CMG
CORPORATE MANAGEMENT GROUP

ENTERED

TP. 7/10 17

Wednesday July 5

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 6/29/17

Name ADOW, JIJO
Last First Middle Maiden

Present address 4633 15th Ave NW
Number Street
Rochester MN 55901
City State Zip

Social Security No. 483 - 25 - 5219

Telephone (507) 206-6671 E-Mail _____

If under 18, please list age _____ Referred by Zahra Abdikadir.

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

Shift available to work
1st _____
2nd ✓
3rd _____

2nd North. ~~Seasonal~~ Perm.

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? Anytime

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	Somali	Somali	12	N/A
College				
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? _____

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 Faduma	Name Mohamed
Position Charter	Position Mayo
Company _____	Company _____
Address Rochester MN	Address Rochester, MN
_____	_____
Telephone (507) 216-2871	Telephone (___) 507-513-5012

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 ~~Hot~~ Sun hame health Position PCA Company Sun hame healthcare Address Rochester Mn Telephone (507)319-5782	Supervisor name Abdisalan
	Employment dates: From 03/01/16 To N/A Pay or salary: Start 12.00 Final 12.00
	Your last job title _____
Reason for leaving (be specific) part time	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. PCA/caregiver	

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

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

May we contact your present employer? √ Yes __ No

Did you complete this application yourself √ Yes __ No

If not, who did? _____

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.

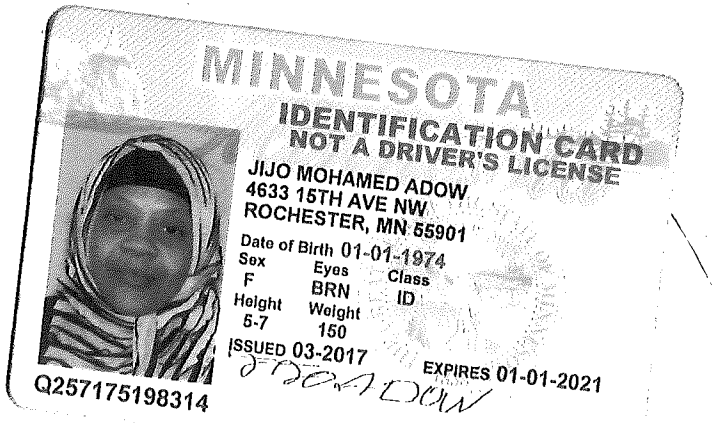
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by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

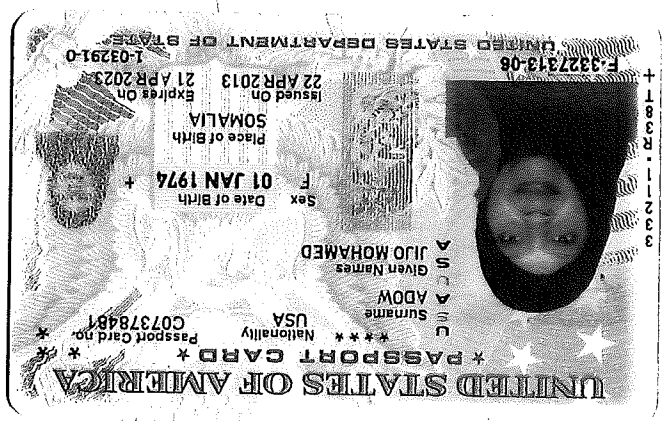
I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

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: 6/29/17


MINNESOTA
IDENTIFICATION CARD
NOT A DRIVER'S LICENSE
JIJO MOHAMED ADOW
4633 15TH AVE NW
ROCHESTER, MN 55901
Date of Birth 01-01-1974
Sex F
Eyes BRN
Class ID
Height 5-7
Weight 150
ISSUED 03-2017
EXPIRES 01-01-2021
Q257175198314



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ADOW<<JIJO<MOHAMED<<<<<<<<<<<<