

**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) Okeke Josephine Date: 05-25-21

Address: (Street Address) 2015 41st Street NW (Apt. /Unit #) 103

(City) Rochester (State) MN (ZIP Code) 55901

Phone: 507-7226884 Email: \_\_\_\_\_

Social Security No. 699826064 Date Available: \_\_\_\_\_

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

Shift Available to work: \_\_ 1st \_\_ 2nd \_\_ 3rd Employment desired: \_\_ Full-Time \_\_ Part-Time Seasonal

Are you authorized to work in the U.S? Yes No

How did you hear about us? walk in Referral Name: \_\_\_\_\_

If under 18, please list age: ~~18~~ 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	<u>Amokrigris High School</u>	<u>Nigeria AMOKR</u>	<u>1982</u>	<u>General</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 \_\_\_\_\_

Date: 05/25/21

USA **MINNESOTA** INSTRUCTION PERMIT

TEMPORARY

NOT FOR FEDERAL IDENTIFICATION



*[Signature]*



1 OKEKE  
2 JOSEPHINA AMAKA  
6 2015 41ST ST NW  
APT J3  
ROCHESTER, MN 55901-1922  
4#DL# G207-057-314-409 4#ISS 01/22/2021  
3: DOB 10/01/1964 4#EXP 09/21/2021  
9: CLASS IP 9#END NONE  
12 REGISTR 2

15SEX F 17WGT 194 LB  
16HGT 5'-04" 18EYES BLK  
5: DD 00000004250338

10/01/64



## Case Verification Number: 2021146162321DH

Report prepared: 05/26/2021

### 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: Josephina Okeke

Date of Birth: 10/01/1964

U.S. Social Security Number: \*\*\*-\*\*-6064

Employee's First Day of Employment: 05/26/2021

Citizenship Status: Alien Authorized to Work

Alien/USCIS Number: A209063917

### Document Information

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

Document Number: MSC2190128876

Expiration Date: 10/26/2021

### Case Information

Case Status: Closed

Case Submitted By: Kelsey Sikkink

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close

**THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.**

NOTICE TYPE Receipt		NOTICE DATE October 26, 2020
CASE TYPE I-765, Application for Employment Authorization		USCIS ALIEN NUMBER A209063917
RECEIPT NUMBER MSC2190128876	RECEIVED DATE October 12, 2020	PAGE 1 of 1
		DATE OF BIRTH October 01, 1964

JOSEPHINA A. OKEKE  
2015 41ST STREET NW APT J30  
ROCHESTER, MN 55901

2 00000354

**PAYMENT INFORMATION:**

**Application/Petition Fee:** \$0.00  
**Total Amount Received:** \$0.00  
**Total Balance Due:** \$0.00



**NAME AND MAILING ADDRESS**

Eligibility Category: A05

We have received your form and are currently processing the above case. If this notice contains a priority date, this priority does not reflect earlier retained priority dates. We will notify you separately about any other case you filed.

If we determine you must submit biometrics, we will mail you a biometrics appointment notice with the time and place of your appointment.

If you have questions or need to update your personal information listed above, please visit the USCIS Contact Center webpage at [uscis.gov/contactcenter](https://uscis.gov/contactcenter) to connect with a live USCIS representative in English or Spanish.

This notice, by itself, does not grant any immigration status or benefit, nor is it evidence that this case is still pending. However, this Notice of Action automatically extends the validity of your Employment Authorization Document (EAD) for up to 180 days from the expiration date printed on the front of the card and can be used for employment eligibility verification (Form I-9) purposes if:

- You have timely filed to renew your current Form I-766, Employment Authorization Document (EAD);
- Your EAD renewal is under a category that is eligible for an automatic 180-day extension (see [uscis.gov/i-765](https://uscis.gov/i-765) for a list of categories);
- The category on your current EAD matches the "Class Requested" listed on this notice (if you are a TPS beneficiary or applicant, your EAD and this notice must contain either the A12 or C19 category, but they do not need to match each other); and
- You do not receive your renewal EAD before your current EAD expires.

If we deny your renewal application, the automatic extension immediately ends and cannot be used for Form I-9 purposes. If your EAD is a combo card, the automatic extension does not apply to advance parole.

**USCIS Office Address:**  
USCIS  
National Benefits Center  
Attention: I-485 Refugee/Asylum  
7600B West 119th Street  
Overland Park, KS 66213

**USCIS Contact Center Number:**

1-800-375-5283



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### Previous Employment

Company: CUKA Phone: 507 465 9591  
Address: Rochester NW Supervisor: DINKAN Miller  
Job Title: Diatery Aid Starting Salary: \$14.00 Ending Salary: \$14.00  
Responsibilities: HELP with serving, and preparing Etc  
From: 03/18 To: 05/21 Reason for Leaving: Personal Family  
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: [Signature] Date: 05/25/21