

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

4/1
10AM

ENTERED



"your workforce management & staffing experts"

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) Fuazia Ahmed A. Date: 3-28-2019

Address: (Street Address) 412 14th St SE (Apt./Unit #) APT 207

(City) Rochester (State) MN (ZIP Code) 55904

Phone: 952 228 4883 Email: _____

Social Security No. 685109535 Date Available: anytime

Position Applied for: _____ Desired Salary: _____

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? _____ Referral Name: Eidle Jelle Bulde

If under 18, please list age: yes 813 452 7615

Do you have responsibilities or commitments that will prevent you from meeting specified work

schedules? No Yes

or on call
507 319 4994

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

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Previous Employment

Company: Comfort Care Health Phone: 552 6881244

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: West Central Turkeys Phone: 718 863 6816

Address: Quality Food 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: [Handwritten Signature] Date: 3-28-2019

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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.

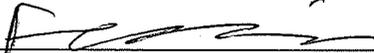
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission 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: 3-28-2019



New Employee Acknowledgement Form

Welcome to CMG and Reichel Foods!

As a new employee, you will be provided with the website, username and password to view the new hire forms that you signed during your CMG interview. Please sign and date the bottom of the sheet stating that you received your login information.

CMG/ ESSG / Reichel Foods Handbook

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

Website: <https://nhov2.esgazure.com/login/cm>

→ Login Name: 952 228 4883

Login Password: Fa @ 9535

I hereby acknowledge that I have been provided with the login information to view the items listed above. I understand that it is my responsibility to read and follow each document provided to me and that if I have any questions concerning the times or its content, that it is my responsibility to address my questions with my supervisor or CMG representative, and hereby waive any claim, now or in the future, that I did not receive, did not read or did not comprehend the items or their contents.

x Signature: Farr Date: 4/1/19

AUTHORIZATION TO RELEASE INDUSTRIAL HEARING TEST RESULTS

I understand that a successful hearing test is a condition of my employment by Employer Solution Staffing Group, LLC. to work at the facility of Reichel Foods, Inc., and further, that Employer Solutions Staffing Group may, at its discretion, share the results of any such hearing test with Reichel Foods Inc.

I also understand that Employer Solutions Staffing Group may, at its discretion, conduct periodic hearing tests on me during the course of my employment with Employer Solutions Staffing Group and I consent to such tests.

First Name: Fauzia

Middle Name: _____

Last Name: Ahmed

Social Security Number: 695-10-9535

Date of Birth: 1984, 04, 01

Gender (Circle one): Male Female

My Signature: Fauzia

Today's Date: 4/1/19

Employee Photo Release Form

I, Fauzia Ahmed agree to let Reichel Foods use my picture for internal security purposes. I also agree to submit a written request to Reichel Foods if/when I wish my photo be removed from the company database.

Employee Signature Name: Fauzia

Date: 4/1/19

Julie's Race

The dogsled race was about to begin. Julie's team of dogs was lined up at the starting gate. Julie stood behind them. The air was so cold that she could see her breath. Other teams were lined up, too, and the dogs were excited. Julie kept her eyes on the dock. At exactly ten o'clock, she and the other racers yelled, "Mush!" the dogs knew that meant "Go!" They leapt forward and the race began!

Julie had trained months for this race, and she hoped she and her dogs would win. Hour after hour, day after day, Julie's dogs pulled the sled in order to get in shape for the race.

Now, they ran over snowy hills and down into frozen valleys. They stopped only to rest and eat. They wanted to stay ahead of the other teams. The racers had to go a thousand miles across Alaska. Alaska is one of the coldest places on Earth. The dogs' thick fur coats helped keep them warm in the cold wind and weather. In many places along the route, the snow was deep. Pieces of ice were as sharp as a knife. The ice could cut the dogs' feet. To keep that from happening, Julie had put special booties on their feet.

At first, the dogs seemed to pull the sled very slowly. They were still getting used to the race. But on the third day out, they began to pull more quickly. They worked as a team and passed many of the other racers. Once one of the sled's runners slid into a hole and broke. Julie could have given up then, but she didn't. She fixed it and they kept going.

When they finally reached the finish line, they found out that they had come in first place! It was a great day for Julie and her dogs.

1. The author of "Julie's Race" wrote the story in order to do what?
 - a. To describe how dogs stay warm in the cold weather
 - b. To tell about a dogsled race
 - c. To explain how cold it can be in winter

2. Where does the dogsled race take place?
 - a. In Antarctica
 - b. On a track
 - c. In Alaska

3. What happened **BEFORE** the dogs began running?
 - a. The dogs pulled the sled slowly
 - b. Julie and the dogs lined up at the starting gate
 - c. The runner on Julie's sled broke

4. Julie's team of dogs lined up at the starting gate. What does team mean?
 - a. Friends and family
 - b. Many dogs
 - c. A group working together



Preliminary Questions

For CMG use only

Name: Fuazia

Date: 4-1-2019

- 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? no
- 4. Which plant do you prefer? _____
- 5. What shift to you prefer? 1st south

To be completed during or after interview

Date of interview 4/1/19

Have you ever been convicted of a crime? Yes _____ No ✓

Explain

Incident _____

Employee Signature X Fuazia

Interviewer Signature [Signature]



employer solutions staffing group.

Leveraging Resources in a Changing Market

Direct Deposit/Payroll Debit Card Authorization

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card.

If you do not provide a written election, wages will be paid by Payroll Debit Card.

SECTION 1 BASIC INFORMATION

Employee Name Fuadzia Ahmed	SSN# (last 4 digits) 9535	Effective Date
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SECTION 2 ELECTRONIC PAY OPTIONS

Direct Deposit (Please complete Sections 3 and 5 below) *Note: Direct Deposit accounts may take up to 7 days to be activated.*

Payroll Debit Card (Please complete Sections 4 and 5 below)

SECTION 3 DIRECT DEPOSIT

ACCOUNT	<input type="checkbox"/> Update Bank Account	<p>I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.</p> <p>Initial _____ Date _____</p>
	Bank Name:	
	Routing#	
	Account#	
	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	

- To help us avoid making an error, please attach a copy of a voided check. (a deposit slip will not work)
- If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods.

SECTION 4 PAYROLL DEBIT CARD

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.

Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)

First Name Fuadzia	M.I. A.	Last Name Ahmed	Date of Birth 01/01/1984
Street Address (PO BOX NOT ACCEPTABLE) 412 14th St SE Apt 207			Social Security# 685-10-7535
City Rochester	State MN	Zip 55904	Cell Phone (mobile) 509-952-228-4883

RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Routing # 067011294	Payroll Debit Card Account # 9432108800432098
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I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature: *Fuadzia Ahmed* Date: 4/11/19

Paper Check (Option available to GA NH and NY residents only)

SECTION 5 AUTHORIZATION

I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). *** E-mail is required for pay stub information.**

*E-mail: _____ @ _____
this information will only be used to send your paystubs electronically

Employee's Signature: _____ Date: _____

Step 2: Remove this slip at the perforation and provide to your employer

Paso 2: Desprende este volante en el perforado y entrégaselo a tu empleador.

Account Information Slip / Volante de Datos de Cuenta

Step 1: Complete the following information

Paso 1: Completa los siguientes datos

First Name / Nombre:

F U A Z I A

Last Name / Apellido:

A H M E D

Employee ID Number / Número de Empleado:

□ □ □ □ □ □ □ □ □ □

Note: You will not need the numbers below once this slip is provided to your employer.

Nota: Una vez que hayas entregado este volante a tu empleador, no necesitarás los números que aparecen a continuación.

For Employer Use Only / Para uso del empleador solamente:
ABA Routing Number: / Núm. de ruta ABA: 067011294
Account Number: / Núm. de cuenta: 9432108800432098

Bienvenido al servicio Money Network®

Con el servicio Money Network® ("Servicio"), tus fondos de nómina serán automáticamente depositados en una cuenta Money Network ("Cuenta"). Tienes la opción de usar la Tarjeta de pago Money Network Visa ("Tarjeta de pago") adjunta para tener acceso a los fondos de la Cuenta.

Todos tus fondos de nómina están siempre a tu disposición a través de un Cheque Money Network™ ("Cheque"); el uso de la Tarjeta de pago no es obligatorio. Para empezar a recibir tu pago a través de este Servicio, simplemente sigue las instrucciones que se encuentran a continuación.

Consentimiento del acuerdo y firma electrónica.

Reconozco que he leído los Términos y Condiciones del servicio Money Network® ("Términos y Condiciones") adjuntos, incluyendo las declaraciones sobre Transferencias electrónicas de fondos, Disponibilidad de fondos y Veracidad en la divulgación de los ahorros, además de la Tabla de cargos y la Tabla de límites de transacciones relacionadas con la Cuenta y el Servicio, y acepto cumplir con sus términos.

Entiendo que el retener, activar o usar la Tarjeta de pago o los Cheques, constituye mi aceptación de los Términos y Condiciones.

Reconozco que cualquier término de los Términos y Condiciones, la Tabla de cargos y la Tabla de límites de transacciones puede cambiar en cualquier momento (y se me notificará dicho cambio si la ley lo exige) y mi retención o el uso de la Cuenta después de la fecha de entrada en vigencia de cualquiera de dichos cambios constituirá mi aceptación de los nuevos términos o cargos.

¡Empezar es fácil!

- **Consentimiento.** Lee el *Consentimiento del acuerdo y firma electrónica*, más los Términos y Condiciones adjuntos.
- **Activación.** Sigue las instrucciones de la etiqueta de activación adherida a tu Tarjeta de pago. Recuerda que necesitarás tu PIN para hacer compras de débito con PIN y retirros de cajeros automáticos, y para tener acceso a la

Para comunicarte con el Servicio al Cliente, llama al:

1-800-845-8683