

# 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) ABDULAHI HAWEYA DAHIR Date: 10/27/17  
 Address: (Street Address) 1532 10th St SE (Apt./Unit #) 10B  
 (City) Rochester (State) MN (ZIP Code) 55902  
 Phone: 507-202-7770 Email: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date Available: \_\_\_\_\_

Position Applied for: Barkinge Desired Salary: 12.00

Shift Available to work: \_\_\_ 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> 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: Safya

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

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

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
<input checked="" type="checkbox"/> High School	<u>Flintwaxag</u>	<u>Wugdino</u>	<u>12</u>	
<input type="checkbox"/> College				
<input type="checkbox"/> Bus. Or Trade School				
<input type="checkbox"/> Professional School				

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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: \_\_\_\_\_

MINNESOTA  
DRIVER'S LICENSE



HAWEYA DAHIR ABDULAH  
1532 10TH ST SE APT 10B  
ROCHESTER, MN 55904

Date of Birth 10-05-1977  
Sex F Eyes BLK Class D  
Height 5-3 Weight 160

ISSUED 11-2016 EXPIRES 10-05-2018  
*Haweya Abdulahi*

S739195873019

MINNESOTA  
DRIVER'S LICENSE



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ROCHESTER, MN 55904

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## Preliminary Questions

For CMG use only

Name: Haweya Abdulani

Date: 10/27/17

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? no
4. Which plant do you prefer? South
5. What shift to you prefer? 2nd

**\*To be completed during or after interview\***

Date of interview 10/27/17

Have you ever been convicted of a crime? Yes  No

Explain

Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature

Haweya Abdulani

Interviewer Signature

[Signature]

**DRUG AND ALCOHOL  
TESTING CONSENT FORM**

1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.

2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events as described in the policy may result in adverse personnel action, including my termination from employment with ESSG. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.

3. I hereby voluntarily consent to ESSG, or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath, or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by ESSG may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to ESSG of the results of my drug and/or alcohol test and other information related to the test.

  
\_\_\_\_\_  
Individual's Name  
10/27/17  
\_\_\_\_\_  
Date

**SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6**