12:30 pm
6/5/17

CMG
CORPORATE MANAGEMENT GROUP

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 06-02-2017

Name Yasmin Cudi Bashir
Last First Middle Maiden

Present address 1430 4th Ave SE apt 207
Number Street
Rochester MN 55904
City State Zip

Social Security No. 132-695-871

Telephone (507 ~~132 6958~~ 7)(507)2716518 E-Mail _____

If under 18, please list age _____ Referred by Lui

Position applied for (1) Line assistance
and salary desired (2) 8 41
(Be specific) South 2nd

Shift available to work
1st _____
2nd
3rd _____
weekends
S. LV

How many hours can you work weekly? _____ Can you work nights? yes

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

When available for work? _____

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				
College				
Bus. or Trade School				
Professional School				

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 _____ Position _____ Company _____ Address _____ _____ Telephone (____)_____	Supervisor name _____	
	Employment dates	Pay or salary
	From To	Start Final
	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.		

Name _____ Position _____ Company _____ Address _____ _____ Telephone (____)_____	Supervisor name _____	
	Employment dates	Pay or salary
	From To	Start Final
	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.		

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 Yasmin Sadi Date: 6/5/17

Authorization

Authorization: By signing below, you authorize: (a) backgroundchecks.com ("BGC") and/or Orange Tree Employment Screening to request information about you from any public or private information source; (b) anyone to provide information about you to BGC and/or Orange Tree Employment Screening; (c) BGC and/or Orange Tree Employment Screening to provide Employer Solutions Staffing Group, LLC one or more reports based on that information; and (d) Employer Solutions Staffing Group, LLC ("ESSG") to share those reports with others for legitimate business purposes related to your employment. BGC and/or Orange Tree Employment Screening may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an employee of ESSG.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for BGC.

Printed name: X Yasmin [illegible] Sindi

First | Middle (☐ none) | Last

Other names used: _____

Current county of residence:

Current and former addresses:

from Mo/Yr	to Mo/Yr	Street	City, State & Zip
	current		

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

1/1/2000 — Date of birth

X _____ — Social security number

_____ — Driver's license number & state

_____ — Name as it appears on license

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: ☐.

X S Yasmin — Signature

X 6/5 — Date

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.

Individual's Name

6/5
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

UNITED STATES OF AMERICA

EMPLOYMENT AUTHORIZATION CARD

SUDI YASMIN B 01 JAN 2000

Surname
SUDI

Given Name
YASMIN B

USCIS#
212-744-027

Category
A03

Card#
LIN1611850497

Country of Birth
Somalia

Terms and Conditions
None

Date of Birth
01 JAN 2000

Sex
F

fingerprint not available

Valid From:
05/13/16

Card Expires:
05/12/18

NOT VALID FOR REENTRY TO U.S.

28015753

U.S. Citizenship and Immigration Services

This card is not evidence of U.S. citizenship or permanent residence.
This document is void if altered, and may be revoked by the U.S. Government.
The person identified is authorized to work in the U.S. for the validity of this card.

FORM I-766 Rev. (10-2014)

63

If found, drop in any US Mailbox. USPS: Mail to USCIS, PO Box 82521, Lincoln, NE 68501-2521

IAUSA2127440277LIN1611850497<<
0001018F1805121SOM<<<<<<<<<<8
SUDI<<YASMIN<BASHIR<<<<<<<<<<

Preliminary Questions

For CMG use only

Name: Yasmin

Date: 6/5

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? N
4. Which plant do you prefer? South
5. What shift to you prefer? 2nd

To be completed during or after interview

Date of interview_____

X Have you ever been convicted of a crime? Yes____ No__/__

Explain

Incident_____

_____

_____

X Employee Signature Yasmin

Interviewer Signature _____

UNITED STATES OF AMERICA

EMPLOYMENT AUTHORIZATION CARD

SUDI YASMIN B 01 JAN 2000

yasmin

Surname
SUDI

Given Name
YASMIN B

USCIS#
212-744-027

Category
A03

Card#
LIN1611850497

Country of Birth
Somalia

Terms and Conditions
None

Date of Birth
01 JAN 2000

Sex
F

Fingerprint not available

Valid From: 05/13/16

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