

LM 9/20

Wed 9/30 - 11:00 - intan



9/20 ENTERED

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 9/17/2013

Name Abdille, Iimi, Mohamed
Last First Middle Maiden

Present address 918 West Village Cir SE
Number Street
Rochester MN 55904
City State Zip

Social Security No. 289-11-6748

Telephone (507) 202-6807 E-Mail shup-omar@live.com

If under 18, please list age _____ Referred by _____

Position applied for (1) _____ Shift available to work
 and salary desired (2) _____
 (Be specific) 2(s) South Plant Wknds
1st 2nd 3rd ok 9/30

How many hours can you work weekly? 40 Can you work nights? _____

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

When available for work? any time

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>South Side City</u>	<u>Nebraska</u>	<u>4</u>	<u>DePauw</u>
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

OK 9/30
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? I Have my own car

Driver's license number C18302702012 State of issue KS

Operator Commercial (CDL) Chauffeur

Expiration date 01-01-2015

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 _____ 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>	Supervisor name <u>toney</u>	
Position <u>Shipping</u>	Employment dates	Pay or salary
Company _____	From <u>9-10-10</u>	Start <u>\$9.50</u>
Address <u>3447 22nd Ave NW</u>	To <u>2-11-13</u>	Final <u>11.11</u>
Telephone <u>(507) 285-0710</u>	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 _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From	Start
Address _____	To	Final
Telephone (____) _____	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 Ilmar Abdillu Date: 9/17/2013

CMG

Preliminary Questions

Name: Ilmi Abduli

Date: ~~09/30/13~~

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? south
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

Ilmi Abdie

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

CMG

Applicant Interview Score Card

Name: Jlwi Date of Interview: _____

Position/Shift Assignment 2 (SS) 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

50

Former Employer Rating Bonus Points 1-20

-

Interviewer: Kelsey
Date: 9/30

total points 50

**MINNESOTA
DRIVER'S LICENSE**

ILM MOHAMUD ABDILLE
918 W VILLAGE CIR SE
ROCHESTER, MN 55904

Date of Birth 01-25-1980

Sex Eyes Class

M BLK D

Height Weight

5-6 115

ISSUED 07-2012

EXPIRES 01-01-2015

Ilm Abdille

C183027620212

**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.

Ilma Abdille
Individual's Name

9/30/2017
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

TEST RESULTS RECORD

Test Reference Number _____ Name of Collector _____

COMPANY INFORMATION

Company Name Lishel Foods Phone 923-4955 Fax _____
 Address 3707 Commercial Dr SW City Spokane State/Province WA Zip/Postal Code 55903

DONOR INFORMATION

Employee I.D. _____
 Last Name Abdille First Name Timi
 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.

Timi Abdille _____ 9/30/2013 11:35
 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.

Lilay Adakkil _____ 9/30/13 11:55A
 Collector signature Date / Time

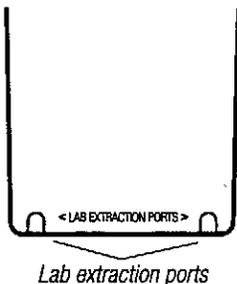
N/A _____ N/A
 Laboratory signature Date / Time received

TEST RESULTS

Date/Time Collected 9/30/13 11:55A
 Time Interpreted 12:00P

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	THC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input checked="" 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 _____