



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

View Paystubs

Website: <https://zenople.esgazure.com/login/cmgi>

** do not fill out the below login name and password, CMG will provide you with this information **

Login Name: 5075133990

Login Password: Ne10Dc94

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.

★ Signature: Jabrail Ader Date: 3-30-23

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 Solution Staffing Group may, at its discretion, share the results of any such hearing test with Reichel Foods Inc.

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

First Name: Jabriel
 Middle Name: Rhader
 Last Name: Allen
 Social Security Number: 474-41-6614
 Date of Birth: 08/07/1988
 Gender (Circle one): Male Female
 My Signature: Jabriel Allen ★
 Today's Date: 3-30-23

Employee Photo Release Form
 I, _____, 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: Jabriel Allen ★
 Date: 3-30-23

Name: Jabriel Aden

Date: 3-30-23

Achoo!

****Read the story and answer the multiple-choice questions below ****

Achoo! We all sneeze sometimes. Sneezing is a reflex that your body does automatically. That means you cannot make yourself sneeze or stop one once it has started. When you sneeze, your body is trying to get rid of bad things in your nose, such as bacteria. You have extra germs when you have a cold, so you sneeze a lot more. You might also sneeze when you smell pepper!

Inside your nose, there are hundreds of tiny hairs. These hairs filter the air you breathe. Sometimes dust and pollen find their way through these hairs and bother your nasal passages. The nerves in the lining of your nose tell your brain that something is invading your body.

Your brain, lungs, nose, mouth and the muscles of your upper body work together to blow away the invaders with a sneeze. When you sneeze, germs from your nose get blown into the air. Using a tissue or "sneezing into your sleeve" captures most of these germs. It is very important to wash your hands after your sneeze into them, especially during cold and flu season.

Do you ever sneeze when your walk into bright sunlight? Some people say that happens to them often. Scientists believe the UV rays of the sun irritate the nose lining of these people, so they sneeze.

If someone nearby sneezes, remember to tell them "Gesundheit!" that is a funny-looking word which is pronounced "gezz-oont-hite." It is the German word that wishes someone good health after sneezing.

1. Why do people sneeze?
 - a. The tiny hairs in your nose tickle
 - b. Your body is trying to get rid of bad things
 - c. You can make yourself sneeze when you want to
2. What are the 3 parts of your body that work together with your upper body to sneeze?
 - a. Hand, Elbow, Shoulder
 - b. Ankle, Knee, Hip
 - c. Brain, Lungs, Mouth
3. What other things can make you sneeze?
 - a. Pepper, Sun, Dust, and Pollen
 - b. Water, Pop, Flowers, Trees
 - c. Salt, Seasonings, Meat, Fruit
4. What is a German word that people often say to someone that sneezes?
 - a. Good Job
 - b. Gesundheit
 - c. Hang in there
5. What should you do after your sneeze into your hands especially during cold and flu season? (This should also be done in the production area!)
 - a. Wipe them with a tissue
 - b. Nothing
 - c. Wash your hands

EMERGENCY CONTACT INFORMATION

Employer Solutions Staffing Group In-Case of an Emergency – Notification Information

Please list at least one person with one working phone number.

We will only contact the name(s) listed below if we are unable to get ahold of you or if there is an emergency.

Contact # 1:	_____	Name: <u>Azmaria Beke</u>
	_____	Relationship: <u>Mother</u>
	_____	Phone Number: <u>507-513-4146</u>
Contact # 2:	_____	Name: _____
	_____	Relationship: _____
	_____	Phone Number: _____

Additional information you want ESSG and our client to know in the event of an emergency:

This information will remain confidential and will only be used in the case of an emergency



Applicant Certification and Authorization for Background Check

Please read the below statements and initial on the indicated line

(This information will be inputted onto the online NHO form – you will be provided the login information during your interview)

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that comprehensive background checks may be conducted to determine my eligibility for my hire by certain clients of ESSG. 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 ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check. I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or if discovered after I begin my employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

I have read and agree J.A. (initial)

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report / investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, country jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have to include information or data received from other sources Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers and dates of birth.

I have read and agree J.A. (initial)

Authorization to Enter New Hire Information

By signing below, I authorize a member of Corporate Management Group - Rochester Office - to enter my new hire paperwork into the online Zenople (NHO) site. I understand that I will be provided access via login name and password to view the forms that they have completed on my behalf.

Employee Signature: _____

Jacob & Alden

Date: _____

3-30-23

Insurance Information

I understand that the CMG Staff defaults to decline insurance when entering my new hire paperwork unless specified otherwise during my interview.

I understand that I have 30 days after my employment starts to apply for insurance through ESSG via the login information provided to me.

I agree: _____ (initial)

J.A.

Electronic W-2 Consent:

The IRS has approved employers to send W-2 electronically to employees. Employees who choose to receive their W-2 statements electronically will have the following advantages. Faster access to your W-2. Ongoing availability to view the W-2. Ability to reprint as many times as needed.

Would you like to receive your W-2 statement electronically?

Yes

No

By completing the box below, you are consenting to receive your W-2 by email to only the email address that you list. A paper copy will *not* be provided. This option can be changed at any time but remains in effect until you inform ESSG that you would like to revoke your consent.

I consent to receive my W-2 by email at the address listed below from this date forward.

Email

Theepicusername11@gmail.com

I agree: _____ (initial)

J.A.

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2023

Step 1: Enter Personal Information	(a) First name and middle initial <i>Jabriel K.</i>	Last name <i>Aden</i>	(b) Social security number <i>474-41-6614</i>
	Address <i>2603 Georgetowne Pl NW 55901</i>		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code <i>Rochester, MN, 55901</i>		
	(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	<i>Jabriel Aden</i> Employee's signature (This form is not valid unless you sign it.)	<i>3-30-23</i> Date	

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

2023 W-4MN, Minnesota Withholding Allowance/Exemption Certificate

Employees Complete Form W-4MN so your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MN each year and when your personal or financial situation changes. If no Form W-4MN is in effect, the number of withholding allowances claimed will be zero.

First Name and Initial <i>David K.</i>	Last Name <i>Aden</i>	Social Security Number <i>444-41-6614</i>
Permanent Address <i>3003 Georgetown Pl NW 51901</i>	State <i>MN</i>	City <i>St Paul</i>
<input type="checkbox"/> Married, but withholds at higher Single rate <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien		
Marital Status (Check one):		

Section 1 — Determining Minnesota Allowances Complete Section 1 OR Section 2, then sign the bottom and give the completed form to your employer.

- A Enter "1" if no one else can claim you as a dependent. *1*
- B Enter "1" if any of the following apply:
- You are single and have only one job
 - You are married, have only one job, and your spouse does not work
 - Your wages from a second job or your spouse's wages are \$1500 or less
- C Enter "1" if you are married. Or choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.)
- D Enter the number of dependents (other than your spouse or yourself)
- E Enter "1" if you will use the filing status Head of Household (see instructions).
- F Add steps A through E. If you plan to itemize deductions on your 2023 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet.
- 1 Minnesota Allowances. Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet. *1*
- 2 Additional Minnesota withholding you want deducted for each pay period (see instructions) 25

Section 2 — Exemption From Minnesota Withholding

- Check Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate why you believe you are exempt:
- A I meet the requirements and claim exempt from both federal and Minnesota income tax withholding
 - B Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding, because:
 - C All of these apply:
 - I had no Minnesota income tax liability last year
 - I received a refund of all Minnesota income tax withheld
 - I expect to have no Minnesota income tax liability this year
 - D I am an American Indian that resides and works on a reservation for which I am enrolled (see instructions).
 - E I am a member of the Minnesota National Guard or an active-duty U.S. military member and claim exempt from Minnesota withholding on my military pay
 - F I receive a military pension or other military retirement pay as calculated under U.S. Code, title 10, sections 1401 through 1414, 1447 through 1455, and 12733, and I claim exempt from Minnesota withholding on this retirement pay

I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false Form W-4MN.

Employee's Signature: *David Aden* Date: *3-30-23*

Daytime Phone Number: *607-513-3900*

Employees: Give the completed form to your employer.

See the employer instructions to determine if you must send a copy of this form to the Minnesota Department of Revenue. If required, enter your information below and mail this form to the address in the instructions. (Incomplete forms are considered invalid.) We may assess a \$50 penalty for each required Form W-4MN not filed with us. Keep a copy for your records.

Name of Employer	Minnesota Tax ID Number	Federal Employer ID Number (FEIN)
Address	City	State
	ZIP Code	

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name Jabriel Khader Adem Social security number ► 474-41-6619
Street address where you live 2603 Georgetowne PL NW
City or town, state, and ZIP code Rochester, Minnesota, 55901
County Olmsted Telephone number 507-513-3990
If you are under age 40, enter your date of birth (month, day, year) 08/07/2002

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 Check here if any of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but not age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; or
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► Jabriel Adem

Date 3-30-23



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

> START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) Allen		First Name (Given Name) Sabriel		Middle Initial K	Other Last Names Used (if any)
Address (Street Number and Name) 9603 Georgetown Pl NW			City or Town Rochester		State MN
Apt. Number			ZIP Code 55901	Employee's Telephone Number 507-513-7290	
Date of Birth (mm/dd/yyyy) 08/02/1980		U.S. Social Security Number 979 - 42 - 6214		Employee's E-mail Address johnd.alden@gmail.com	
Employee's Telephone Number 507-513-7290					

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (See instructions)
- 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
- 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):

Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____
OR
3. Foreign Passport Number: _____
Country of issuance: _____

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator _____
Today's Date (mm/dd/yyyy) _____

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator _____
Today's Date (mm/dd/yyyy) _____

Signature of Employee
Sabriel Allen
Today's Date (mm/dd/yyyy) 3-30-23

Address (Street Number and Name)
City or Town
State
ZIP Code

Last Name (Family Name)
First Name (Given Name)
Today's Date (mm/dd/yyyy)

Pay Information

Payday is every Friday

Name: Jabriel Khader Aden

Last 4 of SSN: 6614

Please mark what option you choose

Direct Deposit

Bank Name _____

Routing Number _____

Circle One

Account Number _____

Checking -or- Savings

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 included if the account number that I provide is incorrect.

Initial _____

Bank of America Money Network Card

↓ Office Use Only ↓

Routing Number See Attached

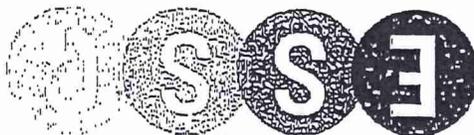
Account Number _____

I authorize ESSG to send my paycheck stub electronically to the email address that is listed below from this date forward.

Email theepicusername11@gmail.com

Initial J.A.

employer solutions staffing group.



Notification of Minnesota Law Requirement - Unemployment Acknowledgement

According to Minnesota Statute section 268.095, subdivision 2, paragraph (d), an applicant who, within five calendar days after completion of a suitable job assignment from a staffing service, (1) fails without good cause to affirmatively request an additional suitable job assignment, (2) refuses employment with the client of the staffing service, is considered to have quit employment. This paragraph applies only if, at the time of beginning of employment with the staffing service, the applicant signed and was provided a copy of a separate document written in clear and concise language that informed the applicant of this paragraph and that unemployment benefits may be affected.

It is your responsibility to contact ESSG through the recruiter stated below for additional assignments. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact ESSG through the recruiter stated below within 5 calendar days once an assignment ends. I also acknowledge that I have been provided a copy of this form. sm (Initial)

Recruiter: Corporate Management Group

Phone Number: 303-9201425

Address: 1501 W. 124th Ave Unit 500 Westminster, CO 80234

Sabriel Khader Aden *
Employee Signature: _____
Date: *3-30-2023*

Sabriel Khader Aden

Employee (please print your name here)

ACCOUNT INFORMATION SLIP/VOLANTE DE INFORMACIÓN DE CUENTA

STEP 1/PASO 1:

Complete the following information/Completa los siguientes datos

First Name/Nombre:

Last Name/APELLIDO:

Employee ID Number/Número de Empleado:

Social Security Number (optional)/ Número de Seguro Social (opcional)

 - -

STEP 2/PASO 2:

Detach this slip and provide it to your employer. You will not need this information, again.

Desprende este volante y entrégaselo a tu patrono o empleador. No necesitarás usar esta información nuevamente.

FOR EMPLOYER USE ONLY

PARA USO DEL PATRONO O EMPLEADOR SOLAMENTE

ROUTING NUMBER: 084003997

ACCOUNT NUMBER: 7277631800783725

Money Network® Checks and Money Network Cards are issued by MetaBank, N.A., Member FDIC.

BALANCE and TRANSACTION LIMITS SCHEDULE

Load Limitations

Maximum Account Balance³
ACH Deposit of Other Funds (Direct Deposit) Load³
Load check funds via Mobile App^{1,2,3}
Load Cash at Load Location^{1,2,3}
Secondary Account
Secondary Account Transfer

Limit Amount

\$8000³
\$4000 per day | \$8000 per calendar month³
\$25-2500 per check | \$5000 per day | \$10000 per month³
\$2500 per transaction and per day | \$5000 per month^{1,2,3}
\$8000 maximum account balance
\$1000 per day | \$2000 per month

Withdrawal Limitations^{1,2}

ATM Withdrawal Limit
Money Network Check Limit
Bank/Teller Over the Counter Withdrawal
ACH Transfer to Domestic Bank
ACH Transfer to International Bank

Limit Amount^{1,2}

\$600 per transaction and per day
\$9999.99 per Check and per day
\$8000 per transaction and per day
\$8000 per transaction | \$16000 per day | \$64000 per month
\$1000 per transaction and per day | \$2000 per month

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) Aden Khader Jabriel Date: 3-28-2023

Address: (Street Address) 2603 Georgetowne Pl NW (Apt./Unit #) _____

(City) Rochester (State) MN (ZIP Code) 55901

Phone: 507-513-3900 Email: jabriel.aden@gmail.com

Social Security No. 474-41-6614 Date Available: 4-3-2023

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: _____

If under 18, please list age: _____

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

2N
QA?
No physical
concerns
Tiana

Education

Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School				
College				
Bus. Or Trade School				
Professional School				

Accepts



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



Previous Employment

Company: Hayfield Windows & door Phone: 507-477-3224

Address: 1 industrial road, Hayfield, MN, 55940 Supervisor: _____

Job Title: Assembly line Starting Salary: \$ 16 Ending Salary: \$ 16

Responsibilities: Assemble windows and sliding doors with adhesive/pallet packing

From: 1-6-20 To: 3-21-20 Reason for Leaving: Family emergency

May we contact your previous supervisor for reference? Yes No

*Manufacturing
Window
Paynes*

Company: Prime Time Living Phone: 507-261-1194

Address: 211 1st Ave NE Rochester, MN, 55906 Supervisor: Aisha Kassim

Job Title: Personal care Assis. Starting Salary: \$ 17 Ending Salary: \$ 17

Responsibilities: Cleaning and food prep. for patients / medication admin.

From: 4-1-20 To: 8-2-20 Reason for Leaving: downsizing

May we contact your previous supervisor for reference? Yes No

*Assembly
Packaging*

*Pallets
wrapping*

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

*PCA
Assistant*

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: Gabriel Ader Date: 3-28-2023



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



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 *Jabir et den* Date: *3-28-2023*



Jabriel
3-28 @ 1/0
12:00

CMG Preliminary Questions



Name: Jabriel Aden

Date: 3/28/2023

Please Mark Yes or No

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

Please Mark Your Preferred Position

- 4. Which plant do you prefer? South North KS
- 5. What shift to you prefer? 1st 2nd 3rd KS

Have you ever been convicted of a crime? Yes No KS

Explain Incident possession of stolen property.

Employee Signature Jabriel Aden

Interviewer Signature Kelly M. Sutt



5075133990
Ne 10 DC 94



Public Safety
Division

445 Minnesota Street, Suite 175, Saint Paul, Minnesota 55101
Phone: 651-297-3298 TTY: 651-282-6555
drive.mn.gov



Driver's License/ID #:
K000-025-090-400

TEMPORARY CREDENTIAL EXPIRATION
07/28/2023

DATE OF BIRTH
08/07/2002

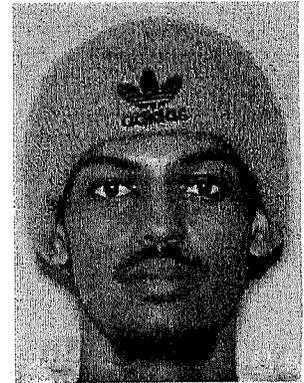
APPLICANT INFORMATION

APPLICATION DATE 03/30/2023

APPLICATION NAME ADEN, JABRIEL KHADER

CREDENTIAL INFORMATION

Name	ADEN, JABRIEL KHADER	Date of Birth	08/07/2002
DL/ID Number	K000-025-090-400	Height	6ft 4in
Residence Address	2603 GEORGETOWNE PL NW ROCHESTER MN 55901-6884	Eye Color	Brown
Card Mailed To	2603 GEORGETOWNE PL NW ROCHESTER MN 55901-6884	Sex	Male
Station Location	655 Rochester	Weight	200 lbs.
Credential Type	Standard ID	Organ Donor	No
Card Type	Class D Permit	Veteran Designation	No
Endorsements	None		
Restrictions	None		
License Indicators	None		



Gabriel Aden

**THIS DOCUMENT IS FOR THE TYPE OF CARD
INDICATED UNTIL THE EXPIRATION DATE
LISTED ABOVE.**

- This document is void if the applicant is not in compliance with all restrictions indicated on the record.

**THIS IS NOT A STAND-ALONE IDENTIFICATION
DOCUMENT**

**VALID FOR DRIVING PRIVILEGES IF THE
RECORD INDICATES**

CONTACT US

Visit drive.mn.gov to:

- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions	651-297-3298
License Status, available 24/7	651-284-1234
DVS Locations	651-297-2126
Motor Vehicle Questions	651-297-2126
TDD/TYY	651-282-6555

For additional information about organ, eye or tissue donation, please visit DonateLifeMidwest.org



CERTIFICATE OF BIRTH

STATE FILE NUMBER 2002-MN-040986

FULL NAME JABRIEL KHADER ADEN
 DATE OF BIRTH AUGUST 07, 2002
 TIME 23:48 24 Hour
 PLURALITY SINGLE (1)
 SEX MALE
 PLACE OF BIRTH ROCHESTER METHODIST HOSP
 ROCHESTER OLMSTED MINNESOTA
 PARENT AZEMERA GEBREAMIAK BERHE
 NAME PRIOR TO FIRST MARRIAGE BERHE
 DATE OF BIRTH MAY 05, 1971
 PLACE OF BIRTH ETHIOPIA
 PARENT KHADER ABDULAHI ADEN
 DATE OF BIRTH SEPTEMBER 16, 1979
 PLACE OF BIRTH SOMALIA

THIS RECORD HAS NOT BEEN AMENDED

THIS IS A TRUE AND CORRECT RECORD OF BIRTH REGISTERED IN THE MINNESOTA OFFICE OF VITAL RECORDS.

MR&C Certificate ID 14570296



55A-000313947

FILED: AUGUST 15, 2002

Molly Mulcahy Crawford
Molly Mulcahy Crawford
STATE REGISTRAR

ISSUED: MARCH 30, 2023

OLMSTED COUNTY LICENSE BUREAU

THIS CERTIFICATE IS VALID ONLY WHEN PRINTED ON OFFICIAL WATERMARKED SECURITY PAPER WITH A SECURITY THREAD AND STATE SEAL OF MINNESOTA.

