

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) Adow, Omar Date: 23 sep 2021

Address: (Street Address) 911 41st St NW (Apt./Unit #) 111

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

Phone: 502 286 1535 Email: Omaradow@icloud.com

Social Security No. 313237390 Date Available: 24 sept

Position Applied for: N Desired Salary: _____

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

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

How did you hear about us? friend Referral Name: Leyla Ikar

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>WIS</u>	<u>MBO</u>	<u>4</u>	<u>diploma</u>
College				
Bus. Or Trade School				
Professional School				



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Previous Employment

Company: C.T.F Phone: _____

Address: Coon Rapids Supervisor: _____

Job Title: Tester Starting Salary: \$ 17 Ending Salary: \$ _____

Responsibilities: Take test packets

From: Feb To: March Reason for Leaving: look for new work

May we contact your previous supervisor for reference? Yes No

Company: fanatics Phone: _____

Address: Louisville, Kentucky Supervisor: Kelly

Job Title: Picker/Picker Starting Salary: \$ 16.50 Ending Salary: \$ _____

Responsibilities: Picking jerseys and packing them

From: Oct To: December Reason for Leaving: left state

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: 01.13.21



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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: _____

Sept 23 2021





Case Verification Number: 2021266164612AJ

Report prepared: 09/23/2021

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: Omar Addow

Date of Birth: 02/03/2001

U.S. Social Security Number: ***-**-7390

Employee's First Day of Employment: 09/23/2021

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: *****6900

Expiration Date: 01/18/2022

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

TEMPORARY LICENSE



Minnesota Department of Public Safety
Driver and Vehicle Services Division
445 Minnesota Street, Suite 175, Saint Paul, Minnesota 55101
Phone: 651-297-3298 TTY: 651-282-6555
dvs.dps.mn.gov



DL/ID #: **E000-027-026-900**
TEMPORARY CREDENTIAL EXPIRATION
18-Jan-2022
DATE OF BIRTH
03-Feb-2001

APPLICANT INFORMATION

APPLICATION DATE 20-Sep-2021

APPLICATION NAME ADDOW, OMAR AHMED

CREDENTIAL INFORMATION

Name	ADDOW, OMAR AHMED	Date of Birth	03-Feb-2001
DL/ID Number	E000-027-026-900	Height	6ft 3in
Residence Address	911 41ST ST NW APT 111 ROCHESTER MN 55901-4279	Eye Color	Black
Card Mailed To	911 41ST ST NW APT 111 ROCHESTER MN 55901-4279	Sex	Male
Station Location	771 Rochester Exam Station	Weight	170 lbs.
Credential Type	Standard ID	Organ Donor	No
Card Type	DL Class D	Veteran	No
Endorsements	None		
Restrictions	None		
License Indicators	None		



**THIS DOCUMENT IS FOR THE TYPE OF CARD
INDICATED UNTIL THE EXPIRATION DATE
LISTED ABOVE.**

- This document is void if the applicant is not in compliance with all restrictions indicated on the record.

**THIS IS NOT A STAND-ALONE IDENTIFICATION
DOCUMENT**

**VALID FOR DRIVING PRIVILEGES IF THE
RECORD INDICATES**

CONTACT US

Visit dvs.dps.mn.gov to:

- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions	651-297-3298
License Status, available 24/7	651-284-1234
DVS Locations	651-297-2126
Motor Vehicle Questions	651-297-2126
TDD/TYY	651-282-6555