

# 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) Omot Hariete Date: 9/13/18

Address: (Street Address) 835 40th NW (Apt. /Unit #) 101

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

Phone: 720 908 9382 Email: \_\_\_\_\_

Social Security No. 857 693 066 Date Available: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Desired Salary: 13 \$

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: \_\_\_\_\_

If under 18, please list age: \_\_\_\_\_

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

*in seasonal wild oil*

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
<u>High School</u>	<u>TOPIC high school</u>			
College				
Bus. Or Trade School				
Professional School				

# 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



### 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: 9/13/19



# Disciplinary Report Form

<b>Employee name:</b> Hariete Omot	<b>Hire Date:</b> 9/16/2019	<b>Job title:</b> Production
<b>Department:</b> Production	<b>Shift:</b> 2 <sup>nd</sup>	<b>Supervisor:</b> 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

## Absenteeism

**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 1/20/2020

<b>Completed by:</b> Diana Elton	<b>Date:</b> 1/21/2020
-------------------------------------	---------------------------

**(Shaded area to be completed by Human Resources only.)**

<p><b>Progressive step:</b> <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><b>Previous warnings:</b> Type: Offense: Date: Type: Offense: Date: Type: Offense: Date:</p> <p>12/27/2019 - Notification for attendance 12/30/2019 - Verbal for attendance 1/13/2020 - Verbal for attendance</p>
---	--

## Written Warning for the Attendance Policy

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

<b>Human Resources Signature(s):</b> Kelsey Sikkink	<b>Date:</b> 1/21/2020
---	---------------------------

**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.

<b>Employee signature:</b> _____	<b>Date:</b> _____
<b>Witness signature (if any):</b> _____	<b>Date:</b> _____
<b>Signature of person presenting report:</b> <i>[Signature]</i>	<b>Date:</b> _____

spoke to on phone 1/21/2020



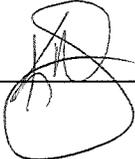
# CONFIRMATION OF RESIGNATION

I, Hariete ~~on~~ Omot, do confirm that I am resigning my position with Corporate Management Group at their client location, Reichel Foods. This is effective as of 04 / 27 / 2021 (the last day you will be going to work).

**Reason for resignation:**

Child care  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature:  Date: 04/27/2021

CMG Rep. Signature:  Date: 4/27/2021