

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) Ariat Oriam, Omet Date: 10-11-2018

Address: (Street Address) 2706 CHARLES CT ROCHESTER (Apt. /Unit #) _____

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

Phone: 619 844 8276 Email: _____

Social Security No. 099510838 Date Available: 10/15/18

Position Applied for: Production Desired Salary: 13 \$ \$14.00

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? From brother John Referral Name: John Chamé

If under 18, please list age: _____

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? No Yes

187 North
Seasonal

Education

Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School <input checked="" type="checkbox"/>	<u>Gambella high school</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: 10/11/18



Disciplinary Report Form

Employee name: Ariat Omot	Hire Date: 10/15/2018	Job title: Production
Department: Production	Shift: 1 st	Supervisor: Jeff Ramaker

Offense track: Performance issue Work rule violation, **Work rule violated, if any:**

Type of offense: Absenteeism Tardiness Misuse of property/equipment Using property/equipment for personal use Leaking confidential information Theft or fraud Lying or cheating Falsifying company documents Unsafe behavior Eating in undesignated areas Smoking in undesignated areas Posting items without permission Spreading gossip Using vulgar language Horseplay Indecent behavior Bringing weapon onsite Bringing illegal drugs/alcohol onsite Failing to follow instructions Poor work quality Poor work quantity Refusing to work Sleeping on the job Poor hygiene Poor housekeeping Disregarding dress code Other___ Disruption in the work place Threatening or creating conflict w/ coworkers

Incident description: (Describe actions, behavior, or incident; date(s); time(s); place(s); witness(es) and his/her observations; impact(s) of actions, behavior, or incident; employee's responses immediately after the incident and other significant conversations; employee's previous related training or counseling; and other relevant facts.)

Unexcused Absence on 11/4/2018

Completed by: Sierra Peterson	Date: 11/5/2018
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(Shaded area to be completed by Human Resources only.)

<p>Progressive step: <input type="checkbox"/> Oral warning* <input type="checkbox"/> Suspension (unpaid) <input checked="" type="checkbox"/> Written reprimand <input type="checkbox"/> Release <input type="checkbox"/> Suspension (paid) *File apart from personnel files and copies thereof</p>	<p>Previous warnings: Type: _____ Offense: _____ Date: _____ Type: _____ Offense: _____ Date: _____</p> <p>Notified upon hire</p>
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Written Warning for the Attendance Policy

Consequence if incident occurs again:
Possible Written Warning / Possible Final Warning

Human Resources Signature(s): <i>Kelsey Sikkink</i>	Date: 11/5/2018
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Employee statement: I agree with the incident description above. I disagree with the incident description above.
Date report presented to employee:

Employee comments: (Attach sheets if necessary.)

Go 2 months without calling in
****Please sign and return to CMG****

Employee acknowledgement: My signature acknowledges that I have received this report and that it has been discussed with me. I understand that my signature is not an admission of the incident or offense. I understand that I may appeal this report by filing a Discipline Complaint Form.

Employee signature: _____	Date: _____
Witness signature (if any): _____	Date: _____
Signature of person presenting report: _____	Date: _____