



SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2017222101809EL**

Report Prepared: 08/10/2017

**Company Information**

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Company ID: 47429

Company Name: Employer Solutions Staffing Group

**Employee Information**

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Last Name: Chweya

First Name: Yobesh

Date of Birth: 12/30/1950

Social Security Number: \*\*\* \*\* 5356

Hire Date: 08/10/2017

Citizenship Status: A lawful permanent resident

**Document Information**

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List A Document: Permanent Resident Card or Alien Registration Receipt Card (Form I-551)

Alien Number: 064195846

Card Number: IOE0234614176

Document Expiration Date:

**Case Status Information**

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Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 08/10/2017

Case Submitted By: SHAU7624

Closed On: 08/10/2017

Closed By: SHAU7624

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

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## CMG APPLICATION FOR EMPLOYMENT

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

<b>PLEASE COMPLETE PAGES 1-5</b>		DATE <u>8/8/17</u>
Name <u>Tobech N. Chweya</u> <small>Last First Middle Maiden</small>		
Present address <u>1209 Eight Avenue NW</u> <small>Number Street</small> <u>Rochester</u> <u>MN</u> <u>55901</u> <small>City State Zip</small>		
Social Security No. <u>689 - 69 - 5386</u>		
Telephone <u>(507) 338 3499</u>		E-Mail _____
If under 18, please list age _____		Referred by <u>ISGC Ombut</u>
Position applied for (1) <u>Food production</u> and salary desired (2) _____ (Be specific)	Shift available to work 1 <sup>st</sup> <input checked="" type="checkbox"/> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____	
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>immediately</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 _____		

1st North PERM

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>KISU</u>	<u>Kenya</u>	<u>1972</u>	
College	<u>High</u>	<u>school</u>	<u>diploma</u>	
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? family

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 Oseba Mamba Name Isaac Ombui

Position house keeper Position Manager

Company food C.M.G Company Reichel

Address N.W. Rochester Address N.W. Rochester

Telephone (763) 273-6636 Telephone ( ) \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

**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>C.M.G food</u>	Supervisor name <u>Wang</u>	
Position <u>food p.</u>	Employment dates	Pay or salary
Company <u>C.M.G</u>	From <u>12-4-17</u>	Start
Address <u>N.W. Rochester</u>	To <u>5-20-17</u>	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.		

Name <u>Robert Chwess</u>	Supervisor name <u>Wang</u>	
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: \_\_\_\_\_

8/8/17





# employer solutions staffing group llc

Leveraging Resources in a Changing Market

## Wage Payment Method Authorization (Minnesota)

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card.  
If you do not provide a written election, wages will be paid by paper Check.

### SECTION 1 BASIC INFORMATION

Employee Name	<u>Yobesh Chweya</u>	SSN# (last 4 digits)	<u>5356</u>	Effective Date	<u>8/10/17</u>
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### SECTION 2 PAYROLL ELECTION

**Direct Deposit** (Please complete Sections 3 and 5 below)       **Paper Check** (Please complete Section 5 below)

**Payroll Debit Card** (Please complete Sections 4 and 5 below)

### SECTION 3 DIRECT DEPOSIT

ACCOUNT	<input type="checkbox"/> Update Bank Account	<p><b>I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.</b></p> <p>Initial _____ Date _____</p>
	Bank Name:	
	Routing#	
	Account#	
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____	

- To help us avoid making an error, please attach a copy of a voided check. (a deposit slip will not work)
- If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods.

### SECTION 4 PAYROLL DEBIT CARD (GLOBAL CASH CARD)

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.

Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

#### CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)

First Name	<u>Yobesh</u>	M.I.		Last Name	<u>Chweya</u>	Date of Birth	
Street Address (PO BOX NOT ACCEPTABLE)						Social Security#	<u>683-69-5356</u>
City		State		Zip		Cell Phone (mobile)	

#### RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Routing #	Payroll Debit Card Account #
<u>073972181</u>	_____

I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### SECTION 5 AUTHORIZATION

I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s).      **\* E-mail is required for pay stub information.**

\*E-mail: \_\_\_\_\_ @ \_\_\_\_\_  
 this information will only be used to send your paystubs electronically

Employee's Signature: A

Date: 8/16/2017