



**Case Verification Number: 20182111537161**

Report prepared: 07/30/2018



### Company Information

Company ID: 1284996

Company Name:  
Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate  
Management Group

### Employee Information

Name: Raha N. Bulow

Date of Birth: 01/01/1979

U.S. Social Security Number: \*\*\*-\*\*-5705

Employee's First Day of Employment:  
07/30/2018

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

Expiration Date: 01/01/2020

State: Minnesota

List C Document: Social Security Card

### Case Information

Current Case Result: Closed

Case Submitted By: Sierra Peterson

Case Status: Employment Authorized

Reason for Closure: Employment Authorized  
Auto Close

**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



7/30 1020P

**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) Bulow, Raha Date: 07/24/18

Address: (Street Address) 1716 8 1/2 St SE (Apt./Unit #) 403  
 (City) Rochester (State) MN (ZIP Code) 55904

Phone: 507-202-3645 Email: rahabulow@gmail.com

Social Security No. 474-47-5705 Date Available: 7/26/18

Position Applied for: Packaging Desired Salary: N/A

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

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

How did you hear about us? A friend Referral Name: Fatuma Feisal

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

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  No  Yes 1st son

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	N/A	N/A	N/A	N/A
College	N/A	N/A	N/A	N/A
Bus. Or Trade School	-	-	-	-
Professional School	-	-	-	-

**CORPORATE MANAGEMENT GROUP**



**Employment Application**

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**Previous Employment**

Company: Smart Choice Health Care Phone: (507) 451-1817

Address: 412<sup>th</sup> St NW Rochester, MN 55904 Supervisor: Farah Mohamed

Job Title: PCA / Home maker Starting Salary: \$ 12.00 Ending Salary: \$ 12.00

Responsibilities: feed residents, light housekeeping, laundry, and health related.

From: 2011 To: Present Reason for Leaving: Currently employed

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: Raha Bulow Date: 7/25/18

# 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



### 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 Raha Bulow Date: 7/25/18

**MINNESOTA**  
**DRIVER'S LICENSE**



**RAHA NOOR BULOW**  
1716 8 1/2 ST SE APT 403  
ROCHESTER, MN 55904

Date of Birth 01-01-1979  
Sex Eyes Class  
F BLK D  
Height Weight  
5-2 150

ISSUED 12-2015 EXPIRES 01-01-2020  
*Raha Bulow*

P426124259912

MINNESOTA SOCIAL SECURITY

03/15/2013 SIGNATURE

RAHA NOOR BULOW

THIS NUMBER HAS BEEN ESTABLISHED FOR

474-47-5705

**SOCIAL SECURITY**



## New Employee Acknowledgement Form

Welcome to CMG and Reichel Foods!

As a new employee, you will be provided with the website, username and password to view the new hire forms that you signed during your CMG interview. Please sign and date the bottom of the sheet stating that you received your login information.

**CMG/ ESSG / Reichel Foods Handbook**

**Healthcare Notice of Exchange and Website for Enrollment**

**Safety Policy**

**Drug and Alcohol Testing Policy**

**Website:** <https://nho.esgazure.com/login/cmg>

**Login Name:** 507 207 3645

**Login Password:** R b@ 5705

I hereby acknowledge that I have been provided with the login information to view the items listed above. I understand that it is my responsibility to read and follow each document provided to me and that if I have any questions concerning the times or its content, that it is my responsibility to address my questions with my supervisor or CMG representative, and hereby waive any claim, now or in the future, that I did not receive, did not read or did not comprehend the items or their contents.

Signature: Raha Bulow Date: 7/30/18



## Preliminary Questions

For CMG use only

Name: Raha Bulow

Date: 7/30/18

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? S
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 Raha Bulow

Interviewer Signature SPR