

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: 9am-4pm Mon-Fri

Office Number: 651-666-3883

Office Address: 404 Broadway Ave St. Paul Park, MN 55071



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) Dalmar Hanad Date: 5-18-17
Address: (Street Address) 10338 Berkshire Road (Apt. /Unit #) _____
(City) Blomington (State) MN (ZIP Code) 55437
Phone: 651-675-8325 Email: hanad1604@yahoo.com
Social Security No. 477-35-90 Date Available: 2 wks away
Position Applied for: Any position Desired Salary: _____
Shift Available to work: ☒ 1st ☒ 2nd ☐ 3rd Employment desired: ☒ Full-Time ☐ Part-Time
What is your means of transportation to work? car
Are you authorized to work in the U.S? ☒ Yes ☐ No
How did you hear about us? friend Referral Name: Omar
If under 18, please list age: _____

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	<u>Cumby Park High School</u>	<u>Santa Paul</u>	<u>4 yrs</u>	<u>Diploma</u>
College	<u>Santa Paul College</u>	<u>Santa Paul</u>	<u>2 yrs</u>	<u>not finished</u>
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: Allegis Network Phone: _____
Address: 1421 Park Ave South Ave Supervisor: Sumner
Job Title: Translator Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: translate for parent
From: M To: F Reason for Leaving: more hours
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: Hand Jan Date: 5-18-17

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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: Honda

Date: 5-18-17



Preliminary Questions

For CMG use only

Name: Hamad Lammur

Date: 5-18-17

1. If hired are you willing to take a drug test? Yes
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? No
3. Are you able to work with pork? Yes

To be completed during or after interview

Have you ever been convicted, plead guilty or contest to a Felony? Yes _____ No ✓

If yes, please list when, where and the nature of the offense(s):

Have you ever been convicted, plead guilty or contest to a Misdemeanor? Yes ✓ No _____

If yes, please list when, where and the nature of the offense(s):

Gross misdemeanor Careless Driving 2 yrs ago
Misdemeanor Theft 5 yrs ago

You will not be denied employment solely because you answer "Yes" above or because you have been convicted of a crime, felony or misdemeanor. The company considers many individualized factors in evaluating a job candidate, including but not limited to, with respect to criminal history, the nature and date of any offense, the surrounding circumstances, and the nature of the position for which you apply.

By signature below, I certify that the information provided above is true and complete that I have discussed the above with my interviewer as disclosed. I understand and agree that any misrepresentation by me will be sufficient cause to eliminate me from consideration for employment and/or terminate employment at any time if I have been employed.

Applicant signature: Hamad Lammur Date: 5-18-17

Authorization

Authorization: By signing below, you authorize: (a) backgroundchecks.com ("BGC") and/or Orange Tree Employment Screening to request information about you from any public or private information source; (b) anyone to provide information about you to BGC and/or Orange Tree Employment Screening; (c) BGC and/or Orange Tree Employment Screening to provide Employer Solutions Staffing Group, LLC one or more reports based on that information; and (d) Employer Solutions Staffing Group, LLC ("ESSG") to share those reports with others for legitimate business purposes related to your employment. BGC and/or Orange Tree Employment Screening may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an employee of ESSG.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for BGC.

Printed name: Hamid Abdullahi Dalmar
First Middle (☐ none) Last

Other names used: _____
Current county of residence: _____

Current and former addresses:

<u>2015</u> from Mo/Yr	<u>current</u> to Mo/Yr	<u>10338 Berkeley Road</u> Street	<u>Blawie MA 01923</u> City, State & Zip
<u>2010</u> from Mo/Yr	<u>2015</u> to Mo/Yr	<u>169 Capital View</u> Street	<u>Rosemead MA 01923</u> City, State & Zip
_____	_____	_____	_____
_____	_____	_____	_____

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

<u>04-02-1990</u> Date of birth	<u>477-35-1990</u> Social security number
<u>H 228064234112</u> Driver's license number & state	<u>Hamad Abdullahi Dalmar</u> Name as it appears on license

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: ☐.

Hamid Dalmar
Signature

5-18-17
Date

MINNESOTA
DRIVER'S LICENSE



MAKAO ABDULLAH
10338 BERSHIRE RD
BLOOMINGTON, MN 55437

Date of Birth 04-05-1980

Sex M

Height 6-11

Weight 165

Eyes BLK

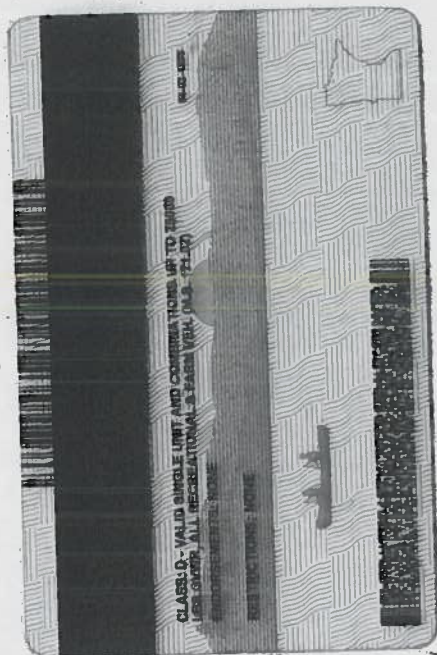
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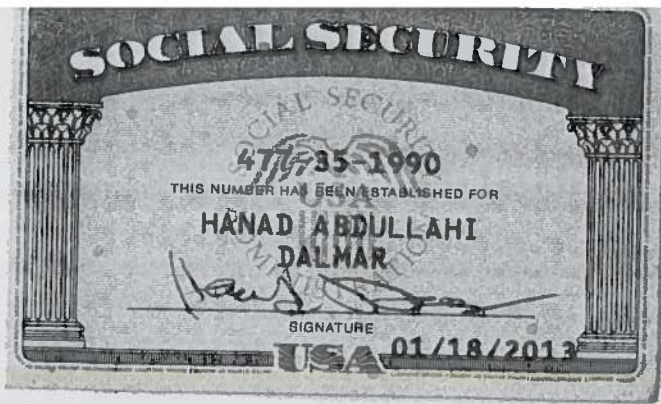
Class

ISSUED 04-2016

EXPIRES 04-02-2020

H228064234112





This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:

Social Security Administration

P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for any business other than returning a found card you will not receive a response.

Social Security Administration

Form SSA-3000 (08-2011)



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