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)* Hirsi, Halimo Date: 12/01/2021

Address: *(Street Address)* 510 3rd Ave. SE *(Apt. /Unit #)* 307

(City) Rochester *(State)* MN *(ZIP Code)* 55904

Phone: (507) 351-1666 Email: ~~halimo~~ halimohirsi0425@gmail.com

Social Security No. 047-51-6833 Date Available: 12/02/2021

Position Applied for: Applefield Desired Salary: $16 per hour

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? employee Referral Name: Hibo Ali

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	Cismaan Ghedi Ragge	Mogadishu, Somalia	4	H.S- Diploma
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: Sun Home Healthcare Phone: (507) 529-7999

Address: 1700 N Broadway Ave. Suite 114 Supervisor: Abdisalan

Job Title: PCA Starting Salary: $ 12.50 Ending Salary: $ 13.00

Responsibilities: feeding, charging, Physical Therapy, education

From: 2019 To: 2020 Reason for Leaving: other opportunity

May we contact your previous supervisor for reference? ✓ Yes __ No

Company: Seneca Foods Phone: (507) 280-4500

Address: 330 20th St SE Rochester, MN Supervisor: Kevin

Job Title: Seasonal worker Starting Salary: $ 9.00 Ending Salary: $ 12.00

Responsibilities: inspections, machine operator, line worker

From: 2013 To: 2018 Reason for Leaving: Moved from town

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: 12/01/2021

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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: 12/01/2021

New Employee Orientation Training Sign Off

Employee Hygiene
* Video "Employee Hygiene Practices"

Food Safety

Allergens

Food Security
* DVD "Employees are the First Line of Food Defense"

AWAIR Program

Plant/Employee Safety

Right to Know

Lifting Techniques

Hearing Conservation

Orientation Quiz

Intro to SQF

**** Important Notice ****

** Please press the emergency stop button before sticking your hand in any of the machines **
I am aware of the disciplinary action and/or termination will occur as a result of my failure to follow the rules of th safety policies I have been informed of.

I have been trained and understand my responsibilty for each of the training topics listed above.

Employee Name (print): Abdikarim Abdi

Employee Signature: Abdi

Date: 10-22-21

Training Conducted By: Kelly McSabba