



## Case Verification Number: 2021197171431LH

Report prepared: 07/16/2021

### 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: Lul Dalmar

Date of Birth: 05/02/1973

U.S. Social Security Number: \*\*\*-\*\*-9802

Employee's First Day of Employment: 07/16/2021

Citizenship Status: Lawful Permanent Resident Alien/USCIS Number: A063584388

### Document Information

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

Document Subtype: Driver's License

Document Number: \*\*\*\*\*1723

Expiration Date: 11/09/2021

State: Minnesota

List C Document: Social Security Card

### Case Information

Case Status: Closed

Case Submitted By: Kelly Sutton

Current Case Result: 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



### 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) LUI A DALMAR Date: 7/16/2020

Address: (Street Address) 1106 33RD ST NW ROCHESTER (Apt. /Unit #) \_\_\_\_\_

(City) \_\_\_\_\_ (State) MN (ZIP Code) 55501

Phone: 507-271-8733 Email: \_\_\_\_\_

Social Security No. 810109802 Date Available: anyTIME

Position Applied for: South Desired Salary: \_\_\_\_\_

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? Referral Referral Name: HAWO ISSE

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				
College				
Bus. Or Trade School				
Professional School				

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### 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:

7-16-2021

# 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 #: **H788-057-451-723**  
TEMPORARY CREDENTIAL EXPIRATION  
**09-Nov-2021**  
DATE OF BIRTH  
**02-May-1973**

## APPLICANT INFORMATION

APPLICATION DATE 12-Jul-2021

APPLICATION NAME DALMAR, LUL ABDI

## CREDENTIAL INFORMATION

Name	DALMAR, LUL ABDI	Date of Birth	02-May-1973
DL/ID Number	H788-057-451-723	Height	5ft 9in
Residence Address	1106 33RD ST NW ROCHESTER MN 55901-1493	Eye Color	Brown
Card Mailed To	1106 33RD ST NW ROCHESTER MN 55901-1493	Sex	Female
Station Location	771 Rochester Exam Station	Weight	180 lbs.
Credential Type	Standard ID	Organ Donor	No
Card Type	Class D Permit	Veteran	No
Endorsements	None		
Restrictions	None		
License Indicators	None		



*lul*

**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