



# Case Verification Number: 2021336171743ME

Report prepared: 12/02/2021

## Company Information

Company ID: 1284996

Company Name: ESSG - Corporate Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate Management Group

## Employee Information

Name: Ahmed Ali

Date of Birth: 12/30/2001

U.S. Social Security Number: \*\*\*-\*\*-8551

Employee's First Day of Employment: 12/02/2021

Citizenship Status: U.S. Citizen

## Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

Document Subtype: State Issued ID Card

Document Number: \*\*\*\*\*7000

State: Minnesota

List C Document: Certification of Birth Abroad (FS 545)

## Case Information

**CORPORATE MANAGEMENT GROUP**

**Employment Application**

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri  
 Office Number: 507-923-4955  
 Office Address: 3707 Commercial Dr. SW Rochester, MN 55902

12/11 12/11  




**Applicant Information**

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

Please fully complete pages 1-3

Full Name: (Last Name, First Name) Ahmed Ali Date: 11/29/2021

Address: (Street Address) 2307 7th Ave NE (Apt. /Unit #) \_\_\_\_\_  
 (City) Rochester (State) MN (ZIP Code) 55905

Phone: 507-208-9583 Email: Ahmed.ali.230719@gmail.com

Social Security No. 007-02-8551 Date Available: 11/30/2021

Position Applied for: OP - Check Desired Salary: 17

Shift Available to work: 1st  2nd  3rd Employment desired:  Full-Time  Part-Time

Are you authorized to work in the U.S.?  Yes  No

How did you hear about us? Friend Referral Name: Ayane Mohamed

If under 18, please list age: \_\_\_\_\_

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  No  Yes

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	Century H.S.	2525 Viola Rd. NE	4	
College				
Bus. Or Trade School				
Professional School				

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**Previous Employment**

Company: The Mentor Network Phone: 507-282-6824

Address: 1621 10th St SE Supervisor: Nikki

Job Title: Direct Support Staff Starting Salary: \$14.66 Ending Salary: \$

Responsibilities: Taking care of Residents at an group home

From: 08/2018 To: Reason for Leaving:

May we contact your previous supervisor for reference?  Yes  No

**Previous Employment**

Company: Phone:

Address: Supervisor:

Job Title: Starting Salary: \$ Ending Salary: \$

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for reference?  Yes  No

**Previous Employment**

Company: Phone:

Address: Supervisor:

Job Title: Starting Salary: \$ Ending Salary: \$

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for reference?  Yes  No

**Previous Employment**

Company: Phone:

Address: Supervisor:

Job Title: Starting Salary: \$ Ending Salary: \$

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for reference?  Yes  No

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: Muhammad Ali Date: 11/29/2021

# CORPORATE MANAGEMENT GROUP

## Employment Application

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Office Number: 507-923-4955

Office Address: 3707 Commercial Dr. SW Rochester, MN 55902



### 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 Shahed Ali Date: 11/29/2021

CERTIFICATION OF VITAL RECORD

STATE OF MAINE

001-005099

STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
CERTIFICATE OF LIVE BIRTH

118-2001-013415

Facility Control No.

State File No.

1a. FIRST NAME Ahmed		1b. MIDDLE NAME Abdiqadir*		1c. LAST NAME Ali*		1d. JR., ETC.		2. SEX Male	
3. DATE OF BIRTH (Mo., Day, Yr.) December 30, 2001		4. TIME OF BIRTH 09:06 AM		5. COUNTY OF BIRTH Androscoggin		6. CITY OR TOWN OF BIRTH Lewiston			
7. PLACE OF BIRTH: Hospital						8. FACILITY NAME (If not institution, give street and number) Central Maine Medical Center			
9. I certify that this child was born alive at the place and time and on the date stated.				10. DATE SIGNED (Mo., Day, Yr.) January 1, 2002		11. ATTENDANT'S NAME AND TITLE* (If other than Certifier) (Type / Print) Name <u>Moira Shanahan</u> Title <u>M.D.</u> PRIMARY SPECIALTY PRACTICE: <input type="checkbox"/> GEN <input type="checkbox"/> FAM <input checked="" type="checkbox"/> OB-GYN <input type="checkbox"/> OTHER			
12. CERTIFIER'S NAME AND TITLE (Type / Print) Name <u>Moira Shanahan</u> Title <u>M.D.</u>						13. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <u>12 High Street Suite 200</u> <u>Lewiston, Maine 04240</u>			
14. REGISTRAR'S SIGNATURE <u>N. Warren Bartlett</u>						15. DATE FILED BY REGISTRAR (Mo., Day, Yr.) January 2, 2002			
16a. FIRST NAME Isnino		16b. MIDDLE NAME Ali		16c. LAST NAME Mohamud		17. MAIDEN SURNAME Mohamud			
18. DATE OF BIRTH (Mo., Day, Yr.) January 1, 1980		19. BIRTHPLACE (State or Foreign Country) Somalia		20. RESIDENCE-STATE Maine		21. COUNTY Androscoggin		22. CITY OR TOWN Lewiston	
23. MOTHER'S MAILING ADDRESS <u>26 Knox Street Apt. 201 Lewiston, Maine</u>						24. ZIP CODE 04240		25. YEARS LIVING IN PRESENT TOWN 0	
26a. FIRST NAME Saïd		26b. MIDDLE NAME Hassan		26c. LAST NAME Abdulle		26d. JR., ETC.			
27. DATE OF BIRTH (Mo., Day, Yr.) UNKNOWN				28. BIRTHPLACE (State or Foreign Country) Somalia					
29. NAME OF INFORMANT Isnino Mohamud									

\*AMENDED 5/28/2015. \*Legal Name Change by Olmsted County, MN District Court decree dated 3/16/2015. Child's name was Ahmed Saïd Hassan.

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE ABSTRACT OR COPY OF A CERTIFICATE OR RECORD WHICH IS IN MY OFFICIAL CUSTODY.

TOWN OF:

DATE ISSUED:

MAY 28 2015

ATTEST:

*Merton L. Benson*  
STATE REGISTRAR  
STATE REGISTRAR/MUNICIPAL CLERK/STATE ARCHIVIST



VS-31

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



# TEMPORARY PERMIT



Minnesota Department of Public Safety  
Driver and Vehicle Services Division

445 Minnesota Street, Suite 175, Saint Paul, Minnesota 55101  
Phone: 651-297-3298 TTY: 651-282-6555  
[dvs.dps.mn.gov](http://dvs.dps.mn.gov)



DL/ID #:

**Y000-039-827-000**

TEMPORARY CREDENTIAL EXPIRATION

**25-Aug-2021**

DATE OF BIRTH

**30-Dec-2001**

## APPLICANT INFORMATION

APPLICATION DATE 27-Apr-2021

APPLICATION NAME ALI, AHMED ABDIQADIR

## CREDENTIAL INFORMATION

Name	ALI, AHMED ABDIQADIR	Date of Birth	30-Dec-2001
DL/ID Number	Y000-039-827-000	Height	5ft 10in
Residence Address	2307 7TH AVE NE ROCHESTER MN 55906-4053	Eye Color	Brown
Card Mailed To	2307 7TH AVE NE ROCHESTER MN 55906-4053	Sex	Male
Station Location	771 Rochester Exam Station	Weight	135 lbs.
Credential Type	Standard ID	Organ Donor	No
Card Type	Class D Permit	Veteran	No
Endorsements	None		
Restrictions	None		
License Indicators	None		



*Ahmed Ali*

**THIS DOCUMENT IS FOR THE TYPE OF CARD  
INDICATED UNTIL THE EXPIRATION DATE  
LISTED ABOVE.**

- This document is void if the applicant is not in compliance with all restrictions indicated on the record.

**THIS IS NOT A STAND-ALONE IDENTIFICATION  
DOCUMENT**

**VALID FOR DRIVING PRIVILEGES IF THE  
RECORD INDICATES**

## CONTACT US

Visit [dvs.dps.mn.gov](http://dvs.dps.mn.gov) to:

- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions	651-297-3298
License Status, available 24/7	651-284-1234
DVS Locations	651-297-2126
Motor Vehicle Questions	651-297-2126
TDD/TYY	651-282-6555