

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) Farah Mohamed Date: 05/18/17

Address: (Street Address) 49 E Delos St (Apt./Unit #) B

(City) St Paul (State) MN (ZIP Code) 55107

Phone: 651-313-4070 Email: Mfarah000@gmail.com

Social Security No. 644-96-6971 Date Available: 05/22/17

Position Applied for: Lead Desired Salary: 13.00

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	Como Park High School	St Paul	4	
College	Inver Hills Community	Inver Grove	1 1/2	
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: College Pro Painters Phone: _____

Address: 1401 Smith Ave Supervisor: James

Job Title: Cite manager Starting Salary: \$ 18.00 Ending Salary: \$ 14.50

Responsibilities: Set up the paint, clean and pack

From: 3/10/13 To: 9/24/14 Reason for Leaving: Summer Job

May we contact your previous supervisor for reference? Yes No

Company: Shake Shack Phone: _____

Address: Mall of America Supervisor: Kim

Job Title: Crew member Starting Salary: \$ 12.00 Ending Salary: \$ 12.00

Responsibilities: clean, cashier

From: 1/2/15 To: 2/10/17 Reason for Leaving: hour cut

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: 05/18/17

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Your workforce management & consulting experts

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:

05/18/17



Preliminary Questions

For CMG use only

Name: Mohamed

Date: 05/18/17

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

To be completed during or after interview

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

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

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):

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: [Signature] Date: 05/18/17

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: Mohamed Abshir Farah
First Middle (none) Last

Other names used: _____
Current county of residence: _____

Current and former addresses:

_____	current	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip	
_____	_____	_____	_____	
from Mo/Yr	to Mo/Yr	Street	City, State & Zip	
_____	_____	_____	_____	
from Mo/Yr	to Mo/Yr	Street	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.

06/08/1994 644-96-6971
Date of birth Social security number

Driver's license number & state 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: .

Mohamed 05/18/17
Signature Date

MINNESOTA DRIVER'S LICENSE

Mohamed

MOHAMED ADHIR FARAH
 49 E DELOS ST APT 4B
 ST PAUL, MN 55107

Date of Birth: 06/15/1984

Sex: M Eyes: BRN Class: D
 Height: 6-0 Weight: 137

ISSUED 06-2016 EXPIRES 06-15-2018

Mohamed Farah

S649152160019




SOCIAL SECURITY

SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR

MOHAMED A FARAH

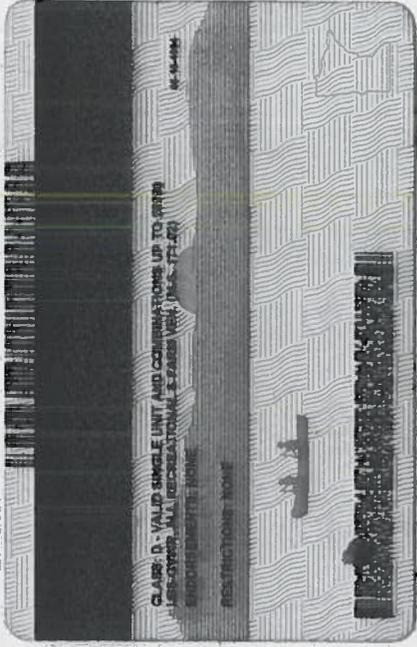
Mohamed A Farah

MINISTER

SIGNATURE

S649152160019





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

Improper use of this card or number by anyone is punishable by fine, imprisonment or both.

Protect Your Number and Card to Prevent Their Misuse

- Sign your card right away and keep it in a safe place.
 - DO NOT carry it with you.
- 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, it will take longer for us to answer your letter.

Social Security Administration
Form SSA-3400 (3-2004)

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