

# 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) Ahmed Muhayedini A Date: 07/8/2021

Address: (Street Address) 1405 marcon rd 5ee 108 Rochester MN (Apt./Unit #) \_\_\_\_\_

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

Phone: 502 6565987 Email: \_\_\_\_\_

Social Security No. 777-22-7822 Date Available: 2/9/2021

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

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? \_\_\_\_\_ Referral Name: Fadumo Ahmed

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: Doherty Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ 16h Ending Salary: \$ 16h

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: I was moving

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: MA Date: 2/8-2021

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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 MA Date: 2/8/2021



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## 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) Muhuyedin Ahmed Date: 09/20/2021

Address: (Street Address) 218 16 AVANUE SE (Apt./Unit #) \_\_\_\_\_

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

Phone: 502 6565 987 Email: \_\_\_\_\_

Social Security No. 777 22 71 22 Date Available: 09/21/2021

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

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? \_\_\_\_\_ Referral Name: \_\_\_\_\_

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          | <u>secondary</u> | <u>in Africa</u>                    | <u>12 years</u>           | <u>diploma</u> |
| 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

### 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

### 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

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

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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 MA Date: 09/20/21





## Case Verification Number: 2021263185943BB

Report prepared: 09/20/2021

### 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: Muhuyedin Ahmed

Date of Birth: 01/01/1994

U.S. Social Security Number: \*\*\*-\*\*-7122

Employee's First Day of Employment: 09/20/2021

Citizenship Status: Lawful Permanent Resident

Alien/USCIS Number: A212786212

### Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

Document Subtype: Driver's License

Document Number: \*\*\*\*\*6900

Expiration Date: 01/01/2025

State: Minnesota

List C Document: Social Security Card

### Case Information

Case Status: Closed

Case Submitted By: Kelly Sutton

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close





MINNESOTA

DRIVER'S  
LICENSE

NOT FOR FEDERAL IDENTIFICATION



1 AHMED  
2 MUHUYEDIN ABDUREHMAN  
8 218 16TH AVE SE  
ROCHESTER, MN 55904-4733

4d DL# L000-050-156-900 4a ISS 01/19/2021  
3 DOB 01/01/1994 4b EXP 01/01/2025  
9 CLASS D 9a END NONE  
12 RESTR NONE

*Minnesota*

15 SEX M 17 WGT 170 lb  
16 HGT 5'-11" 18 EYES BRO

5 DD 00000004100386

01/01/94







## Case Verification Number: 2021039212340EA

Report prepared: 02/08/2021

### 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: Muhuyedin Ahmed

Date of Birth: 01/01/1994

U.S. Social Security Number: \*\*\*-\*\*-7122

Employee's First Day of Employment: 02/08/2021

Citizenship Status: Lawful Permanent Resident

Alien/USCIS Number: A212786212

### Document Information

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

Document Number: lin1990350850

### Case Information

Case Status: Closed

Case Submitted By: Diana Elton

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close



# EMPLOYEE WARNING NOTICE FORM

Employee Name: Muhuyedin Ahmed

Date: 2/25/2021

Supervisor Name: Jonny Soth

Hire Date: 2/11/2021

- 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 2/23/2021

**3. Prior Warnings:**

2/16/2021 – Written for attendance

2/17/2021 – written 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



# EMPLOYEE WARNING NOTICE FORM

Employee Name: Muhuyedin Ahmed

Date: 3/3/2021

Supervisor Name: Jonny Soth

Hire Date: 2/11/2021

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 3/2/2021

## 3. Prior Warnings:

✓ 2/16/2021 – Written for attendance

✓ 2/17/2021 – written for attendance

✓ 2/23/2021 – Written 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: \_\_\_\_\_