

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) FARAH SHARMAKHE Date: 03/08/2022

Address: (Street Address) 4812 16th Ave NW (Apt./Unit #) 208

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

Phone: 651-334-4471 Email: Sharmake Farah 2022 icloud.com

Social Security No. 616-84-0108 Date Available: open Anytime

Position Applied for: Sanitation Desired Salary: 19.00

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? Indeed 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

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	Roosevelt	Minneapolis	12	Diploma
College	Augsburg University	Eugen	2	Current
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: GSSC Security Phone: 612-227-7150

Address: 1220 Sherwood Road Supervisor: Roberto

Job Title: Security Supervisor Starting Salary: \$ 20.00 Ending Salary: \$ 21.50

Responsibilities: Make schedule, make sure provide customer service monitor *secure location*

From: Nov 2020 To: Jan 2021 Reason for Leaving: Moving *monitor cameras*

May we contact your previous supervisor for reference? ☒ Yes ☐ No

Company: Perma Security Phone: 612-735-4156

Address: 1720 Plymouth Rd Supervisor: Nate Kessler

Job Title: Security Starting Salary: \$ 17.00 Ending Salary: \$ 18.50

Responsibilities: Monitor cameras, secure location Daily Notes

From: Jan 2019 To: Dec 2020 Reason for Leaving: Moving, Family issues

May we contact your previous supervisor for reference? ☒ Yes ☐ No

Company: Mediterranean Deli Phone: 612-722-4316

Address: 2754 Cedar Ave Supervisor: Jason Myer

Job Title: Janitor Starting Salary: \$ 17.00 Ending Salary: \$ 21.00

Responsibilities: Sanitation of ~~Restrooms~~ cleaning tasks waste disposal mopping

From: Dec 2018 To: Sep 2019 Reason for Leaving: Contract expired

May we contact your previous supervisor for reference? ☒ Yes ☐ No

Company: Idea Lab Phone: 612-715-5347

Address: 1758 Bloomington Ave Supervisor: Todd Bridges

Job Title: Lead Sanitation Starting Salary: \$ 20.00 Ending Salary: \$ 21.50

Responsibilities: Sanitation of healthcare facility, cleaning tasks, waste disposal

From: Mar 2018 To: Feb 2018 Reason for Leaving: Family Death

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: [Signature] Date: 3/8/2022

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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: 3/18/2022

TEMPORARY LICENSE



Minnesota Department of Public Safety
Driver and Vehicle Services Division

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



DL/ID #:

R208-155-700-710

TEMPORARY CREDENTIAL EXPIRATION

10-Jun-2022

DATE OF BIRTH

21-Aug-1993

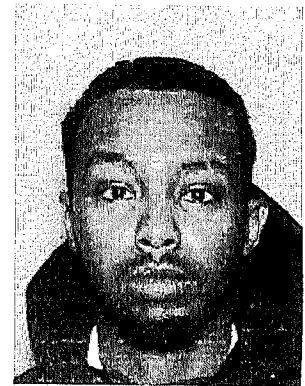
APPLICANT INFORMATION

APPLICATION DATE 10-Feb-2022

APPLICATION NAME FARAH, SHARMARKE MAHAMUD

CREDENTIAL INFORMATION

Name	FARAH, SHARMARKE MAHAMUD	Date of Birth	21-Aug-1993
DL/ID Number	R208-155-700-710	Height	5ft 11in
Residence Address	4812 16TH AVE NW APT 208 ROCHESTER MN 55901-0425	Eye Color	Brown
Card Mailed To	4812 16TH AVE NW APT 208 ROCHESTER MN 55901-0425	Sex	Male
Station Location	140 St. Paul	Weight	160 lbs.
Credential Type	Standard ID	Organ Donor	No
Card Type	DL Class D	Veteran	No
Endorsements	None		
Restrictions	None		
License Indicators	None		



**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 dvs.dps.mn.gov to:

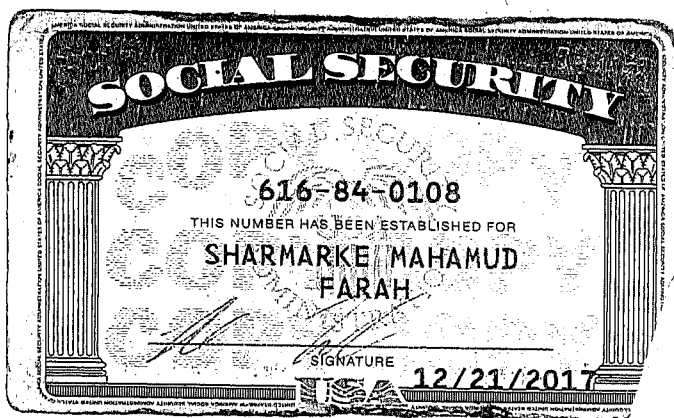
- Check the status of your driving privileges
- Schedule a road test

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/TTY	651-282-6555

❀ PAID ❀

FEB 10 2022

Deputy 140





CMG/Reichel Foods, Inc. \$2,000.00 Retention Bonus

Thank you for accepting a position with CMG and Reichel Foods, Inc. By accepting this position, you are eligible for a \$2,000 Retention Bonus. Please read the below requirements and conditions about the sign-on bonus followed by your signature.

Requirements and Conditions for the \$2,000 Retention Bonus

- You must pass all Reichel Foods, Inc. hiring requirements before you are eligible for hire
 - o You must complete the CMG/Reichel Foods, Inc. orientation
 - o You must pass a drug screen and background check
 - o You must meet Reichel Foods, Inc. language requirements
 - o You must meet company policies and practices for attendance and performance
- If you resign or your assignment ends, you will forfeit any remaining portion of the Retention Bonus.
- The bonus amount is for \$2,000 total
 - o You will receive weekly payments of \$41.67 for 12 weeks (totaling \$500)
 - o After which, you will receive a \$500 check from CMG after each quarter worked (i.e. 13 weeks) for the following 3 quarters. This totals \$1,500.
- Payroll taxes (including State & Federal Income Taxes) will not be withheld from your \$500 checks that are provided by CMG. You will be responsible for the tax liability when you file your individual income tax returns.
- You will receive a 1099 for payments from CMG for any tax year you were paid the bonus.

**I acknowledge that I have read and understand the terms and conditions above regarding the \$2,000 Retention Bonus with CMG and Reichel Foods, Inc.*

Employee Name

Signature

Date

Sharnika Farrah [Signature] 3/8/2022

CMG Representative Name

CMG Representative Signature

Date

Kelly M Salla [Signature] 3.8



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/cmg>

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

Login Name: 6513544477

Login Password: Sf@0108

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: [Signature] **Date:** 31 8 12022

CMG Preliminary Questions

Name: Shemeka Furb

Date: 3/8/2022



Please Mark Yes or No

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

Please Mark Your Preferred Position

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

To be completed during or after interview

Have you ever been convicted of a crime? Yes ☐ No ☒

Explain

Incident _____

Employee Signature [Signature]

Interviewer Signature Kellyn Satter

Pay Information

Payday is every Friday

Name: Sharmarke Farah

Last 4 of SSN: 0108

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 _____

Account Number 541065

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

Email Sharmarke Farah26@icloud.com

Initial SF

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: 7277631800541065

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

SF

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

Spend Limitations^{1,2}

PIN Debit Transactions

Signature Debit Transactions

Limit Amount^{1,2}

\$3000 per transaction and per day

\$3000 per transaction and per day

¹Third parties may impose additional limitations and charge a separate fee. Reload locations may set a minimum load amount. For security reasons, we may impose additional limits on the amount, number, or types of Money Network Service transactions you may make.

²These limits apply to the transaction types identified. Your Fee Schedule identifies the transaction types available to you and the applicable fees.

³If you are participating in the payroll program of the employer that initially enrolled you into the Money Network Service, the Maximum Account Balance does not apply to wage deposits received from that employer. Loads via other load transactions may be rejected if you have reached the Maximum Account Balance or the load will cause your Balance to exceed the Maximum Account Balance.

HOW DO I...

REPORT A LOST OR STOLEN CARD OR CHECK Call 1.888.913.0900 immediately to report it.

DISPUTE A TRANSACTION

If you don't recognize a transaction in your recent history, promptly call the Customer Service number at 1-888-913-0900 to dispute the transaction.

For questions about your Account call 1-888-913-0900 or visit moneynetwork.com

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 SP (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 SP (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: [Signature] Date: 3/8/2022

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: SF (initial)

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?

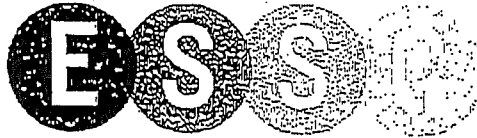
Yes ☐ No ☒

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

I agree: SF (initial)



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 without good cause an additional suitable job assignment offered, or (3) accepts 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

Employee Signature:

31912022

Date:

Sharmonke Fries

Employee (please print your name here)