



2/1/16 @ 10:30

ENTERED

## CMG APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED

PLEASE COMPLETE PAGES 1-5 DATE \_\_\_\_\_

Name Rahmo Araye Olad  
Last First Middle Maiden

Present address 1426 4th Ave SE  
Number Street  
Rochester MN 55904  
City State Zip

Social Security No. 871-21-1324

Telephone 567 400 4766 E-Mail Rahmaaraye@hotmail.com

If under 18, please list age \_\_\_\_\_ Referred by \_\_\_\_\_

Position applied for (1) _____ and salary desired (2) <u>10<sup>00</sup></u> <small>(Be specific)</small> <i>South</i>	Shift available to work 1 <sup>st</sup> <input checked="" type="checkbox"/> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ <i>Weekends</i> <i>2<sup>nd</sup> shift</i> <i>3<sup>rd</sup> shift</i>
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How many hours can you work weekly? 40 hrs Can you work nights? NO

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

When available for work? any time

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  
 No  Yes If so, please explain \_\_\_\_\_

Do you anticipate any absences from work on a regular basis?  
 No  Yes If so, please explain \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Mamu Jafi	Mogadishu Somalia	2000	
College				
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No but I have permit instruction

What is your means of transportation to work? I have a car.

Driver's license number 756 098 971118 State of issue MN

Operator  Commercial (CDL)  Chauffeur

Expiration date 10/15/2017

Have you had any accidents during the past three years?  Yes  No

If so, how many? \_\_\_\_\_

Have you had any moving violations during the past three years?  Yes  No

If so, how many? \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name SANAB Hussein Name Sa'id Haji  
~~Saida Ma'ala~~

Position apple Position apple  
~~house keeping~~

Company CGM protection Company CGM  
~~family house area~~

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone (507) 271 4713 Telephone ( ) 5077228494

APPLICATION FOR EMPLOYMENT

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES? \_\_ Yes  No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? \_\_ Yes  No

Branch \_\_\_\_\_ Specialty \_\_\_\_\_

Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**WORK EXPERIENCE**

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name <u>Sadia Moahin</u>	Supervisor name <u>Sadia</u>	
Position <u>House Keeping</u>	Employment dates	Pay or salary
Company <u>Family house</u>	From <u>2008</u>	Start
Address <u>H. No. 10-3-305/2/A</u>	To <u>2014</u>	Final
<u>MMDC Building Madhav</u>	Your last job title <u>House Keeping</u>	
Telephone <u>(91) 9550283161</u>		
Reason for leaving (be specific) <u>The employer left the Country</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

Name _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From _____	Start
Address _____	To _____	Final
Telephone (____) _____	Your last job title _____	
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

## APPLICATION FOR EMPLOYMENT

### WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From _____</td> <td>Start _____</td> </tr> <tr> <td>To _____</td> <td>Final _____</td> </tr> </table> Your last job title _____	Employment dates	Pay or salary	From _____	Start _____	To _____	Final _____
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From _____	Start _____						
To _____	Final _____						
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May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? my friend helped to fill the application

**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: \_\_\_\_\_



## Preliminary Questions

For CMG use only

Name: Roberto Araya

Date: 2/1/16

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? South
5. What shift do you prefer? 1st

**\*To be completed during interview only\***

Date of interview 2/1/16

Have you ever been convicted of a crime? Yes  No

Explain

Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature Roberto

Interviewer Signature \_\_\_\_\_



### Employee Photo Release Form

I, 2/11/2016 agree to let Reichel Foods use my picture for internal security purposes. I also agree to submit a written request to Reichel Foods if/when I wish my photo be removed from the company database.

Employee Signature Name: Rahmo

Date: Rahmo



SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2016035144613RS**

Report Prepared: 02/04/2016

**Company Information**

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Company ID: 47429

Company Name: Employer Solutions Staffing Group

**Employee Information**

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Last Name: Olad

First Name: Rahmo

Date of Birth: 01/01/1982

Social Security Number: \*\*\* \*\* 1324

Hire Date: 02/04/2016

Citizenship Status: An alien authorized to work

**Document Information**

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List A Document: Employment Authorization Document (Form I-766)

Alien Number: 212611079

Card Number: LIN1521650021

Document Expiration Date: 08/19/2017

**Case Status Information**

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Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 02/04/2016

Case Submitted By: KSIK1977

Closed On: 02/04/2016

Closed By: KSIK1977

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

SENSITIVE BUT UNCLASSIFIED

