

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: Monday-Friday 9am-3pm

Office Number: 507-838-5994

Office Address: 1232 Valley High Dr NW Rochester, Mn 55901



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) Hassan Fartun Date: 3/12/21

Address: (Street Address) 2015 41st NW (Apt. /Unit #) A-42

(City) Rochester (State) MN (ZIP Code) 55901

Phone (507) 251-0194 Email: Nur74446@gmail.com

Social Security No. 004-19-7383 Date Available: AS SOON AS POSSIBLE

Position Applied for: open Desired Wage: open

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? website 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>Mughlish</u>		<u>From one</u>	
College				
Bus. Or Trade School				
Professional School				

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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.

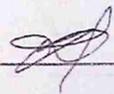
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission 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: 3/12/21



New Employee Acknowledgement Form

Welcome to CMG and Rochester Meats!

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

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

View Paystubs

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

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

Login Name: 5072510194

Login Password: Fh@7303

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:** 5/4/21

You have applied / are interviewing for the following position:

JOB TITLE: Packer **Starting Wage:** \$11.00 **Shift/Hours:** 1st shift 6:50am to 3:00pm

JOB OBJECTIVE: To package ground beef patties according to company specifications.

QUALIFICATIONS (based on essential functions):

- Related experience preferred.
- Must be able to understand instructions and directions in the English language.
- Possess basic mathematic skills.

JOB FUNCTIONS: Every effort has been made to identify the essential functions of this position. However, it in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or an essential function of the position.

DUTIES/RESPONSIBILITIES:

Pack proper quantities of ground beef patties in boxes at an acceptable speed to keep up with the rest of the line; Make boxes and insert liners before shift begins and during shift as needed. Change boxes above production lines when changing product runs; Clean up patties from floor before breaks and at end of shift; Assist with general clean up at end of shift as directed; Perform other duties as needed; Work effectively with others, both within and outside the department. Work as a team with others; Report to work on time. Leave and return from breaks on time; Follow safety rules, conduct rules, GMP, Quality Standards and other regulations; Able and willing to do new or different jobs as required; Take care of and properly maintain the equipment used in this job (as appropriate).

MACHINERY: Conveyor, pattie grouper, pattie paper interleaver, box machines.

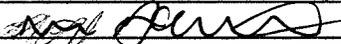
WORK ENVIRONMENT: Standing on cement floor for the entire shift. Moderate to high noise. Temperature range of 40-50 degrees Fahrenheit.

PHYSICAL REQUIREMENTS (with or without reasonable accommodation): Requires varying degrees of pushing, pulling and reaching for patties. Must be able to continuously perform simple manipulative tasks such as packing single patties and stacks of patties. Occasionally perform difficult manipulative tasks. Able to perform tasks requiring action of muscles or groups of muscles such as walking and stooping. Must be able to stand for prolonged periods of time (eight-hour shift).

MENTAL REQUIREMENTS (with or without reasonable accommodation): Able to concentrate on minimal details with little interruption. Able to attend to task/function for 60 minutes at a time. Able to remember verbal and/or written task/assignment for an eight-hour shift.

WORK HOURS: Eight-hour workweek, Monday through Friday. May be required to work on Saturdays.

I understand by signing this form, I have been informed about what position I am interviewing for.

Applicant Signature:  Date: 5/14/21
Interviewer Signature:  Date: 4/5/21

COLORADO USA



DRIVER LICENSE



HASSAN
FARTUN IBRAHIM
2620 S PARKER RD STE 272
DENVER, CO 80014

DOB: 01/01/1991
DL#: 17-158-2620
EXP: 01/01/2026



Sex: F Hgt: 5'-07" Eye: BRO
Class: R C

ISS: 02/26/2021



Case Verification Number: 202109518564 4BC

Report prepared: 04/05/2021

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: Fartun Hassan

Date of Birth: 01/01/1991

U.S. Social Security Number: ***-**-7383

Employee's First Day of Employment: 04/05/2021

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: *****2620

Expiration Date: 01/01/2026

State: Colorado

List C Document: Social Security Card

Case Information

Case Status: Closed

Case Submitted By: Diana Elton

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close



Branding Iron Holdings Covid-19 Certification for Property Access

Access will be granted to those that sign this document and do not answer yes to any of the questions.
If a visitor answers "yes" to any of these questions do not admit the person into the facility.

1. Have you, someone living in your household, a significant other, or someone you are caring for been diagnosed with COVID-19 (Coronavirus) or had any contact with a confirmed case of COVID-19 in the previous 14 days? YES _____ NO
2. Have you had contact with anyone in the previous 14 days either diagnosed or who has been in close contact with someone diagnosed with Covid-19? YES _____ NO
3. Have you traveled anywhere in the previous 14 days to anywhere designated by the CDC as having widespread ongoing transmission? YES _____ NO
4. Do you currently have, or have had within the last 24 hours, any cold or flu symptoms including fever greater than 100? (Fever will be taken at arrival). YES _____ NO
5. Do you have any of the symptoms listed below? YES _____ NO
 - Cough; Shortness of breath or difficulty breathing

Or at least two of these symptoms:

 - Fever; chills; repeated shaking with chills; muscle pain; headache; sore throat; new loss of taste or smell
6. Do you have a current Covid-19 diagnosis or are you under quarantine for Covid- 19? YES _____ NO
7. Do you have a pending Covid-19 Test? YES _____ NO

By signing below, I agree to hold harmless Branding Iron Holdings from and against any and all losses arising out of or otherwise in respect of, any misrepresentation, inaccuracy in, or breach of any of the certifications contained herein. By signing this I also agree to contact Branding Iron if I become aware of any of the above within 14 days of my visit.

Date: 5/4/21

Printed Name: FARHAN I HASSAN

Signature:

This questionnaire is to be emailed to visitors, if possible, prior to visit.
The term "Visitor" includes all non-Branding Iron team members and Branding Iron team members visiting from another Branding Iron facility or location

CMG Preliminary Questions

Name: Fartun Hassan

Date: 4/5/21

Please Mark Yes or No

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

2. Are you able to work with pork and beef? Yes No

Please Mark Your Preferred Position

3. What shift to you prefer? 1st 2nd 3rd

To be completed during or after interview

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

Explain

Incident _____

Employee Signature [Signature]

Interviewer Signature [Signature]

Pay Information

Name: Fartun Hassan

Last 4 of SSN: 7383

Please mark what option you choose

Direct Deposit

Bank Name Thrift Bank

Routing Number 291975465

Account Number 7450000500800

Circle One

Checking -or- Savings

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 FH

Bank of America Money Network Card

↓ Office Use Only ↓

Routing Number _____

Account Number _____

EMERGENCY CONTACT INFORMATION

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

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: Ahmed Mohamed

Relationship: husband

Phone Number: (501) 535-9445

Contact # 2

Name: _____

Relationship: _____

Phone Number: _____

.....

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

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

Employee Photo Consent Form

I, Farhan Hassan, agree to let CMG – Rochester office – to take and upload my photo for security purposes.

Employee Signature Name: *FH*

Date: 3/4/21



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **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) <i>Hassan</i>		First Name (Given Name) <i>Abu Fartun</i>		Middle Initial <i>I</i>	Other Last Names Used (if any) N/A	
Address (Street Number and Name) <i>2015 41st NW Apt. A42</i>			Apt. Number <i>A42</i>	City or Town <i>Rochester</i>		State <i>MN</i>
Date of Birth (mm/dd/yyyy) <i>01/01/1991</i>		U.S. Social Security Number <i>004-19-7383</i>		Employee's E-mail Address <i>Nur7444@gmail.com</i>		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 (See instructions)
<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. (See instructions)

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.

1. Alien Registration Number/USCIS Number: _____
OR
 2. Form I-94 Admission Number: _____
OR
 3. Foreign Passport Number: _____
 Country of Issuance: _____

QR Code - Section 1
 Do Not Write In This Space


Signature of Employee <i>[Signature]</i>	Today's Date (mm/dd/yyyy) <i>8/11/21</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



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 inquires 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 y 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 nay 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 FH (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 FH (initial)
~~I have read and agree~~ FH (initial)

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:  Date: 5/24/21

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: F/H (initial)