



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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) Ali		First Name (Given Name) Ahmed		Middle Initial M	Other Last Names Used (if any)	
Address (Street Number and Name) 707 6th Ave NW			Apt. Number	City or Town Rochester		State MN
ZIP Code 55901			Employee's E-mail Address		Employee's Telephone Number (507) 271-1577	
Date of Birth (mm/dd/yyyy) 11/03/1984	U.S. Social Security Number 4 7 7 - 4 5 - 9 9 2 9					

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 boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number):	N/A
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):	N/A
Some aliens may write "N/A" in the expiration date field. (See instructions)	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number:	N/A
<b>OR</b>	
2. Form I-94 Admission Number:	N/A
<b>OR</b>	
3. Foreign Passport Number:	N/A
Country of Issuance:	N/A



Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.  A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code

**Employer Completes Next Page**



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**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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name) Ali	First Name (Given Name) Ahmed	M.I. M	Citizenship/Immigration Status 1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title U.S. Passport Card		Document Title N/A		Document Title N/A
Issuing Authority U.S. Department of State		Issuing Authority N/A		Issuing Authority N/A
Document Number C04031872		Document Number N/A		Document Number N/A
Expiration Date (if any)(mm/dd/yyyy) 11/21/2020		Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		<div style="border: 1px solid black; padding: 5px;"> <p align="center">Additional Information</p> </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> <p align="center">QR Code - Section 2 Do Not Write In This Space</p>  </div>		
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				

**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		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Administrative Assistant	
Last Name of Employer or Authorized Representative Lenz	First Name of Employer or Authorized Representative Garrison	Employer's Business or Organization Name ESSG		
Employer's Business or Organization Address (Street Number and Name) 7480 Flying Cloud Drive		City or Town Eden Prairie	State MN	ZIP Code 55344

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

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2017263121131RW**

Report Prepared: 09/20/2017

**Company Information**

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Company ID: 47429

Company Name: Employer Solutions Staffing Group

**Employee Information**

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Last Name: Ali

First Name: Ahmed

Date of Birth: 11/03/1984

Social Security Number: \*\*\* \*\* 9929

Hire Date: 09/20/2017

Citizenship Status: A citizen of the United States

**Document Information**

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List A Document: U.S. Passport or Passport Card

Passport or Passport Card Number: C04031872

Document Expiration Date: 11/21/2020

**Case Status Information**

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Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 09/20/2017

Case Submitted By: GLEN7602

SENSITIVE BUT UNCLASSIFIED







## Preliminary Questions

For CMG use only

Name: Ahmed

Date: 9/20/17

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 do you prefer? 2nd shift

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

Date of interview 9/20/17

Have you ever been convicted of a crime? Yes \_\_\_ No \_\_\_

Explain

Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_

Interviewer Signature \_\_\_\_\_



## CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5		DATE <u>9/20/17</u>
Name <u>Ali Ahmed Mohamed</u>		
<small>Last First Middle Maiden</small>		
Present address <u>707 6th Ave NW</u>		
<small>Number Street</small>		
<u>Rochester</u> <u>MN</u> <u>55901</u>		
<small>City State Zip</small>		
Social Security No. <u>477 - 45 - 9929</u>		
Telephone <u>(507) 271-1577</u>		E-Mail _____
If under 18, please list age _____		Referred by <u>friends</u>
Position applied for (1) _____	Shift available to work	
and salary desired (2) _____	<input checked="" type="checkbox"/> 1 <sup>st</sup> _____	
(Be specific) <u>South 2nd / or 1st</u>	<input checked="" type="checkbox"/> 2 <sup>nd</sup> _____	
	<input checked="" type="checkbox"/> 3 <sup>rd</sup> _____	
<u>weekends</u>		
<u>U.L</u>		
How many hours can you work weekly? _____		Can you work nights? _____
Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME		
When available for work? <u>any time</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?		
<input checked="" type="checkbox"/> No ___ Yes If so, please explain _____		
Do you anticipate any absences from work on a regular basis?		
<input checked="" type="checkbox"/> 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 _____	Supervisor name <u>Isaac</u>	
Position <u>Machine operator</u>	Employment dates	Pay or salary
Company <u>Unisea</u>	From <u>2006</u>	Start <del>8/15</del> <u>7/15</u>
Address <u>Alaska</u>	To <u>2010</u>	Final <u>8/15</u>
Telephone (____) _____	Your last job title _____	
Reason for leaving (be specific) <u>laid off</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Machine operator, sea food manufacturing environment</u>		

Name _____	Supervisor name <u>Shuti</u>	
Position <u>Taxi Driver</u>	Employment dates	Pay or salary
Company <u>Taxi-</u>	From <u>2010</u>	Start <u>Self employed</u>
Address _____	To <del>2017</del> <u>2017</u>	Final _____
Telephone (____) _____	Your last job title _____	
Reason for leaving (be specific) <u>moved from Twin Cities</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Driver, customer service</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



Date:

9/20/17

# TEST RESULTS RECORD

Test Reference Number \_\_\_\_\_ Name of Collector \_\_\_\_\_

## COMPANY INFORMATION

Company Name Leichel Foods Phone 923-4955 Fax \_\_\_\_\_  
 Address 3107 Commercial Dr SW City Spencer State/Province MA Zip/Postal Code 55903

## DONOR INFORMATION

Employee ID: \_\_\_\_\_  
 Last Name Ali First Name Ahmed  
 Type of Identification Provided:  Driver's License  Employee Photo I.D.  Other \_\_\_\_\_  
 Reason for test:  Pre-employment  Random  Reasonable cause  Post-accident  Other \_\_\_\_\_

## CERTIFICATION

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and alcohol.

X Donor signature \_\_\_\_\_ Date / Time 9/20 11:05

I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.

Collector signature Lubay Adakkil Date / Time 9/20 11:05

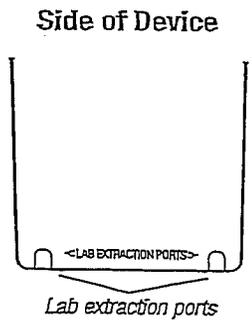
Laboratory signature N/A Date / Time received N/A

## TEST RESULTS

Date/Time Collected 9/20 11:05  
 Time Interpreted 9/20 11:05

Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amphetamine	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Lab personnel obtain specimen samples by puncturing the lab extraction ports on the side of device with a needle and syringe and drawing out the sample.



Cut out this panel to copy/scan results

Notes / Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_