



## Preliminary Questions

For CMG use only

Name: Asha A. Mohamed

Date: 2/7/18

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 to you prefer? 1st

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

Date of interview 2/7/18

X Have you ever been convicted of a crime? Yes  No

Explain

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

X Employee Signature Asha

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

# 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



2/7 10:4

## 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) Asher Ali Mohamed Date: 1-24-18

Address: (Street Address) 610 3RD AVE SE (Apt. /Unit #) 317

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

Phone: 5073198104 Email: \_\_\_\_\_

Social Security No. 337210780 Date Available: anytime

Position Applied for: Food Production Desired Salary: \_\_\_\_\_

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? Friends Referral Name: Mohamed

If under 18, please list age: \_\_\_\_\_

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  No  Yes

1st South

Weekends OK  
SP 2/7/18

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: Workforce center Phone: 607 699 2916

Address: 2070 College View Rde Supervisor: Gulled

Job Title: \_\_\_\_\_ Starting Salary: \$7.50 Ending Salary: \$ \_\_\_\_\_

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

From: 1-24-11 To: 7-9-11 Reason for Leaving: lay off

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: Ashra Mahamed Date: 1-24-14

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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 AGha Date: 2-7-18



**mi**  
USA

**MINNESOTA**

**DRIVER'S  
LICENSE**

NOT FOR FEDERAL IDENTIFICATION

1 MOHAMED  
2 AISHA HASSAN  
3 1570 50TH ST NW  
APT 3

ROCHESTER, MN 55901-8218

4d DL# H958-030-591-622

4a ISS 10/25/2021

3f DOB 01/01/1985

9 CLASS D

12 RESTR NONE

9a END NONE

Minnesota

15 SEX F

17 WGT 145 lb

18 HGT 5-02"

19 EYES BLK

5f DD 00000006527807

Aisha



01/01/85



SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2018038104534GB**

Report Prepared: 02/07/2018

**Company Information**

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Company ID: 47429

Company Name: Employer Solutions Staffing Group

**Employee Information**

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Last Name: Mohamed

First Name: Asha

Date of Birth: 01/02/1996

Social Security Number: \*\*\* \*\* 0780

Hire Date: 02/07/2018

Citizenship Status: A lawful permanent resident

**Document Information**

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

Alien Number: 064357223

Card Number: IOE0646282147

Document Expiration Date:

**Case Status Information**

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Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 02/07/2018

Case Submitted By: SHAU7624

Closed On: 02/07/2018

Closed By: SHAU7624

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

SENSITIVE BUT UNCLASSIFIED



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X Employee Signature Asha

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