

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

Mon 5/1
12:00 pm



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) AGWA OGWID OMAN Date: 4-29-2013

Address: (Street Address) 3066 Bandle DR NW (Apt./Unit #) House

(City) Rochester (State) MN (ZIP Code) 55910

Phone: 507-460-2376 Email: _____

Social Security No. 504-23-7528 Date Available: Anytime

Position Applied for: Assembly Forklift Desired Salary: open

Shift Available to work: ___ 1st 2nd ___ 3rd Employment desired: ___ Full-Time ___ Part-Time 2N

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

How did you hear about us? Friend Referral Name: Abony NYROW FT 15.00

If under 18, please list age: 32

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

good Trans Weekend OKays

Education

Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	<u>Utah Classified</u>	<u>Utah</u>	<u>1996</u>	<u>N/A</u>
College				
Bus. Or Trade School				
Professional School				

No Physical Concerns Accepted

people cross every B6 pending



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Previous Employment

Company: GOOTER Phone: 815-222-9567
Address: 1421 2nd AVE NW STORWATON MN Supervisor: YAYO
Job Title: ASSEMBLER Starting Salary: \$ 1555 Ending Salary: \$ 1575
Responsibilities: WORKING FRIENDLY
From: 3-5-20 To: 4-30 Reason for Leaving: RESUMET ENDED
May we contact your previous supervisor for reference? Yes No

Previous Employment

Company: ORNUM Phone: 1415 6611 DR
Address: INGREDIENT Supervisor: ALIA
Job Title: ASSEMBLY Starting Salary: \$ 1555 Ending Salary: \$ 1565
Responsibilities: RES POSIBL. DEPOT
From: 10-30 To: 11-20 Reason for Leaving: LOAF OFF
May we contact your previous supervisor for reference? Yes No

Food
Manufact

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

ingredient
Canning
Beans

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: 11-27-20

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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.

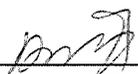
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission 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: 11-27-20



CMG Preliminary Questions



Name: AGUSA DMAM

Date: 4.27.20

Please Mark Yes or No

- 1. If hired are you willing to take a drug test? Yes No KS
- 2. Do you have any known food allergies to soy, wheat, peanuts, or milk? Yes No KS
- 3. Are you able to work with pork? Yes No KS

Please Mark Your Preferred Position

- 4. Which plant do you prefer? South North KS
- 5. What shift to you prefer? 1st 2nd 3rd KS

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

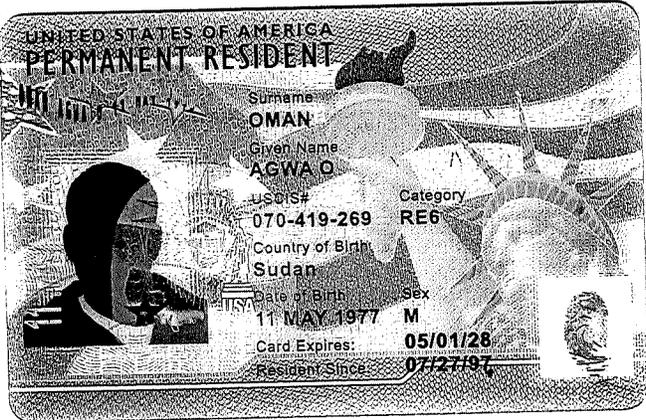
Explain Incident _____

Employee Signature _____

Interviewer Signature _____

Kelly M. Sult





UNITED STATES OF AMERICA
PERMANENT RESIDENT

Surname: **OMAN**
Given Name: **AGWA O**
USCIS#: **070-419-269** Category: **RE6**
Country of Birth: **Sudan**
Date of Birth: **11 MAY 1977** Sex: **M**
Card Expires: **05/01/28**
Resident Since: **07/27/97**



460 2376

DMAN 7528
No. 0405A



New Employee Acknowledgement Form

Welcome to CMG and Reichel Foods!

As a new employee, you will be provided with the website, username and password to view the new hire forms that you signed during your CMG interview. Please sign and date the bottom of the sheet stating that you received your login information.

CMG/ ESSG / Reichel Foods Handbook

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

View Paystubs

Website: <https://zenople.esgazure.com/login/cmgi>

** do not fill out the below login name and password, CMG will provide you with this information **

Login Name: OMAN7528

Login Password: NeaDA05A

I hereby acknowledge that I have been provided with the login information to view the items listed above. I understand that it is my responsibility to read and follow each document provided to me and that if I have any questions concerning the times or its content, that it is my responsibility to address my questions with my supervisor or CMG representative, and hereby waive any claim, now or in the future, that I did not receive, did not read or did not comprehend the items or their contents.

Signature: _____ **Date:** _____