

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) IBRAHIM ARIAB osman Date: _____

Address: (Street Address) 851 21st AVE SE (Apt./Unit #) 100

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

Phone: 6514400761 Email: iosmassan50@gmail.com

Social Security No. 893-18-2386 Date Available: 13

Position Applied for: open 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? _____ Referral Name: Iul ALI

If under 18, please list age: yes

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	<u>ETHIOPIA.</u>			
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

A handwritten signature in black ink, appearing to be 'R. R.', is written over a horizontal line.

Date:

8-3-2021

TEMPORARY LICENSE



Minnesota Department of Public Safety
Driver and Vehicle Services Division
445 Minnesota Street, Suite 175, Saint Paul, Minnesota 55101
Phone: 651-297-3298 TTY: 651-282-6555
dvs.dps.mn.gov



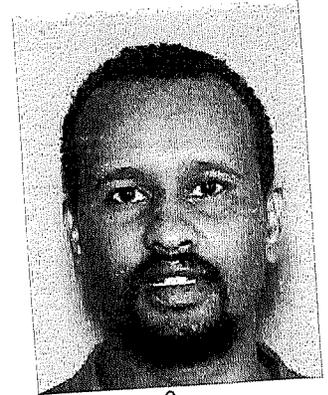
DL/ID #: **Y435-202-617-312**
TEMPORARY CREDENTIAL EXPIRATION
30-Nov-2021
DATE OF BIRTH
01-Jan-1990

APPLICANT INFORMATION

APPLICATION DATE 02-Aug-2021
APPLICATION NAME OSMAN, IBRAHIM ARAB

CREDENTIAL INFORMATION

Name	OSMAN, IBRAHIM ARAB	Date of Birth	01-Jan-1990
DL/ID Number	Y435-202-617-312	Height	5ft 7in
Residence Address	851 21ST AVE SE APT 100 ROCHESTER MN 55904-5125	Eye Color	Brown
Card Mailed To	851 21ST AVE SE APT 100 ROCHESTER MN 55904-5125	Sex	Male
Station Location	155 Rochester II	Weight	150 lbs.
Credential Type	Standard ID	Organ Donor	No
Card Type	DL Class D	Veteran	No
Endorsements	None		
Restrictions	None		
License Indicators	Living Will/Healthcare Directive, Medical Alert		



AB

**THIS DOCUMENT IS FOR THE TYPE OF CARD
INDICATED UNTIL THE EXPIRATION DATE
LISTED ABOVE.**

- This document is void if the applicant is not in compliance with all restrictions indicated on the record.

**THIS IS NOT A STAND-ALONE IDENTIFICATION
DOCUMENT**

**VALID FOR DRIVING PRIVILEGES IF THE
RECORD INDICATES**

CONTACT US

Visit dvs.dps.mn.gov to:

- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions	651-297-321
License Status, available 24/7	651-284-121
DVS Locations	651-297-211
Motor Vehicle Questions	651-297-211
TDD/TYY	651-282-6555

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Previous Employment

Company: legendry Baking Phone: _____

Address: 300 lake Hazeltine drive ^{MN 55318} Supervisor: derek

Job Title: Backaging Starting Salary: \$ 13.50 Ending Salary: \$ 15.75

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: I move to Africa.

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: _____ Date: _____