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3-17-17 10:30 AM

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5

DATE 03/01/2017

Name ALI OMAR, Halimo

Last First Middle Maiden

Present address 320 31st St NE Apt-130

Number Street

Rochester

City

MN

State

55906

Zip

Social Security No. 588 - 75 - 2967

Telephone (507) 271-5526

E-Mail _____

If under 18, please list age _____

Referred by _____

Position applied for (1) Packager
and salary desired (2) _____
(Be specific)

Shift available to work

1st _____

2nd _____

3rd _____

weekends
G.I.L. ✓

How many hours can you work weekly? 40 + Can you work nights? yes

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

When available for work? As soon as possible

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>Barandir</u>	<u>Somalia</u>	<u>12</u>	<u>Diploma</u>
College				
Bus. or Trade School	<u>Hawthorne Learning Center</u>	<u>Rochester, MN</u>	<u>3 mos.</u>	<u>on going</u>
Professional School				

Speaks some English But may not be enough

APPLICATION FOR EMPLOYMENT

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

What is your means of transportation to work? Friends who work here can give me a ride

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 John Meyers Name Ali Abdullahi

Position Case Manager Position Case Manager

Company Catholic Charities Company Catholic Charities

Address 903 W. Center Street Suite 220 Address 903 W. Center Street, Suite 220
Rochester, MN 55902 Rochester, MN 55902

Telephone (507) 287-2047 ex. 35 Telephone (507) 287-2047 ex. 30

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>Malta Hotel</u>	Supervisor name _____	
Position <u>House Keeping</u>	Employment dates	Pay or salary
Company <u>Malta Hotel</u>	From <u>2014</u>	Start
Address <u>Malta, Greece</u>	To <u>2016</u>	Final
Telephone () _____	Your last job title <u>House Keeping - Maid</u>	
Reason for leaving (be specific) <u>Moved to the United States</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Cleaning rooms, re-organizing the room, making beds, and preparing rooms for guests</u>		

Name <u>The Grocery Store</u>	Supervisor name _____	
Position <u>Shop Keeper - Clerk</u>	Employment dates	Pay or salary
Company _____	From <u>1998</u>	Start
Address <u>Somalia</u>	To <u>2004</u>	Final
Telephone () _____	Your last job title <u>Clerk</u>	
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>Setting up the shop, interacting with customers, stocking shelves, dealing with cash transactions, cleaning the shop and any other day-to-day needs for running the store.</u>		

APPLICATION FOR EMPLOYMENT

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 _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From _____</td> <td>Start _____</td> </tr> <tr> <td>To _____</td> <td>Final _____</td> </tr> </table> Your last job title _____	Employment dates	Pay or salary	From _____	Start _____	To _____	Final _____
Employment dates	Pay or salary						
From _____	Start _____						
To _____	Final _____						
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.							

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Employment dates	Pay or salary						
From _____	Start _____						
To _____	Final _____						
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.							

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? John Meyers - Catholic Charities

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____



Preliminary Questions

For CMG use only

Name: _____

Date: _____

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

To be completed during or after interview

Date of interview _____

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

Explain

Incident _____

Employee Signature _____

Interviewer Signature _____