

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) Abdullahi Kin Date: 9/7/2021

Address: (Street Address) 1505 Marion Rd SE (Apt. /Unit #) 205

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

Phone: 507 211 9714 Email: Kincadaw76@gmail.com

Social Security No. 612 510502 Date Available: 9/8/2021

Position Applied for: Evening Desired Salary: _____

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

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

How did you hear about us? Former Employee Referral Name: _____

If under 18, please list age: _____

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? X 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: SBM Phone: _____
Address: 2806 37th St NW Supervisor: _____
Job Title: Custodian Starting Salary: \$ 11 Ending Salary: \$ 12
Responsibilities: Cleaning
From: 07/2017 To: 10/2019 Reason for Leaving: Family Reason
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: Kenneth Date: 9/8/2021

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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 Kin Date: 9/1/2020



MINNESOTA

DRIVER'S
LICENSE



1 ABDULLAHI
2 KIN MOHAMED
8 1505 MARION RD SE
APT 205

ROCHESTER, MN 55904-2708

4d DL# C263-042-841-711 4a ISS 04/08/2020

3 DOB 02/02/1976 4b EXP 02/02/2025

9 CLASS D

9a END NONE

12 RESTR NONE

Minnesota

15 SEX F

17 WGT 160 lb

16 HGT 5-03

18 EYES BLK

51 DD 00000002996567

02/02/76





Case Verification Number: 2021252165858MK

Report prepared: 09/09/2021

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: Kin Abdullahi

Date of Birth: 02/02/1976

U.S. Social Security Number: *-**-0502**

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

Citizenship Status: U.S. Citizen

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: ***1711**

Expiration Date: 02/02/2025

State: Minnesota

List C Document: Social Security Card

Case Information