



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5		DATE <u>9/11/17</u>
Name <u>Mohamed Mano Bazi</u> <small>Last First Middle Maiden</small>		
Present address <u>1126 UTAH AVE SE APT 202</u> <small>Number Street</small> <u>Rochester</u> <u>MN</u> <u>55904</u> <small>City State Zip</small>		
Social Security No. <u>640-95-0162</u>		
Telephone <u>(507) 319 9528</u>		E-Mail _____
If under 18, please list age <u>22</u>		Referred by: <u>507 319 9528</u>
Position applied for (1) <u>production</u> and salary desired (2) <u>11.00</u> (Be specific) <u>And youth</u>		Shift available to work 1 st _____ 2 nd <input checked="" type="checkbox"/> _____ <u>weekends</u> 3 rd _____ <u>6-11</u> <input checked="" type="checkbox"/>
How many hours can you work weekly? <u>40</u>		Can you work nights? <u>yes</u>
Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME		
When available for work? <u>anytime</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input checked="" type="checkbox"/> No ___ Yes If so, please explain _____		
Do you anticipate any absences from work on a regular basis? <input checked="" type="checkbox"/> No ___ Yes If so, please explain _____		

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
<u>Professional School</u>				



Preliminary Questions

For CMG use only

Name: Mano Mohamed

Date: 9/11/17

1. If hired are you willing to take a drug test? Y
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? N
3. Are you able to work with pork? N
4. Which plant do you prefer? South
5. What shift do you prefer? 2nd

To be completed during or after interview

Date of interview 9/11/17

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

Explain

Incident _____

X Employee Signature Mano Mohamed

Interviewer Signature [Signature]



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017254135232PB

Report Prepared: 09/11/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Mohamed

First Name: Mano

Date of Birth: 01/01/1994

Social Security Number: *** ** 0162

Hire Date: 09/11/2017

Citizenship Status: A citizen of the United States

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

List C Document: Social Security Card

Document Name: Driver's license

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 06/30/2019

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 09/11/2017

Case Submitted By: GLEN7602

SENSITIVE BUT UNCLASSIFIED



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **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) Mohamed		First Name (Given Name) Mano		Middle Initial B	Other Last Names Used (if any)	
Address (Street Number and Name) 1426 4th Ave SE			Apt. Number 202	City or Town Rochester		State MN
Date of Birth (mm/dd/yyyy) 01/01/1994		U.S. Social Security Number 640 - 95 - 0162		Employee's E-mail Address		Employee's Telephone Number (507) 319-9528

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):

<input checked="" type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>N/A</u>	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>N/A</u> Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: <u>N/A</u> OR</p> <p>2. Form I-94 Admission Number: <u>N/A</u> OR</p> <p>3. Foreign Passport Number: <u>N/A</u> Country of Issuance: <u>N/A</u> <u>MAR</u></p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space  </div>	

Signature of Employee	Today's Date (mm/dd/yyyy) <u>09-11-17</u>
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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)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code

STCP **Employer Completes Next Page** STCP



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

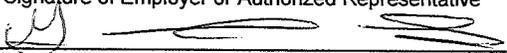
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) Mohamed	First Name (Given Name) Mano	M.I. B	Citizenship/Immigration Status 1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title N/A		Document Title Driver's license issued by state/territory		Document Title Social Security Card (Unrestricted)
Issuing Authority N/A		Issuing Authority Minnesota		Issuing Authority Social Security Administration
Document Number N/A		Document Number W703235644610		Document Number 640950162
Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) 06/30/2019		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px; width: 60%;"> Additional Information </div> <div style="border: 1px solid black; padding: 5px; width: 35%; text-align: center;"> QR Code - Section 2 Do Not Write in This Space  </div> </div>		
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative 		Today's Date (mm/dd/yyyy) 9/11/17	Title of Employer or Authorized Representative Administrative Assistant	
Last Name of Employer or Authorized Representative Lenz		First Name of Employer or Authorized Representative Garrison	Employer's Business or Organization Name ESSG	
Employer's Business or Organization Address (Street Number and Name) 7480 Flying Cloud Drive		City or Town Eden Prairie	State MN	ZIP Code 55344

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA

SOCIAL SECURITY

640-95-0162

THIS NUMBER HAS BEEN ESTABLISHED FOR
MANO BASI MOHAMED

SIGNATURE **04/07/2015**



MINNESOTA INSTRUCTION PERMIT



MANO BASI MOHAMED
1426 4TH AVE SE APT 202
ROCHESTER, MN 55904

Date of Birth 01-01-1994
Sex F Eyes BLK Class IP
Height 5-2 Weight 150 lb

ISSUED 06-2017 EXPIRES 06-30-2019

W703235644610

Mano Basi Mohamed

EMPLOYER SOLUTIONS STAFFING GROUP
BACKGROUND CHECK AUTHORIZATION

X Employee Name: Mano Basi Mohamed
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

X Social Security Number: 640-95-0162 X DOB: 01/01/1994

Phone Number: _____

Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

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, county 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.

X Signature: MANO X Date: 9/11/17

Notice to CA, MN, and OK Residents: -

Please check the box below if you wish to receive a copy of a consumer report that is requested.

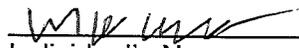
I wish to receive a copy of any Background Check Report on me that is requested.

**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

09/11-17
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6