

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.

Employee Signature: FEA TURNER

Date: 2-1-15

ENTERED



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 8-19-15

Name FATUMA MOHAMUD
Last First Middle Maiden

Present address 426 4th Ave SE #201
Number Street
Rochester MN 55901
City State Zip

Social Security No. 689-25-1566

Telephone (507) 202-2350 E-Mail _____

If under 18, please list age _____ Referred by Abdirizak Shidane

Position applied for (1) <u>Machine operator</u> and salary desired (2) <u>\$10.00</u> (Be specific) <u>open south</u>	Shift available to work 1 st <u>yes</u> 2 nd <u>yes</u> 3 rd <u>yes</u>
--	---

Wknds OK 8/21

How many hours can you work weekly? 40 hrs Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? ASAP

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No Yes If so, please explain _____

Do you anticipate any absences from work on a regular basis?
 No Yes If so, please explain _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Somali high sch</u>	<u>SOMALIA</u>	<u>4 years</u>	<u>Diploma</u>
College	<u>Hawthorn</u>	<u>Rochester MN</u>	<u>Currently</u>	<u>Pending</u>
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ___ Yes No

What is your means of transportation to work? My family provide transportation

Driver's license number _____ State of issue _____

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date _____

Have you had any accidents during the past three years? ___ Yes No
If so, how many? _____

Have you had any moving violations during the past three years? ___ Yes No
If so, how many? _____

Please list two references other than relatives or previous employers.

Name <u>Abdirizak Shidane</u>	Name <u>Kasim Barow</u>
Position <u>Machine operator</u>	Position <u>412 14th St SE #</u>
Company <u>Hormel</u>	Company <u>Hormel</u>
Address <u>412 14th St SE</u> <u>#202 Rochester MN 55904</u>	Address <u>412 14th St SE #102</u> <u>Rochester MN 55902</u>
Telephone <u>(507) 322-8354</u>	Telephone <u>(507) 261-2938</u>

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? __ Yes No

Branch _____ Specialty _____

Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name <u>Kampfa Uganda</u>	Supervisor name <u>Rose</u>	
Position <u>Machinist Operator</u>	Employment dates	Pay or salary
Company <u>Sgt Ball</u>	From <u>2002</u>	Start
Address <u>Overseas</u>	To <u>2012</u>	Final
Telephone () _____	Your last job title _____	
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Basketball</u> <u>3 yrs.</u> <u>2013 USA.</u>		

Name _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From	Start
Address _____	To	Final
Telephone () _____	Your last job title _____	
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>lived Texas</u> <u>moved to Rochester</u>		

**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

FATU M. N. N. N.

Date:

8-19-15

Name: _____

Achoo!

by Cynthia Sherwood

Achoo! We all sneeze sometimes. Sneezing is a reflex that your body does automatically. That means you cannot make yourself sneeze or stop one once it has started. When you sneeze, your body is trying to get rid of bad things in your nose, such as bacteria. You have extra germs when you have a cold, so you sneeze a lot more. You might also sneeze when you smell pepper!

Inside your nose, there are hundreds of tiny hairs. These hairs filter the air you breathe. Sometimes dust and pollen find their way through these hairs and bother your nasal passages. The nerves in the lining of your nose tell your brain that something is invading your body.

Your brain, lungs, nose, mouth, and the muscles of your upper body work together to blow away the invaders with a sneeze. When you sneeze, germs from your nose get blown into the air. Using a tissue or "sneezing into your sleeve" captures most of these germs. It is very important to wash your hands after you sneeze into them, especially during cold and flu season.



Do you ever sneeze when you walk into bright sunlight? Some people say that happens to them often. Scientists believe the UV rays of the sun irritate the nose lining of these people so they sneeze.

If someone nearby sneezes, remember to tell them "Gesundheit!" That is a funny-looking word which is pronounced "gezz-oont-hite." It is the German word that wishes someone good health after sneezing.

Name: _____

Achoo Reading Test

(Circle the correct answer)

1. Why do people sneeze?
 - a. The tiny hairs in your nose tickle
 - b. Your body is trying to get rid of bad things
 - c. You can make yourself sneeze when you want to

2. What are the 3 parts of your body work together with your upper body to sneeze?
 - a. Hand, Elbow, Shoulder
 - b. Ankle, Knee, Hip
 - c. Brain, Lungs, Mouth

3. What other things can make you sneeze?
 - a. Pepper, Sun, Dust, and Pollen
 - b. Water, Pop, Flowers, Trees
 - c. Salt, Seasonings, Meat, Fruit

4. What is a German word that people often say to someone that sneezes?
 - ~~a. Good Job~~
 - b. Gesundheit ✓
 - ~~c. Hang in there~~

5. What should you do after you sneeze into your hands especially during cold and flu season? This should also be done in the production area!
 - a. Wipe them with a tissue
 - b. Nothing
 - c. Wash your hands

**DRUG AND ALCOHOL
TESTING CONSENT FORM**

1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.

2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events as described in the policy may result in adverse personnel action, including my termination from employment with ESSG. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.

3. I hereby voluntarily consent to ESSG, or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath, or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by ESSG may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to ESSG of the results of my drug and/or alcohol test and other information related to the test.

FATUM
Individual's Name

7/15
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 08/21/2015
Page: 1 of 1

Case Verification Number: 2015233123827QF

Case Information:**Employee Information:**

Last Name:	Mohamud	First Name:	Fatuma
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 1566	Date of Birth:	01/01/1974
Citizenship Status:	An alien authorized to work	Email Address:	

Document Information:

List A Document:	Arrival/Departure Record (Form I-94) with temporary I-551 stamp or refugee admission stamp (receipt)		
Alien Number:	212534766	I-94 Number:	

Additional Information:

Hire Date:	08/21/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	KSIK1977	Submitted On:	08/21/2015

Initial Case Result:

Last Name (in DHS records):	MOHAMUD	First Name (in DHS records):	FATUMA
Case Result:	Employment Authorized		

Employee Referred to SSA:

Referred By:		Referred On:	
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Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result:		Response Date:	
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Resubmitted to SSA (after Review and Update Employee Data):

Last Name:		First Name:	
Middle Initial:		Other Names Used:	
Social Security Number:		Date of Birth:	
Resubmitted By:		Resubmitted On:	

Case Result from SSA (after Resubmission):

Case Result:	
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Request Name Review:

Comments:	
Submitted By:	Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result:		Response Date:	
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Employee Referred to DHS:

Referred By:		Referred On:	
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Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result:		Response Date:	
--------------	--	----------------	--

Photo Matching Results:

Determination:	
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Employee Referred to DHS (Additional):

Referred By: _____ Referred On: _____

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result: _____ Response Date: _____

Case Closure:

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.
Closed By: KSIK1977 Closed On: 08/21/2015

SENSITIVE BUT UNCLASSIFIED



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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) <u>Mohamud</u>		First Name (Given Name) <u>Fatuma</u>		Middle Initial <u>Ali</u>	Other Names Used (if any)	
Address (Street Number and Name) <u>1426 Fourth AV SE</u>			Apt. Number <u>201</u>	City or Town <u>ROCHESTER</u>		State <u>MN</u>
Date of Birth (mm/dd/yyyy) <u>01-01-1974</u>		U.S. Social Security Number <u>609-25-1566</u>		E-mail Address		Telephone Number <u>507 202 2550</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

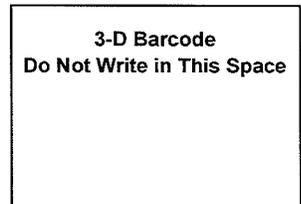
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: 212 534766

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <u>FATU</u>	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy): <u>8/21/13</u>	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code



Employer Completes Next Page





Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Mohamud, Fatuma

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>1-94</u>		Document Title:		Document Title:
Issuing Authority: <u>USA</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>064333 821-30</u>		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Kelsey Adell</u>		Date (mm/dd/yyyy) <u>08/21/2015</u>	Title of Employer or Authorized Representative <u>Client Services Manager</u>	
Last Name (Family Name) <u>Sikink</u>		First Name (Given Name) <u>Kelsey</u>	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC	
Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405		City or Town EDINA	State MN	Zip Code 55439

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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Warning: A nonimmigrant who accepts unauthorized employment is subject to deportation.

Important: Retain this permit in your possession; you must surrender it when you leave the U.S. Failure to do so may delay your reentry into the U.S. in the future. You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from immigration authorities, is a violation of the law.

Surrender this permit when you leave the U.S.:

- By sea or air, to the transportation line;
 - Across the Canadian border; to a Canadian Official;
 - Across the Mexican border, to a U.S. Official;
- Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on Page 2 of Form I-20 prior to surrendering this permit.

Record of Changes

_____ # 212534766 _____

Departure Record

Port:

Date:

Carrier:

Flight # /Ship Name:

064333821 30

Receipt Number LIN-15-901-38900
United States Citizenship and Immigration
Services
I-94

Departure Record

Petitioner: MOHAMUD, FATU

14. Family Name
MOHAMUD

15. First (Given) Name
FATUMA

17. Country of Citizenship
SOMALIA

09 11 2013

16. Date of Birth
01/01/1974

[Signature]

NSC

Form I-797A (Rev. 10/31/05) N

DISCLOSURE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING's website is at www.orangetreescreening.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which ESSG shall provide within 5 days.
New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.
Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained secured records is available to you upon request.
Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING's website is at: www.orangetreescreening.com, another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by ESSG.

(Must include email address: _____)

Signature: FATU MA Date: 21 19

BACKGROUND INFORMATION

Last Name: MO Hamud First: Patuma Middle: _____

Other Names/Alias: _____
Social Security #: 889 25 1566 Date of Birth (mm/dd/yyyy)*: 01-10-1974

Driver's License #: _____ State of Driver's License: _____

Present Address: 1426 Fourth Ave SE Telephone # (Primary): 507 202 2350

City/State/Zip: Rochester MN 55904

**This information will be used for background screening purposes only and will not be used as hiring criteria.*

2014-15



Hawthorne Education
Center

Rochester
Public Schools

FATUMA MOHAMUD
12784

131
184

Warning: A nonimmigrant who accepts unauthorized employment is subject to deportation.

Important: Retain this permit in your possession; you must surrender it when you leave the U.S. Failure to do so may delay your reentry into the U.S. in the future. You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from immigration authorities, is a violation of the law.

Surrender this permit when you leave the U.S.:

- By sea or air, to the transportation line;
- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official;

Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on Page 2 of Form I-20 prior to surrendering this permit.

Record of Changes

_____ # 212534766 _____

Departure Record

Port: _____

Date: _____

Carrier: _____

Flight # /Ship Name: _____

064333821 30

Receipt Number LIN-15-901-38900
United States Citizenship and Immigration
Services

I-94

Departure Record

14. Family Name
MOHAMUD

15. First (Given) Name
FATUMA

17. Country of Citizenship
SOMALIA

Petitioner: MOHAMUD, FATU.

09 11 2013

16. Date of Birth
01/01/1974

[Signature]

NSC

6543

Form I-797A (Rev. 10/31/05) N

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

NOTICE TYPE Fee Waiver Approved		NOTICE DATE May 14, 2015
CASE TYPE I-765, Application for Employment Authorization		USCIS ALIEN NUMBER A212534766
RECEIPT NUMBER LIN1591078969	RECEIVED DATE May 11, 2015	PAGE 1 of 1
		DATE OF BIRTH January 01, 1974

FATUMA A. MOHAMUD
1426 4TH AVE SE APT 201
ROCHESTER, MN 55904

30 7173

PAYMENT INFORMATION:

Application/Petition Fee: \$0.00
Biometrics Fee: \$0.00
Total Amount Received: \$0.00
Total Balance Due: \$0.00



NAME AND MAILING ADDRESS

The above case has been received by our office and is in process.

Please verify your personal information listed above and immediately notify the USCIS National Customer Service Center at the phone number listed below if there are any changes.

Please note that if a priority date is printed on this notice, the priority does not reflect earlier retained priority dates.

If you have questions about possible immigration benefits and services, filing information, or USCIS forms, please call the USCIS National Customer Service Center (NCSC) at 1-800-375-5283. If you are hearing impaired, please call the NCSC TDD at 1-800-767-1833. Please also refer to the USCIS website: www.uscis.gov.

If you have any questions or comments regarding this notice or the status of your case, please contact our customer service number.

You will be notified separately about any other case you may have filed.

USCIS Office Address:

USCIS
Nebraska Service Center
P.O. Box 82521
Lincoln, NE 68501-2521

USCIS Customer Service Number:

(800)375-5283





Preliminary Questions

For CMG use only

Name: Fatima

Date: 8/21

1. If hired are you willing to take a drug test? y
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? n
3. Are you able to work with pork? y
4. Which plant do you prefer? S
5. What shift to you prefer? 2

To be completed during interview only

Date of interview 8/21

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

Explain Incident _____

Employee Signature FATIMA

Interviewer Signature Kyley Abbott



Applicant Interview Score Card

Name Fatum Date of Interview 8/21

Position/Shift Assignment 2 Stand by Position _____

Rating Weak (1) to Strong (5)

- | | |
|--|------------------|
| 1. Understanding of English conversation | 1 2 <u>3</u> 4 5 |
| 2. Speaks English Fluently | 1 2 <u>3</u> 4 5 |
| 3. Work experience related to job-food industry | 1 2 3 4 <u>5</u> |
| 4. Work history-working presently, yrs in workforce | 1 2 3 4 <u>5</u> |
| 5. Criminal Background information | 1 2 3 4 <u>5</u> |
| 6. Possesses required New Hire documentation (I9) | 1 2 3 4 <u>5</u> |
| 7. Personality-friendly, pleasant, sense of humor | 1 2 3 4 <u>5</u> |
| 8. Appearance-well groomed, cleanliness | 1 2 3 4 <u>5</u> |
| 9. Meets requirements to work w/pork, peanuts & soy | 1 2 3 4 <u>5</u> |
| 10. Shift availability-prefers shift that is available for
Open positions, willing to be flexible to shifts available | 1 2 3 4 <u>5</u> |

Total possible points **50** pts. Total points scored 46

Former Employer Rating Bonus Points 1-20 _____

Interviewer: 8/21

Total Points 46

Date: 8/21