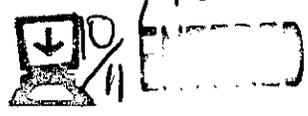


Smoked
past
4
Newer



Weds 10:30 10/16 - Interview



CMG APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED

PLEASE COMPLETE PAGES 1-5 DATE 10/11/13

Name Abdinam A. Farah
Last First Middle Maiden

Present address 1231 4th Ave SE
Number Street
Rochester Mn 55904
City State Zip

Social Security No. 642-40-2726

Telephone (507) 319 0790 E-Mail Sede Farah @ live.com

If under 18, please list age _____ Referred by _____

Position applied for (1) Open Shift available to work
 and salary desired (2) 11. to 12 \$8⁵⁰ \$9⁵⁰
 (Be specific) 2nd (MS) 2nd Wends ok 10/16
 1st 3rd

How many hours can you work weekly? 40 Hours Can you work nights? Yes

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? NOW

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No Yes If so, please explain _____

Do you anticipate any absences from work on a regular basis?
 No Yes If so, please explain _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>MAYO</u>	<u>Rochester</u>	<u>Diploma</u>	
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

OK 10/10
KS

If yes, explain number of conviction(s), nature of offense(s), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation. _____

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? My Car

Driver's license number V682294730216 State of issue Mn

Operator Commercial (CDL) Chauffeur

Expiration date 01-01-2017

Have you had any accidents during the past three years? Yes No

If so, how many? _____

Have you had any moving violations during the past three years? Yes No

If so, how many? _____

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position open _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (____) _____ Telephone (____) _____

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? Yes No

Branch _____ Specialty _____

Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name <u>IBM</u> Position <u>Fac manager</u> Company _____ Address _____ Telephone <u>(67) 253 1307</u>	Supervisor name _____	
	Employment dates	Pay or salary
	From <u>7/15/13</u>	Start <u>10:30</u>
	To <u>9-30-13</u>	Final <u>11:20</u>
Your last job title _____		
Reason for leaving (be specific) <u>Lead of</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

Name _____ Position _____ Company _____ Address _____ Telephone () _____	Supervisor name _____	
	Employment dates	Pay or salary
	From _____	Start _____
	To _____	Final _____
Your last job title _____		
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____	
	Employment dates	Pay or salary
	From	Start
	To	Final
Your last job title _____		
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____	
	Employment dates	Pay or salary
	From	Start
	To	Final
Your last job title _____		
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

May we contact your present employer? Yes ___ No

Did you complete this application yourself Yes ___ No

If not, who did? _____

**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 Abdinsim Torch Date: 10/11/13

CMG

Applicant Interview Score Card

Name: Abdi Farah Date of Interview: 10/16/13

Position/Shift Assignment 2(n-s) Standby by position _____

Rating weak (1) to strong (5)

- 1. Understanding of English conversation 1 2 3 4 5
- 2. Speaks English Fluently 1 2 3 4 5
- 3. Work experience related to job-food industry 1 2 3 4 5
- 4. Work history-working presently, yrs in workforce 1 2 3 4 5
- 5. Criminal background information 1 2 3 4 5
- 6. Possesses required New Hire documentation 1 2 3 4 5
- 7. Personality-friendly, pleasant, sense of humor 1 2 3 4 5
- 8. Appearance-well groomed, cleanliness 1 2 3 4 5
- 9. Meets requirements to work w/pork, peanuts & soy 1 2 3 4 5
- 10. Shifts availability-prefers shift that is available for
Open positions, willing to be flexible to shifts
Available. 1 2 3 4 5

Total possible points 50pts. Total points scored 47

Former Employer Rating Bonus Points 1-20 -

Interviewer: [Signature] total points 47

Date: 10/16

CMG

Preliminary Questions

Name: Abdi Farah

Date: 10/10/2013

1. If hired, can we run a national background study? yes
2. If hired are you willing to take a drug test? yes
3. Are you able to work with soy, wheat, peanuts & milk? yes
4. Are you able to work with pork? yes
5. Which plant do you prefer? Open
6. What shift do you prefer? 2nd

If called for an interview please bring two forms of identification.

(Social Security Card, Birth Certificate, passport and license or permanent resident card)

Rick and Rose

Rick and Rose were good friends. They worked together at Reichel Foods.

One day they had a lot of work, and not enough employees, this same day the supervisor asked Rick to pack carrots and ranch in 100 boxes. Rick was worried he could not finish this before the day ended. He was going to ask Rose for help but he noticed she was gone. He knew if she didn't help, the boxes would not get packed on time.

The supervisor saw Rick working very hard and went to ask Rose for help. He looked for in the cafeteria. When he saw her taking a break, he asked her why she wasn't helping Rick "I didn't know that he needed help," said Rose, "I will go help him right away."

When Rick saw Rose coming to help he felt happy and supported. Please don't be afraid to ask me to help. We are good friends and co-workers, " she said, " and together we make a great team."

1. Who are Rick and Rose?
 - a. Co-Workers
 - b. Good friends
 - c. Both A and B
2. Rick and Rose work at Reichel Foods. True or False?
 - a. True
 - b. False
3. Where did the supervisor find Rose?
 - a. Outside
 - b. Working on the line
 - c. In the cafeteria
 - d. In the bathroom
4. How did Rick feel when he saw Rose?
 - a. mad
 - b. sad
 - c. happy
 - d. confused
5. What lesson did Rick and Rose learn?
 - a. Teamwork
 - b. How to make carrots and ranch
 - c. Communication
 - d. Both A and B

(No Subject)

From: **SEDE FARAH** (sedefarah@live.com)

Sent: Tue 4/23/13 5:21 PM

To: **SEDE FARAH** (sedefarah@live.com)

Abdinaim Farah

1405 MARION RD SE 101# Rochester MN 55904

HOME: 507/319/0790 Summary, Strong, dedicated team lead production specialist with over 15 years experience in contrast management manufacturing and retail sales. Major strength in general management and administration with focus on leadership experience in providing expertise and team motivation. Enjoys persuades others to meet and accomplish goals additional skills include providing team and commitment to achieve results.
Professional Experience

CELESTICA/IBM CORPORATION, ROCHESTER, MN

PRODUCTION SPECIALIST

Managed heatsink/cover department.

Improved and implemented new process in land grid array as a cost saving for IBM world class manufacturing.

Analyzed and eliminated material scarp by recommending a new procedure that reduced scarp cost for company. Member of the continuous Improvement Process, redesigned the production floor, which made product flow more smoothly.

Trainer /certifier the heatsink/covers/di areas. Trained and certified over 100 coworkers.

Production Operator

Production of electronic circuit boards.

Member of the ibm ACSI White team that helped build the world fastest super computer 1.2 trillion calculations per second.

Y2K team member. Assisted IT department to run and analyzed programs on all computers on production floor.

Helped implement LGA Process for production of circuit boards ,. Cutting edge technology .Was primary person for giving demonstrations/fielding questions for visitors and customers.

General Warehouse, Rochester MN Shipping Instructions Specialist

Packaging Specialist world trade sending out circuit boards and accessories all over the world.

Helped develop a faster procedure with IBM on the process time for products leaving IBM plant, thus reducing shipping times

Worked on all hot priority packaging, no matter how long it took. Able to come in ahead of schedule.

TEST RESULTS RECORD

Test Reference Number _____ Name of Collector _____

COMPANY INFORMATION

Company Name Luichel Foods Phone 923-4955 Fax _____
 Address 3707 Commercial Dr SW City Hopkinton State/Province MA Zip/Postal Code 55903

DONOR INFORMATION

Last Name Sarah Employee I.D. _____
 First Name Abdineim
 Type of Identification Provided: Driver's License Employee Photo I.D. Other _____
 Reason for test: Pre-employment Random Reasonable cause Post-accident Other _____

CERTIFICATION

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and alcohol.

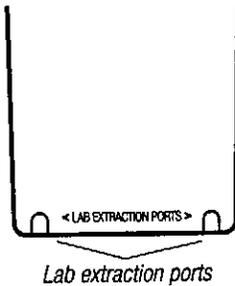
Donor signature _____ Date / Time _____
 I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.
 Collector signature [Signature] Date / Time _____
 Laboratory signature _____ Date / Time received MA

TEST RESULTS

Date/Time Collected _____
 Time Interpreted _____

NOTE: Lab personnel obtain specimen samples by puncturing the lab extraction ports on the side of device with a needle and syringe and drawing out the sample.

Side of Device



Cut out this panel to copy/scan results

Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amphetamine	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes / Comments _____

