



**Case Verification Number: 2019071164915**

Report prepared: 03/12/2019



**Company Information**

**Company ID: 1284996**

**Company Name:**  
Management Group

**Client Company ID: 1284996**

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

**Employee Information**

**Name:** Ahmed M. Haji

**Date of Birth:** 01/01/1963

**U.S. Social Security Number:** \*\*\*-\*\*-7335

**Employee's First Day of Employment:**  
03/12/2019

**Citizenship Status:** Lawful Permanent Resident **Alien/USCIS Number:** A212549123

**Document Information**

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

**Document Number:** Lin1591075620

**Case Information**

**Current Case Result:** Closed

**Case Submitted By:** Diana Elton

**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



"your workforce management & staffing experts"

### 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) Ahmed Mukhtar Haji Date: 03-12-19

Address: (Street Address) 402-31st St N.E APT (Apt./Unit #) 313

(City) Rochester (State) MN (ZIP Code) 55906

Phone: 207 329 6712 Email: \_\_\_\_\_

Social Security No. 799 637335 Date Available: 3-13-19

Position Applied for: SLICE ROOM Desired Salary: 10.00

Shift Available to work: 1st  2nd  3rd Employment desired:  Full-Time  Part-Time

Are you authorized to work in the U.S.?  Yes  No

How did you hear about us? I work before 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

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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### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference?  Yes  No

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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

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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 Ahmed Date: 3-17-19





### CMG/Reichel Foods, Inc. \$1000.00 Sign-On Bonus

Thank you for accepting the 2<sup>nd</sup> shift South production position with CMG and Reichel Foods, Inc.

By accepting this position, you are eligible for a \$1,000 sign-on bonus. Please read the information below about the sign-on bonus and sign that you agree.

#### Conditions for the \$1,000 Sign-On Bonus

- The sign-on bonus is for 2<sup>nd</sup> shift South production ONLY
- If you resign for any reason or your assignment ends, you will forfeit the sign-on bonus
- The bonus amount is for \$1,000 total
  - o You will receive the payments in 3 separate checks
  - o You must work the first 30 days to receive the first check of \$333.33
  - o You must work the next 30 days (60 days in total) to receive the next check of \$333.33
  - o You must work the next 30 days (90 days in total) to receive the next check of \$333.34
- Payroll taxes (including State & Federal Income Taxes) will not be withheld from your checks. You will be responsible for the tax liability when you file your individual income tax returns.
- The sign-on bonus will be paid directly by CMG.
- You will receive a 1099 from CMG after this tax year.

*\*I acknowledge that I have read and understand the terms and conditions above regarding the \$1,000 sign on bonus with CMG and Reichel Foods, Inc.*

Employee Name	Signature	Date
<u>Ahmed Haji</u>	<u>Ahmed</u>	<u>3-12-19</u>

CMG Representative Name	CMG Representative Signature	Date
<u>Diana Elton</u>	<u>Diana Elton</u>	<u>3/12/19</u>



## Preliminary Questions

For CMG use only

Name: \_\_\_\_\_

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

1. If hired are you willing to take a drug test? YES
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? NO
3. Are you able to work with pork? NO
4. Which plant do you prefer? SOUTH
5. What shift do you prefer? 2 shift

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

Date of interview \_\_\_\_\_

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

Explain

Incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature Ahmed

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://nhov2.esgazure.com/login/cmg>

Login Name: 2073296717

Login Password: Ah@7335

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: Ahmed Date: 3-12-19