



Case Verification Number: 201824315543

Report prepared: 08/31/2018



Company Information

Company ID: 1284996

Company Name: Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate Management Group

Employee Information

Name: Abwolla A. Cham

Date of Birth: 02/01/1978

U.S. Social Security Number: ***-**-1192

Employee's First Day of Employment: 08/31/2018

Citizenship Status: Alien Authorized to Work

Alien/USCIS Number: A212746867

Document Information

List A Document: Arrival/Departure Record (Form I-94) with temporary I-551 stamp or refugee admission stamp (receipt)

Additional Document: Foreign Passport

Document Number: 212746867

Expiration Date: 07/19/2019

Country of Issuance: Ethiopia

Case Information

Current Case Result: Closed

Case Submitted By: Sierra Peterson

Case Status: Employment Authorized

Reason for Closure: Employment Authorized Auto Close



8/31
1030A

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>08/30/18</u>
Name <u>CHAM, ABWOLLA ALAL</u> <small>Last First Middle Maiden</small>		
Present address <u>2015 41st ST NW D-3</u> <small>Number Street</small>		
<u>ROCHESTER</u> <small>City</small>	<u>MN</u> <small>State</small>	<u>55901</u> <small>Zip</small>
Social Security No. <u>200 - 83 - 1192</u>		
Telephone <u>(507) 517 - 5501</u>		E-Mail <u>187NORTH DERM.</u>
If under 18, please list age _____		Referred by <u>Ariat ODA</u>
Position applied for (1) <u>Packager</u> and salary desired (2) _____ (Be specific)		Shift available to work 1 st <u>YES</u> 2 nd _____ 3 rd _____
How many hours can you work weekly? <u>40</u>		Can you work nights? <u>NO</u>
Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME		
When available for work? <u>AS SOON AS POSSIBLE</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		
Do you anticipate any absences from work on a regular basis? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
	<u>GAMBELLA -</u>	<u>ETHIOPIA</u>	<u>- N/C</u>	
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 <u>Abuolla Cham</u>	Supervisor name <u>N/A</u>	
Position <u>Home maker</u>	Employment dates	Pay or salary
Company <u>-</u>	From	Start <u>N/A</u>
Address <u>Nairobi, Kenya</u>	To	Final
Telephone () _____	Your last job title <u>Homemaker</u>	

Reason for leaving (be specific) Moved to the US

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Raising 4 children, household duties, including cleaning. Shopping & preparing meals.

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



Date: _____

8/30/18



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: 5075175501

Login Password: Ac@1192

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:  Date: 8/31/18



Preliminary Questions

For CMG use only

Name: Abwolla Cham

Date: 8/31/18

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? Y
4. Which plant do you prefer? D
5. What shift to you prefer? 1st

To be completed during or after interview

Date of interview 8/31

Have you ever been convicted of a crime? Yes _____ No X

Explain

Incident _____

Employee Signature [Signature]

Interviewer Signature [Signature]



VALID FOR ONE YEAR

United States Department of State
Bureau of Population, Refugees, and Migration
Washington, D.C. 20520-5824

Date Issued: 22 May 2018

The Transportation Company And Transportation Security Administration

Document ID: 1ACB146E-E1CE-41EA-8A45-7624F289BE82

RE: KE-553688 (6 Members)

UNHCR Case Number: 823-04C19084

GILO, Ochalla Ojulu	CHAM, Abwolla Alal
OJULU, Benewoyi Ochalla	OJULU, Nywatich Ochalla
OJULU, Achwhea Ochalla	OJULU, Agenilongera Ochalla

US Address: 903 W Center Street, Suite 220, Rochester, MN 55902

Sir/Madam:

Pursuant to the accompanying travel packet (for international flights) or the form I-94 (for U.S. domestic flights), the Department of Homeland Security/U.S. Citizenship and Immigration Services has approved the application to apply for admission to the United States of the below-named alien(s) under section 207(c)(1).



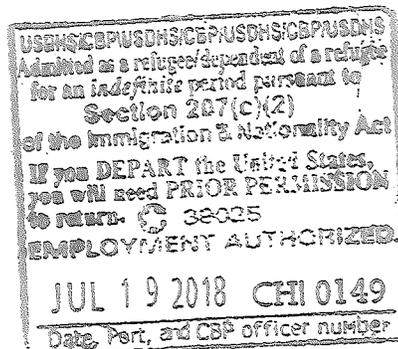
GILO, Ochalla Ojulu
A 212746865
Male: Principal Applicant
DOB: 2 May 1971
COB/NAT: Ethiopia/Ethiopia



CHAM, Abwolla Alal
A 212746867
Female: Wife
DOB: 1 Feb 1978
COB/NAT: Ethiopia/Ethiopia



OJULU, Benewoyi Ochalla
A 212746863
Female: Daughter
DOB: 17 Aug 1996
COB/NAT: Ethiopia/Ethiopia



Not valid unless this document contains a Document ID.

For: **ABWOLLA ALAL CHAM**

U.S. Customs and Border Protection

Securing America's Borders

Most Recent I-94

Admission (I-94) Record Number : 36884179956

Most Recent Date of Entry: 2018 July 19

Class of Admission : RE

Admit Until Date : D/S

Details provided on the I-94 Information form:

Last/Surname : CHAM
First (Given) Name : ABWOLLA ALAL
Birth Date : 1978 February 01
Passport Number : 212746867
Country of Issuance : Ethiopia

[Get Travel History](#)

▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

▶ If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

▶ Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1651-0111
Expiration Date: 03/31/2019

[For inquiries or questions regarding your I-94, please click here](#)

[Accessibility](#) | [Privacy Policy](#)