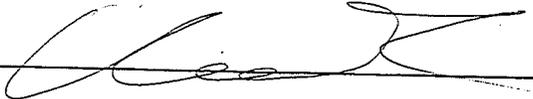


Employee Photo Release Form

I, Abdellouh, 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: 

Date: 27/1/17

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 27-17

Name SMAR Abdullahi A
Last First Middle Maiden

Present address 1990 Ashland DR NW
Number Street
ROCHESTER MN 56155 55901
City State Zip

Social Security No. 639-58-1083

Telephone 507-327-7406 E-Mail _____

If under 18, please list age _____ Referred by Craigslist-

Position applied for (1) <input checked="" type="checkbox"/> _____ and salary desired (2) <u>10.00</u> _____ <small>(Be specific)</small> <u>1st hand</u>	Shift available to work 1 st <input checked="" type="checkbox"/> _____ 2 nd _____ 3 rd _____ <u>weekends</u> <u>6:00</u>
--	--

How many hours can you work weekly? 30 week Can you work nights? YES

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

When available for work? NOW

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>East High</u>		<u>4 YRS</u>	
College	<u>marquette state</u>			
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? car

Driver's license number D854068147611 State of issue Ma

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date 01-01-2021

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 Rahno Name WJF

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (507) 389-0606 Telephone (952) 200 0001

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>McNeillus Hocking</u> Position <u>Assmblr X</u> Company _____ Address _____ Telephone (____) _____	Supervisor name _____	
	Employment dates	Pay or salary
	From <u>June 2/16</u>	Start <u>15.00</u>
	To <u>Dec 14/16</u>	Final <u>15.70</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. <u>put parts together.</u>		

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.		

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.

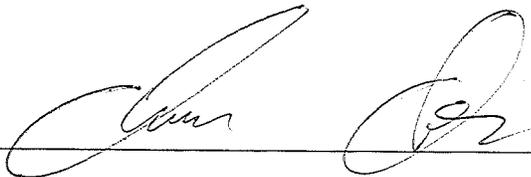
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by 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



Date:

27-18



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017086110630DB

Report Prepared: 03/27/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Omar

First Name: Abdullahi

Date of Birth: 01/01/1989

Social Security Number: *** ** 1083

Hire Date: 03/27/2017

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: ID card

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 01/01/2021

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 03/27/2017

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) Omar		First Name (Given Name) Abdullahi		Middle Initial A	Other Last Names Used (if any)	
Address (Street Number and Name) 1990 Ashland Dr NW			Apt. Number	City or Town Rochester	State MN	ZIP Code 55901
Date of Birth (mm/dd/yyyy) 01/01/1989	U.S. Social Security Number 639 - 58 - 1083		Employee's E-mail Address		Employee's Telephone Number (507) 327-7406	

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.

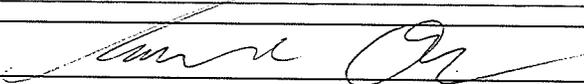
I attest, under penalty of perjury, that I am (check one of the following boxes):

<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>

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: N/A
OR
 2. Form I-94 Admission Number: N/A
OR
 3. Foreign Passport Number: N/A
 Country of Issuance: N/A

QR Code - Section 1
 Do Not Write In This Space


Signature of Employee 	Today's Date (mm/dd/yyyy) 3/27/2019
--	--

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

STOP *Employer Completes Next Page* STOP



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

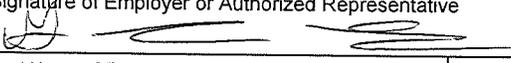
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable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

Employee Info from Section 1	Last Name (Family Name) Omar	First Name (Given Name) Abdullahi	M.I. A	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 ID card 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 D854068147617		Document Number 639581083
Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) 01/01/2021		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		<div style="border: 1px solid black; padding: 5px; min-height: 200px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Section 2 Do Not Write In This Space  </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): 03/27/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative 		Today's Date(mm/dd/yyyy) 3/27/17	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 Employer Solutions Staffing Group LLC	
Employer's Business or Organization Address (Street Number and Name) 7301 Ohms Lane Suite 405		City or Town Edina	State MN	ZIP Code 55439

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)
----------------	-----------------	---------------------------------------

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
--	---------------------------	---

SOCIAL SECURITY

639-58-1083

THIS NUMBER HAS BEEN ESTABLISHED FOR

ABDULLAHI ABDULKADIR OMAR

MINISTRY

SIGNATURE **10/11/2016**

MINNESOTA

IDENTIFICATION CARD
NOT A DRIVER'S LICENSE

ABDULLAHI ABDULKADIR OMAR
919 MAYVIS BLVD
MANKATO, MN 56021

Date of Birth 01-01-1989
Sex M Eyes BLU Class ID
Height 5-10 Weight 170

ISSUED 03-2017 EXPIRES 01-01-2021



D854068147617

Authorization

Authorization: By signing below, you authorize: (a) backgroundchecks.com ("BGC") and/or Orange Tree Employment Screening to request information about you from any public or private information source; (b) anyone to provide information about you to BGC and/or Orange Tree Employment Screening; (c) BGC and/or Orange Tree Employment Screening to provide Employer Solutions Staffing Group, LLC one or more reports based on that information; and (d) Employer Solutions Staffing Group, LLC ("ESSG") to share those reports with others for legitimate business purposes related to your employment. BGC and/or Orange Tree Employment Screening may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an employee of ESSG.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for BGC.

Printed name: Abdullahi A Omar
First Middle (none) Last

Other names used: _____

Current county of residence: _____

Current and former addresses:

_____	current	1990 Ashland Dr NW	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	Rochester MN 55901	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

01-01-1987 639 588 1083
Date of birth Social security number

Driver's license number & state Name as it appears on license

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box:

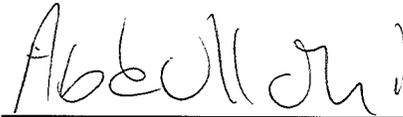
Abdullahi A Omar 27-2011
Signature Date

**DRUG AND ALCOHOL
TESTING CONSENT FORM**

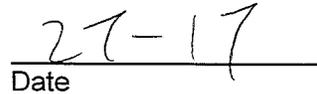
1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.

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



Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

SOCIAL SECURITY

639-58-1083

THIS NUMBER HAS BEEN ESTABLISHED FOR
ABDULLAHI ABDULKADIR OMAR

SIGNATURE **10/11/2016**

MINNESOTA

IDENTIFICATION CARD
NOT A DRIVER'S LICENSE

ABDULLAHI ABDULKADIR OMAR
 919 MAYVIS BLVD
 WANKATO, MN 56021

Date of Birth 01-01-1989
 Sex M Eyes BLU Class ID
 Height 5-10 Weight 170

ISSUED 03-2017 EXPIRES 01-01-2021



D854068147617



Preliminary Questions

For CMG use only

Name: Abdullahi

Date: 3/27

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? Y
4. Which plant do you prefer? NS
5. What shift do you prefer? 2nd

To be completed during or after interview

Date of interview 3/27

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

Explain

Incident _____

X Employee Signature _____

Interviewer Signature _____

Name: Abdul Karim Omar

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.