



**Case Verification Number: 2018206163657**

Report prepared: 07/25/2018



**Company Information**

**Company ID:** 1284996

**Company Name:**  
Management Group

**Client Company ID:** 1284996

**Client Company Name:** ESSG - Corporate  
Management Group

**Employee Information**

**Name:** Bare O. Gilo

**Date of Birth:** 01/01/1983

**U.S. Social Security Number:** \*\*\*-\*\*-8217

**Employee's First Day of Employment:**  
07/24/2018

**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:** 07/14/2019

**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



*eligible*

### 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) BARE OJULU GILO Date: \_\_\_\_\_

Address: (Street Address) 2015 41st Street NW (Apt. /Unit #) L-26

(City) Rochester (State) MN (ZIP Code) 55901

Phone: 507-517-0234 Email: \_\_\_\_\_

Social Security No. 621-97-8217 Date Available: \_\_\_\_\_

Position Applied for: Production 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 Name: \_\_\_\_\_

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

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

*1st N \$10.00*

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	<i>Open enter medice.</i>		<i>2003</i>	<i>NO</i>
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.

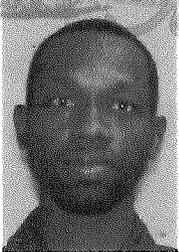
I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

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: \_\_\_\_\_

**MINNESOTA**  
**INSTRUCTION PERMIT**

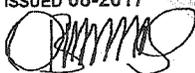


**BARE OJULU GILO**  
2015 41ST ST NW APT L-26  
ROCHESTER, MN 55901

Date of Birth 01-01-1983  
Sex Eyes Class  
M BLK IP  
Height Weight  
6-0 155

ISSUED 08-2017 EXPIRES 07-14-2019

M523139034010



**SOCIAL SECURITY**

621-97-8217

THIS NUMBER HAS BEEN ESTABLISHED FOR

**BARE OJULU**  
**GILO**

*CENIC*

SIGNATURE

08/02/2016





# Preliminary Questions

For CMG use only

Name: Bame Gilo

Date: 7/24/18

- 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? N
- 5. What shift do you prefer? 1

*1 N seasonal*

**\*To be completed during or after interview\***

Date of interview 7/24/18

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

Explain

Incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

X Employee Signature [Signature]

Interviewer Signature [Signature]



## 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:** 5075170234

**Login Password:** Bg@8217

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:** 7/24/18