

below

ENTERED
E-11014



Mon. 9/15 @ 11am

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5

Name ^{1st} MAKER DUT YUAL ^{Last} YUAL DATE 7-15-14 (turned in 9/9/14)

Last First Middle Maiden

Present address 310 31 849 St NE
Number Street
Rochester MN 55906
City State Zip

Social Security No. 471-35-9085

Telephone 507 398-4672 or 280-4321 E-Mail _____

If under 18, please list age _____ Referred by _____

Position applied for (1) <u>ANY POSITION</u> and salary desired (2) <u>\$8 - or 9.00</u> (Be specific) <u>2(S)</u>	Shift available to work 1 st _____ 2 nd <u>X</u> _____ 3 rd _____
--	---

How many hours can you work weekly? 40 or more Can you work nights? Yes

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>In Southern Sudan</u>	<u>Wau TONI</u>		
College				
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes ___ No

What is your means of transportation to work? MV Car

Driver's license number _____ State of issue MI

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date _____

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 Manner Riak Name Juor Kusha

Position Supervisor Position Transleata

Company P-P-P Company Mayo Clinic

Address Austin Address _____

Telephone (501) 202-8511 Telephone (501) 269-9586

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>Reich Foods LLC</u>		Supervisor name <u>Rich Rowley</u>	
Position <u>packaging</u>		Employment dates	Pay or salary
Company _____		From <u>8-31-04</u>	Start <u>8-00</u>
Address <u>3706 Enterprise</u>		To <u>Feb - 05</u>	Final <u>8-00</u>
<u>51W Rochester MN 55902</u>		Your last job title _____	
Telephone <u>(501) 289-7264 EX-228</u>			
Reason for leaving (be specific) <u>Lay OFF</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <p align="center">↓</p>			

Name _____		Supervisor name <u>ALPONCE</u>	
Position _____		Employment dates	Pay or salary
Company _____		From <u>AUG - 05</u>	Start <u>8-00</u>
Address _____		To <u>Jan - 06</u>	Final <u>8-00</u>
Telephone <u>(501) 289-7264</u>		Your last job title _____	
Reason for leaving (be specific) <u>Lay OFF</u>			
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 <u>EXPRESS</u>	Supervisor name <u>Tim Lawpion</u>	
Position <u>Final Inspection</u>	Employment dates	Pay or salary
Company <u>PEMSTAR</u>	From <u>May 18-00</u>	Start <u>8-00</u>
Address <u>3535 Technology Drive MN 55901</u>	To <u>Jan 13-2003</u>	Final <u>9-93</u>
Telephone <u>(507) 292-6889</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 <u>I-B-M</u>	Supervisor name <u>Sharon-K. Gullickson</u>	
Position <u>DISK Polish</u>	Employment dates	Pay or salary
Company <u>IBM</u>	From <u>May 3-99</u>	Start <u>9-00</u>
Address <u>3605 Highway 52 North Rochester</u>	To <u>Feb 6-000</u>	Final <u>9-00</u>
Telephone <u>(507) 253-0167</u>	Your last job title _____	

Reason for leaving (be specific) Lay OFF

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



Date:

7-15-14

Applicant Interview Score Card

Name: Maker Date of Interview: 9/15

Position/Shift Assignment 2(s) Standby by position _____

Rating weak (1) to strong (5)

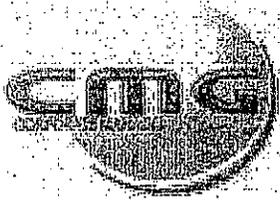
- 1. Understanding of English conversation 1 2 3 4 5
- 2. Speaks English Fluently 1 2 3 4 5
- 3. Work experience related to job-food industry 1 2 3 4 5
- 4. Work history-working presently, yrs in workforce 1 2 3 4 5
- 5. Criminal background information 1 2 3 4 5
- 6. Possesses required New Hire documentation 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 total points 50

Date: 9/15



Preliminary Questions

For CMG use only

Name: Maxter Qual

Date: 9/15/14

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? Yes
4. Which plant do you prefer? Both
5. What shift to you prefer? 2nd

To be completed during interview only

Date of interview 9/15/14

→ Have you ever been convicted of a crime? Yes X No

Explain

Incident I was convicted of crime in 2004-4-19

with sex

→ felony

→ Employee Signature _____

Interviewer Signature Kelsey Adill

Name: _____

Achoo!

by Cynthia Sherwood

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 you sneeze into them, especially during cold and flu season.



Do you ever sneeze when you 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.

Name: maker dut yuel

Achoo Reading Test

(Circle the correct answer)

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 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 you 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

**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.

x 

Individual's Name
x 9-15-14

Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

TEST RESULTS RECORD

Reference Number _____ Name of Collector _____

ANY INFORMATION

Company Name Reichel Foods Phone 923-4955 Fax _____
 Address 5107 Commercial Dr SW City Lepchester State/Province MA Zip/Postal Code 55903

DONOR INFORMATION

Employee I.D. _____
 Last Name Yual First Name Maker
 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.

[Signature] _____ Date / Time 9/15/14 11:30A
 Donor signature

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.

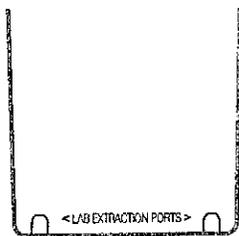
[Signature] _____ Date / Time 9/15/14 11:30A
 Collector signature
N/A _____ Date / Time received N/A
 Laboratory signature

TEST RESULTS

Date/Time Collected 9/15/14 11:30A
 Time Interpreted _____

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



Lab extraction ports

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

Notes / Comments _____

