

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) Yusuf Ismael Date: 09/27/21
 Address: (Street Address) 340 2st AVE SE APT 24 (Apt./Unit #) _____
 (City) Rochester (State) MN (ZIP Code) 55904
 Phone: 507-721-8925 Email: tulalayarez@gmail.com
 Social Security No. 826-63-6487 Date Available: Anytime
 Position Applied for: Slice Room Desired Salary: \$15
 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? online Referral Name: _____
 If under 18, please list age: No
 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	Rochester stem academy	N/A	2014-2018	high diploma
College	YES			
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: gs - lab Phone: _____

Address: _____ Supervisor: N/A

Job Title: Lab Starting Salary: \$ 22 Ending Salary: \$ 22

Responsibilities: _____

From: 04/21 To: 05/21 Reason for Leaving: Permanently closed

May we contact your previous supervisor for reference? Yes No

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

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

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

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: [Signature] Date: 09/27-21

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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: 09/27/2021

UNITED STATES OF AMERICA
* PASSPORT CARD *



U ***** Nationality USA Passport Card no. C22796263
A IUSUP

Given Names
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Sex M Date of Birth 08 JAN 1999

Place of Birth KENYA

Issued On 08 FEB 2020 Expires On 07 FEB 2030

1-4339930-04

8-02311-0

UNITED STATES DEPARTMENT OF STATE



Case Verification Number: 2021271164557EH

Report prepared: 09/28/2021

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: Ismael Yusuf

Date of Birth: 01/08/1999

U.S. Social Security Number: ***-**-6487

Employee's First Day of Employment: 09/28/2021

Citizenship Status: U.S. Citizen

Document Information

List A Document: U.S. Passport or Passport Card

Document Number: C22796263

Expiration Date: 02/07/2030

Case Information

Case Status: Closed

Case Submitted By: Kelsey Sikkink

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close

Direct Deposit / Automatic Payment Information Form



The fastest, most convenient way to manage your everyday financial transactions - and it's free!

Benefits To You

Convenient - Your money is deposited automatically for you, even when you are ill, on vacation or too busy to get to the bank. Your check is deposited electronically into your Wells Fargo account.

Fast - You have immediate access to your money on the day of deposit.

Safe - Never worry about checks getting lost, delayed or stolen.

Automatic saving - Watch your account grow when you have at least part of your pay directed to your account.

Automatic Payment** You can also use your routing number (RTN) and account number to setup automatic payment of your recurring bills from your account.

Three Easy Steps to Set up Your Direct Deposits or Automatic Payments

Step 1. Use Account Information Provided Below

You must provide your information about the account where the money will be deposited or withdrawn.

Customer Name:	Routing Number (RTN):	Account Number:	Account Type:
ISMAEL A YUSUF	091000019	6619593525	CHECKING

Step 2. Contact Your Employer or Payor

Contact your employer or payor directly to see if they offer direct deposit service. Where direct deposit is available, provide your account information. Your payor may need you to complete a form and provide a voided check or Command check to process your request.

Step 3. Monitor Your Account

For Direct Deposit, it can take one to two months for a payor to process your request and to begin receiving electronic deposits.

Questions? Wells Fargo Phone BankSM is available 24/7 at 1-800-TO-WELLS (1-800-869-3557)

Customer Copy