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

"your workforce management & staffing experts"

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)* Mohamed, ZEINAB Date: 07/09/1990

Address: *(Street Address)* 5920 Bandel RD NW *(Apt. /Unit #)* 301

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

Phone: 507-601-8421 Email: _____

Social Security No. 089-13-3661 Date Available: 10/28/17

Position Applied for: any Desired Salary: _____

Hormel

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? used to work here 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				
~~Other~~	star	mogadisho, Somalia	4	general
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: CMG Phone: 507-923-4955

Address: 3707 Commercial Dr. SW Supervisor: ____

Job Title: line worker Starting Salary: $ 10.00 Ending Salary: $ 10.00

Responsibilities: packaging,

From: 10/11/16 To: 06/20/17 Reason for Leaving: ~~mat~~ maternity leave

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: [signature] Date: 10/15/17

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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: 10/15/17

E-Verify

SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017290101451TM

Report Prepared: 10/17/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Mohamed

First Name: Zeinab

Date of Birth: 07/09/1990

Social Security Number: *** ** 3661

Hire Date: 10/17/2017

Citizenship Status: A lawful permanent resident

Document Information

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

List C Document: Social Security Card

Alien Number: 064010891

Document Name: Driver's license

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 09/08/2019

Case Status Information

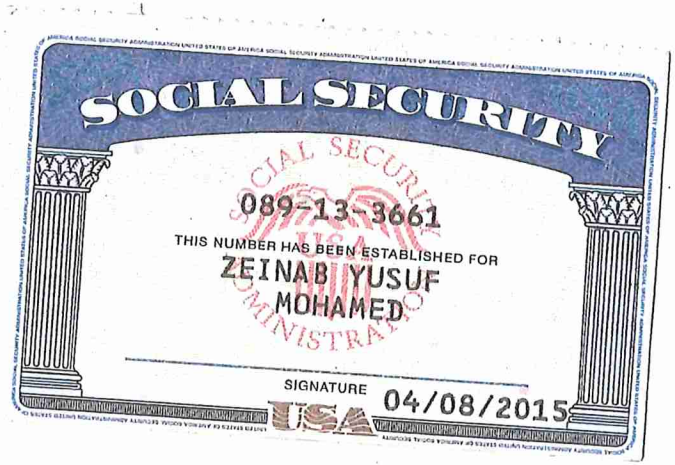
Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 10/17/2017

Case Submitted By: GLEN7602

SENSITIVE BUT UNCLASSIFIED


SOCIAL SECURITY
089-13-3661
THIS NUMBER HAS BEEN ESTABLISHED FOR
ZEINAB YUSUF
MOHAMED
SIGNATURE
04/08/2015
USA


MINNESOTA
INSTRUCTION PERMIT
ZEINAB YUSUF MOHAMED
5920 BANDEL RD NW APT 301
ROCHESTER, MN 55901
Date of Birth 07-09-1990
Sex
F
Eyes
BRN
Class
IP
Height
5-4
Weight
120
ISSUED 10-2017
EXPIRES 09-08-2019
J230176554605

EMPLOYEE WARNING NOTICE FORM

Employee Name: Zeinab Mohamed **Date:** 2/11/2020

Supervisor Nam Jeff Ramaker **Hire Date:** 5/8/2018

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

2. Details of Unsatisfactory Behavior/Actions:

Unexcused Absence on 2/10/2020

3. Prior Warnings:

2/12/2019 – Notification for attendance
2/13/2019 – Notification for attendance
3/2/2019 – Verbal for attendance
6/29/2019 – Notification for attendance
7/22/2019 – Notification for attendance
8/12/2019 – Notification for attendance
9/16/2019 – Notification for attendance
11/7/2019 – Notification for attendance
12/18/2019 – Notification for attendance
1/3/2020 – 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.
2 months from offence 4/10/2020.

Employee Signature: X _____ Date: 2/14/2020

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

Manager's Signature: _____ Date: 2/14/2020

EMPLOYEE WARNING NOTICE FORM

Employee Name: Zeinab Mohamed **Date:** 12/15/2020

Supervisor Name: Bunthy Douk **Hire Date:** 5/8/2018

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

2. Details of Unsatisfactory Behavior/Actions:

Unexcused Tardy on 12/11/2020 and 12/21/2020

3. Prior Warnings:

7/6/2020 – Notification for Tardy
7/9/2020 – Notification for Tardy
10/23/2020 – Notification for tardy
11/6/2020 – Verbal for tardy
11/13/2020 – Verbal for tardy
11/27/2020 – Verbal for tardy
12/2/2020 – Written for tardy

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.
2 months from offence 2/11/2020.

Employee Signature: _____ Date: _____

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

Manager's Signature: _____ Date: _____

NCNS Call to Office 12/23