

# 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

ENTERED



### 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) BARE SHIDANE OSMA <sup>osman</sup> Date: 27/7/2020

Address: (Street Address) 412 14th SE (Apt. /Unit #) 307  
 (City) Rochester (State) MN (ZIP Code) 55904

Phone: 8163997661 Email: \_\_\_\_\_

Social Security No. 320819122 Date Available: anyTime

Position Applied for: \_\_\_\_\_ Desired Salary: \_\_\_\_\_ South  
2nd

Shift Available to work: \_\_\_ 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> Employment desired: \_\_\_ Full-Time \_\_\_ Part-Time

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

How did you hear about us? LUL Referral Name: Ali

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

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				
College				
Bus. Or Trade School				
Professional School				

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**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

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: \_\_\_\_\_ Date: \_\_\_\_\_

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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: \_\_\_\_\_





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States ( <i>See instructions</i> )	
<input checked="" type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. ( <i>See instructions</i> )	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space 	

Signature of Employee <i>Osman</i>	Today's Date (mm/dd/yyyy) <i>7/28/20</i>
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Today's Date (mm/dd/yyyy)		
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)		City or Town		State	ZIP Code

STOP *Employer Completes Next Page* STOP

## Minnesota/Federal W-4 Information

(This information will be inputted onto the online NHO form – you will be provided the login information during your interview)

### Minnesota W-4 Information-

Choose your filing status (mark one):

Single; Married, but legally separated; or Spouse is a nonresident alien

Married

Married but withhold at higher Single rate

Exempt?  Yes  No

Total Number of Minnesota allowances: 2

I certify that all information provided above is correct. I understand there is a \$500 penalty for filling or false withholding allowance/exemption certificate.

I have read and agree D.S. (initial)

### Federal W-4 Information-

Exempt?  Yes  No

Choose your filing status (mark one):

Single or Married filing separately

Married filing jointly (or qualifying widow(er))

Head of Household (check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Total Number of Federal allowances: 2

If you would like to fill out the complete Minnesota or Federal W-4 form, please let your interviewer know.

Would you like to receive your W-2 statement electronically via email? If so, please list your email below, if not, leave blank.

Email: \_\_\_\_\_

# Pay Information

Payday is every Friday

Name: Osman

Last 4 of SSN: Barc

Please mark what option you choose

**Direct Deposit**

Bank Name \_\_\_\_\_

Circle One

Account Number \_\_\_\_\_

Checking -or- Savings

Routing Number \_\_\_\_\_

I Understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs included if the account number that I provide is incorrect.

Initial \_\_\_\_\_

**Bank of America Money Network Card**

↓ Office Use Only ↓

Account Number 7277631800186382

Routing Number 084003997

# EMERGENCY CONTACT INFORMATION

Employer Solutions Staffing Group In-Case of an Emergency – Notification Information

Employee Name: Osman

Employee Phone Number: 18163997661

Employee Address: \_\_\_\_\_

Emergency Contact – Please list at least one person with one working phone number.

We will only contact the name(s) listed below if we are unable to get ahold of you or if there is an emergency.

Contact # 1:

Name: ~~Osman~~ Lul Ali

Relationship: family

Phone Number: 5073162821

Contact # 2

Name: Sahal Shidane

Relationship: Brother

Phone Number: 18163997661

Additional information you want ESSG and our client to know in the event of an emergency:

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This information will remain confidential and will only be used in the case of an emergency.



## 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/cm>

**Login Name:** S072717351

**Login Password:** 0b@9122

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:** *Saman Shidone* **Date:** \_\_\_\_\_

## AUTHORIZATION TO RELEASE INDUSTRIAL HEARING TEST RESULTS

I understand that a successful hearing test is a condition of my employment by Employer Solution Staffing Group, LLC. to work at the facility of Reichel Foods, Inc., and further, that Employer Solutions Staffing Group may, at its discretion, share the results of any such hearing test with Reichel Foods Inc.

I also understand that Employer Solutions Staffing Group may, at its discretion, conduct periodic hearing tests on me during the course of my employment with Employer Solutions Staffing Group and I consent to such tests.

First Name: Osman

Middle Name: Shidane

Last Name: Bare

Social Security Number: 320 82 9122

Date of Birth: 1-1-1943

Gender (Circle one):

Male

Female

My Signature: Osman

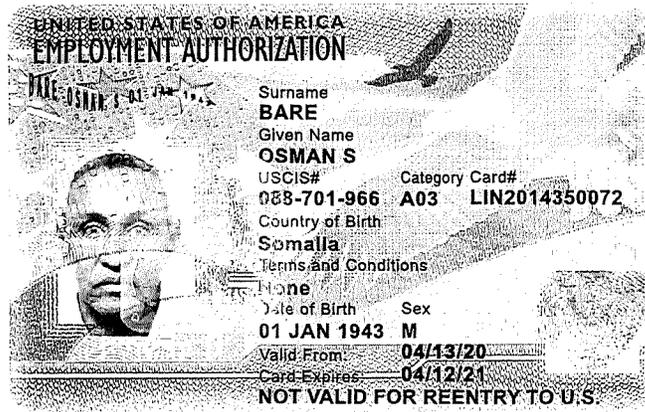
Today's Date: 7/28/20

## Employee Photo Release Form

I, Osman, 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: Osman

Date: 7/28/20



### YOUR SOCIAL SECURITY CARD

Keep this stub with your personal records. The other side contains important information.

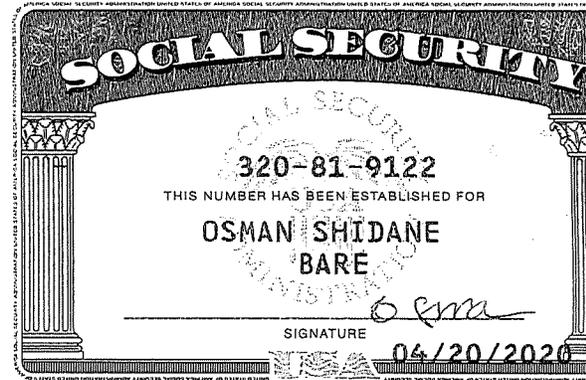
Please note: The date we issued this card is shown below the signature line.

**ADULTS:** Sign this card in ink immediately.  
**CHILDREN:** Do not sign until age 18 or your first job, whichever is earlier.

Keep your card in a safe place to prevent loss or theft.  
**DO NOT CARRY THIS CARD WITH YOU.**  
Do not laminate.

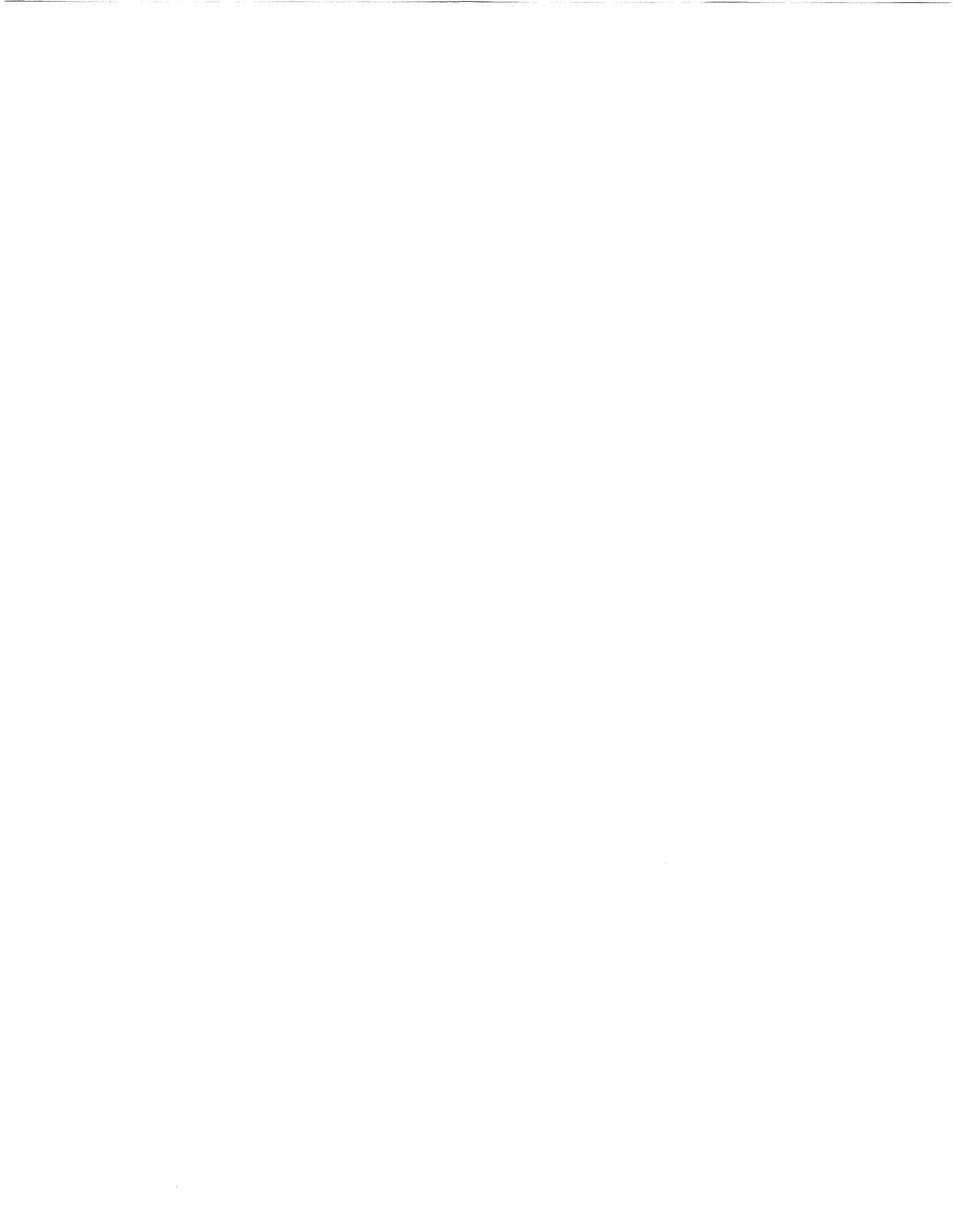


OSMAN SHIDANE BARE  
C/O CATHOLIC CHARITIES  
903 W CENTER STREET  
SUITE 220  
ROCHESTER MN 55902-6278









# Authorization to Enter New Hire Information

By signing below, I authorize a member of Corporate Management Group – Rochester Office – to enter my new hire paperwork into the online Zenopole (NHO) site. I understand that I will be provided access via login name and password to view the forms that they have completed on my behalf.

Employee Signature: Osman Date: 7/28/20

## Insurance Information

I understand that the CMG Staff defaults to decline insurance when entering my new hire paperwork unless specified otherwise during my interview.

I understand that I have 30 days after my employment starts to apply for insurance through ESSG via the login information provided to me.

I agree: O.S. (initial)

## Applicant Certification and Authorization for Background Check

*Please read the below statements and initial on the indicated line*

**(This information will be inputted onto the online NHO form – you will be provided the login information during your interview)**

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that comprehensive background checks may be conducted to determine my eligibility for my hire by certain clients of ESSG. 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 ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check. I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or if discovered after I begin my employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

I have read and agree DS (initial)

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report / investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, country jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have to include information or data received from other sources Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers and dates of birth.

I have read and agree DS (initial)



## Case Verification Number: 2020210195624HH

Report prepared: 07/28/2020

### 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: Osman Bare

Date of Birth: 01/01/1943

U.S. Social Security Number: \*\*\*.\*\*-9122

Employee's First Day of Employment: 08/03/2020

Citizenship Status: Lawful Permanent Resident

Alien/USCIS Number: A088701966

### Document Information

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

Document Number: LIN2014350072

### Case Information

Case Status: Closed

Case Submitted By: Kelsey Sikkink

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close



Name: Osman Bare  
Date: 7/28/20

## Julies Race

**\*\* Read the story and answer the multiple-choice questions below\*\***

The dogsled race was about to begin. Julie's team of dogs was lined up at the starting gate. Julie stood behind them. The air was so cold that she could see her breath. Other teams were lined up, too, and the dogs were excited. Julie kept her eyes on the dock. At exactly ten o'clock, she and the other racers yelled, "Mush!" the dogs knew that meant "Go!" They leapt forward and the race began!

Julie had trained months for this race, and she hoped she and her dogs would win. Hour after hour, day after day, Julie's dogs pulled the sled in order to get in shape for the race.

Now, they ran over snowy hills and down into frozen valleys. They stopped only to rest and eat. They wanted to stay ahead of the other teams. The racers had to go a thousand miles across Alaska. Alaska is one of the coldest places on Earth. The dogs' thick fur coats helped keep them warm in the cold wind and weather. In many places along the route, the snow was deep. Pieces of ice were as sharp as a knife. The ice could cut the dogs' feet. To keep that from happening, Julie had put special booties on their feet.

At first, the dogs seemed to pull the sled very slowly. They were still getting used to the race. But on the third day out, they began to pull more quickly. They worked as a team and passed many of the other racers. Once one of the sled's runners slid into a hole and broke. Julie could have given up then, but she didn't. She fixed it and they kept going.

When they finally reached the finish line, they found out that they had come in first place! It was a great day for Julie and her dogs.

1. The author of "Julie's Race" wrote the story in order to do what?
  - a. To describe how dogs stay warm in the cold weather
  - b. To tell about a dogsled race
  - c. To explain how cold it can be in winter
2. Where does the dogsled race take place?
  - a. In Antarctica
  - b. On a track
  - c. In Alaska
3. What happened **BEFORE** the dogs began running?
  - a. The dogs pulled the sled slowly
  - b. Julie and the dogs lined up at the starting gate
  - c. The runner on Julie's sled broke
4. Julie's team of dogs lined up and the starting gate. What does team mean?
  - a. Friends and family
  - b. Many dogs
  - c. A group working together

# CMG Preliminary Questions

Name: Osman Bare

Date: 7/28/20

## Please Mark Yes or No

1. If hired are you willing to take a drug test?  Yes  No

2. Do you have any known food allergies to soy, wheat, peanuts, or milk?  Yes  No

3. Are you able to work with pork?  Yes  No

## Please Mark Your Preferred Position

4. Which plant do you prefer?  South  North

5. What shift to you prefer?  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

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

Have you ever been convicted of a crime?  Yes  No

Explain

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

Employee Signature Osman Bare

Interviewer Signature [Signature]

# EMPLOYEE WARNING NOTICE FORM

Employee Name: Osman Bare

Date: 2/25/2021

Supervisor Name: Jonny Soth

Hire Date: 8/3/2020

- Verbal Warning                       Written Warning                       Final Warning  
 Coaching/Counseling Session                       Assignment End                       Termination

**1. Your behavior/actions have been found unsatisfactory for the following reasons:**

- Tardiness     Insubordination  
 Damaged Equipment     Failure to Follow Procedure  
 Absenteeism     Failure to Meet Performance Standards  
 Policy Violation     Poor Work Quality  
 Falsifying Company Documents     Other

**2. Details of Unsatisfactory Behavior/Actions:**

Unexcused absence on 2/24/2021

**3. Prior Warnings:**

1/13/2021 – Notification for attendance

2/4/2021 – Verbal for attendance

**4. The following immediate corrective action must be taken by the employee.**

**Failure to do so will result in further disciplinary action up to and including termination.**

Go 2 months without calling in. Failure to do so could result in possible written warning / possible final warning.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Your signature on this form means that we have discussed the situation(s).

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NCNS to CMB office



# CONFIRMATION OF RESIGNATION

I, Osman Base, do confirm that I am resigning my position with Corporate Management Group at their client location, Reichel Foods. This is effective as of 3 / 5 / 21 (the last day you will be going to work).

**Reason for resignation:**

Moving out of State with Family  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: Osman Base Date: 3/4/21

CMG Rep. Signature: [Signature] Date: 3/4/21