



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2016291145804SF

Report Prepared: 10/17/2016

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Feisal

First Name: Fatuma

Date of Birth: 01/01/1971

Social Security Number: *** ** 0933

Hire Date: 10/17/2016

Citizenship Status: A citizen of the United States

Document Information

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

List C Document: Social Security Card

Document Name: Driver's license

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 11/23/2017

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 10/17/2016

Case Submitted By: SHAU5397

Closed On: 10/17/2016

Closed By: SHAU5397

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

SENSITIVE BUT UNCLASSIFIED



For more information contact us at 888-464-4218 or E-Verify@dhs.gov.

U.S. Department of Homeland Security

U.S. Citizenship and Immigration Services

[Enable Permanent Tooltips](#)

[Accessibility](#)

[Download Viewers](#)



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>10-17-16</u>
Name <u>Feisal Yassin Fatuma</u> <small>Last First Middle Maiden</small>		
Present address <u>1716 8 1/2 St SE #106</u>		
<small>Number Street</small> <u>1716 8 1/2 St</u> <small>City</small>	<small>State</small> <u>MN</u>	<small>Zip</small> <u>55904</u>
Social Security No. <u>068 - 40 - 0933</u>		
Telephone <u>(509) 210-5301</u>		E-Mail _____
If under 18, please list age _____		Referred by <u>Maryam Mohamed</u>
Position applied for (1) <u>production</u> and salary desired (2) _____ (Be specific)		Shift available to work 1 st _____ 2 nd <input checked="" type="checkbox"/> _____ 3 rd _____
How many hours can you work weekly? _____		Can you work nights? _____
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 <u>small busy at home</u>		
Do you anticipate any absences from work on a regular basis? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		

2nd
shift

shift

weekends
OK
8A 10-17-16

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School	<u>Hawthorn</u>	<u>700 4th Av SE</u>	<u>Current Student</u>	<u>GED</u>
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ___ Yes No

What is your means of transportation to work? Permit

Driver's license number M753166439915 State of issue IN

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date 11-23-2017

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 Faduma Mohamed Name Saadiyo Abdi

Position Patient Care Assistant Position Patient Care Assistant

Company Mayo Clinic Company SMH

Address 2040 8¹/₂ St SE #B Address 1303

Rochester, MN 55904 Rochester MN 55904

Telephone (507) 210-5302 Telephone (507) 271-7580

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>Turkey Store</u>	Supervisor name <u>Joe</u>	
Position _____	Employment dates	Pay or salary
Company _____	From <u>8-24-12</u>	Start <u>\$11.35</u>
Address _____	To <u>5/2015</u>	Final <u>\$12.30</u>
Telephone <u>(507) 332-5320</u>	Your last job title <u>lay off Bactaging</u>	
Reason for leaving (be specific) <u>lay off</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>worked on putting in boxes,</u> <u>packaged meat job line</u>		

Name <u>Lakeside foods</u>	Supervisor name <u>Jose</u>	
Position _____	Employment dates	Pay or salary
Company _____	From <u>7/11</u>	Start <u>\$7.30</u>
Address <u>W Broadway, Plainview</u>	To <u>8/11</u>	Final <u>\$7.30</u>
Telephone <u>(507) 534-3141</u>	Your last job title _____	
Reason for leaving (be specific) <u>lay off</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>used work separating corns</u>		

APPLICATION FOR EMPLOYMENT

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 _____	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.

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.

May we contact your present employer? Yes ___ No

Did you complete this application yourself Yes ___ No

If not, who did? with assistant

**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 Fatuma Feisal Date: 10/17/16



Employee Photo Release Form

I, Fatuma, agree to let Reichel Foods use my picture for internal security purposes. I also agree to submit a written request to Reichel Foods if/when I wish my photo be removed from the company database.

Employee Signature: Fatuma Feisal

Date: 10/17/16

MINNESOTA
INSTRUCTION PERMIT



FATUMA YASSIN FEISAL
1716 8 1/2 ST SE APT 106
ROCHESTER, MN 55904

Date of Birth 01-01-1971
Sex F Eyes BLK Class IP
Height 5-3 Weight 140

ISSUED 11-2015 EXPIRES 11-23-2017
Fatuma Feisal

M753166439915

SOCIAL SECURITY

668-40-0933

THIS NUMBER HAS BEEN ESTABLISHED FOR

FATUMA YASSIN
FEISAL

Fatuma Feisal
SIGNATURE

10/14/2008



Preliminary Questions

For CMG use only

Name: Fatuma Feisal

Date: 10-17-16

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/N - OK
4. Which plant do you prefer? S
5. What shift to you prefer? 2nd

To be completed during interview only

Date of interview 10-17-16

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

Explain

Incident _____

X Employee Signature Fatuma Feisal

Interviewer Signature [Signature]