

Company: Martinson Phone: 507-252-8481  
 Address: 441 15th Ave NW Supervisor: matt  
 Job Title: Assembly second count From Strangwell  
 Responsibilities: \_\_\_\_\_  
 From: March 2021 To: July 2021 Reason for Leaving: my parents they sick  
 May we contact your previous supervisor for reference?  Yes  No

**Previous Employment**

Company: Strangwell Phone: 507-867-1288  
 Address: 1616 Highway 52 south Supervisor: Albert  
 Job Title: Assembly and second count  
 Responsibilities: \_\_\_\_\_  
 From: 2020 To: 2022 Reason for Leaving: I want to get master's notice  
 May we contact your previous supervisor for reference?  Yes  No

that's best  
 line?

please  
 line work

# 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



## 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

Dasha T Villafan

Date:

2/26/2024

**m MINNESOTA DRIVER'S LICENSE**  
 USA NOT FOR FEDERAL IDENTIFICATION

1 VILLAFAN  
 2 ISAIAH THOMAS  
 8 1513 WHITEWATER AVE  
 APT 2  
 SAINT CHARLES, MN 55972-1289

4d DL# G527-045-583-014 4a ISS 01/21/2021  
 3f DOB 02/04/1975 4b EXP 02/04/2025  
 9 CLASS D 9a END NONE  
 12 RESTR NONE

15 SEX M 17 WGT 158 lb  
 16 HGT 5'-04" 18 EYES BRO

5E DD 00000004118974 02/04/75

**SOCIAL SECURITY**

475-17-9272  
 THIS NUMBER HAS BEEN ESTABLISHED FOR  
 ISAIAH THOMAS VILLAFAN

*Isaiah T. Villafan*  
 SIGNATURE

Orientation 3/4  
 payroll  
 enter  
 HRC  
 Ben  
 evening  
 NHO review  
 and grinder

**NO**  
 Better as a pallet

**UNITED STATES OF AMERICA PERMANENT RESIDENT**

**VILLAFAN ISAIAH T 04 FEB 1975**

**Surname VILLAFAN**  
**Given Name ISAIAH T**  
**US IS# 29-030-049**  
**Country of Birth Mexico**  
**Date of Birth 04 FEB 1975**  
**Card Expires: 05/05/24**  
**Resident Since: 09/23/92**

**Category IR7**  
**Sex M**



1-551  
Rev 02-16-09

48005663



13

If found, drop in any US Mailbox. USPS Mail to USCIS, PO Box 648005 Lee's Summit, MO 64002-8005

C1USA0299300498MSC1380296411<<  
7502042M2405056MEX<<<<<<<<<<<<<3  
VILLAFAN<<ISIAH<THOMAS<<<<<<<<

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

**JOB TITLE:** Grinder **Starting Wage:** \$17.00 **Shift/Hours:** 2<sup>nd</sup> 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; perform 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: Osajiah T Villaferon Date: 2/29/24  
Interviewer Signature: Shana E. Adams Date: 2/29/24

# 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?      1<sup>st</sup>       2<sup>nd</sup>      3<sup>rd</sup>

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

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

Explain

Incident \_\_\_\_\_

Employee Signature

David T. Villafan

Interviewer Signature

Diana [Signature]

## Authorization to Enter New Hire Information

By signing below, I authorize a member of Corporate Management Group – Rochester Office – to enter my new hire paperwork into the online Zenopole (NHO) site. I understand that I will be provided access via login name and password to view the forms that they have completed on my behalf.

Employee Signature: J. Davis Villafan Date: 2/29/24

## 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.

I agree: JV (initial)

## Employee Photo Consent Form

I, JV, agree to let CMG – Rochester office – to take and upload my photo for security purposes.

Employee Signature Name: Josiah T Villafan

Date: 2/29/24

## Electronic W-2 Consent:

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

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

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

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

Email:

I agree: JV (initial)



## 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 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/cmg>

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

Login Name: 5076010029

Login Password: N@h75014

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: David T Villafan Date: 2/29/24

# 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 TC (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 TC (initial)



employer solutions staffing group

## Notification of Minnesota Law Requirement – Unemployment Acknowledgement

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

It is your responsibility to contact ESSG through the recruiter stated below for additional assignments. If you fail to do so, it may affect your unemployment benefits.

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

IV (Initial)

Employee Signature:

Isaiah T. Villafan

Date:

2/29/24

Print your name:

Isaiah T. Villafan



# Employment Eligibility Verification

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

USCIS

Form I-9

OMB No. I615-0047

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>Villafan</i>		First Name (Given Name) <i>Isaiah</i>		Middle Initial (if any) <i>T</i>	Other Last Names Used (if any)	
Address (Street Number and Name) <i>1201 Whitewater</i>			Apt. Number (if any) <i>6</i>	City or Town <i>St. Charles</i>		State <i>MO</i>
Date of Birth (mm/dd/yyyy) <i>02/04/1975</i>		U.S. Social Security Number <i>475 17 9272</i>		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.) *029-930-049*
- 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) *5/5/24*

If you check Item Number 4., enter one of these:

USCIS A-Number <i>MSCI300296411</i>	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
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Signature of Employee <i>Isaiah T Villafan</i>	Today's Date (mm/dd/yyyy) <i>2/29/24</i>
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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.		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.



employer solutions staffing group

## PAYROLL DEDUCTION AUTHORIZATION

I, Isaiah (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: 2/29/2024

Signed: Isaiah T Villafan

Printed Name: Isaiah T Villafan

# Pay Information

Payday is every Friday

Name: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_

Please mark what option you choose

Direct Deposit  
Bank Name Merchants

Routing Number 091900193

Account Number 10158017

Circle One  
 Checking -or- Savings

I Understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs included if the account number that I provide is incorrect.

Initial J-C

\_\_\_\_\_ Bank of America Money Network Card

↓ Office Use Only ↓

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

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

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

Email

Initial \_\_\_\_\_

Form **W-4**

# Employee's Withholding Certificate

OMB No. 1545-0074

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**

Department of the Treasury  
Internal Revenue Service

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial <i>Tsaich T</i>	Last name <i>Villafan</i>	(b) Social security number
	Address <i>201 Whitewater Ave APT 6</i>		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code <i>St. Charles MN 55972</i>		
(c) <input checked="" type="checkbox"/> Single or <input type="checkbox"/> Married filing separately <input type="checkbox"/> Married filing jointly or <input type="checkbox"/> Qualifying surviving spouse <input checked="" type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			

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

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

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

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

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

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

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

<b>Step 3: Claim Dependent and Other Credits</b>	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>4</u>	
	Multiply the number of other dependents by \$500	\$ <u>0</u>	
	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>8,000</u>
<b>Step 4 (optional): Other Adjustments</b>	(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)	\$

**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.

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

2/29/24  
Date

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



**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>Isaiah</u>	Last Name <u>Villafan</u>	Social Security Number <u>475-17-9272</u>
Permanent Address <u>201 Whitewater Dr PPT 6</u>		Marital Status (Check one): <input checked="" type="checkbox"/> Single; Married, but legally separated, or Spouse is a nonresident alien <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate
City <u>St. Charles</u>	State <u>MN</u>	ZIP Code <u>55972</u>

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

**Section 1 — Determining Minnesota Allowances**

- A Enter "1" if no one else can claim you as a dependent ..... A 1
  - B Enter "1" if any of the following apply: ..... B 1
    - You are single and have only one job
    - You are married, have only one job, and your spouse does not work
    - Your wages from a second job or your spouse's wages are \$1500 or less
  - C Enter "1" if you are married. Or choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.) . C 0
  - D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. .... D 4
  - 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 7
- 1 Minnesota Allowances. Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet ..... 1 7
- 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: Isaiah T Villafan Date: 2/29/24 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

### ETHNICITY AND RACE IDENTIFICATION

(Please read the Privacy Act Statement and instructions before completing form.)

Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month and Year)
Villafan Isaidh T	475-17-9272	02/04/1975

Agency Use Only

#### Privacy Act Statement

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U.S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

**Specific Instructions:** The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2.

**Question 1. Are You Hispanic or Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Yes       No

**Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.**

RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

# 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: Marcial S Ramirez

Relationship: Parents

Phone Number: 507-932-3416

Contact # 2

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Additional information you want ESSG and our client to know in the event of an emergency:

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This information will remain confidential and will only be used in the case of an emergency.



## E-Verify Case Number: 2024060203918FC

Report prepared: 02/29/2024

### 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: Isaiah Villafan

Date of Birth: 02/04/1975

U.S. Social Security Number: \*\*\*-\*\*-9272

Employee's First Day of Employment:  
02/29/2024

Citizenship Status: Lawful Permanent Resident Alien/USCIS Number: A029930049

### Document Information

List A Document: Permanent Resident Card or Alien Registration Receipt Card (Form I-551)

Document Number: MSC1380296411

### Case Information

Case Status: Closed

Case Submitted By: Diana Elton

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close