

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) Ahmed, Saynab Date: 1/15/19
 Address: (Street Address) 320 31st NE #135 (Apt./Unit #) 135
 (City) Rochester (State) MN (ZIP Code) 55906
 Phone: PA 507 316 7679 Email: ~~rock~~ ladyluck2charmz7@gmail.com
 Social Security No. 073868036 Date Available: 1/16/19
 Position Applied for: Production Desired Salary: 12.00
 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: indeed
 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				
College				
Bus. Or Trade School				
Professional School				

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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 *[Handwritten Signature]* Date: 1/15/19

Saynab Ahmed

Rochester, MN

ladyluckcharmz7@gmail.com

Authorized to work in the US for any employer

Work Experience

Supervisor

Freshens Yogurt - Rochester, MN

March 2017 to November 2018

I was lead shift for the restaurant's food operations.

Cathadars packager

Rochester medical - Rochester, MN

April 2013 to June 2015

I packaged cathadars & made sure they were in good shape. I also operated the cathadar machines.

Pakaging

Agri Star Meat & Poultry - Postville, IA

February 2010 to November 2012

I was responsible for pakaging & scaling the meat.

Education

Some college in English teach

Teacher training college - London, united kingdom

July 2016

Julie's Race

The dogsled race was about to begin. Julie's team of dogs was lined up at the starting gate. Julie stood behind them. The air was so cold that she could see her breath. Other teams were lined up, too, and the dogs were excited. Julie kept her eyes on the dock. At exactly ten o'clock, she and the other racers yelled, "Mush!" the dogs knew that meant "Go!" They leapt forward and the race began!

Julie had trained months for this race, and she hoped she and her dogs would win. Hour after hour, day after day, Julie's dogs pulled the sled in order to get in shape for the race.

Now, they ran over snowy hills and down into frozen valleys. They stopped only to rest and eat. They wanted to stay ahead of the other teams. The racers had to go a thousand miles across Alaska. Alaska is one of the coldest places on Earth. The dogs' thick fur coats helped keep them warm in the cold wind and weather. In many places along the route, the snow was deep. Pieces of ice were as sharp as a knife. The ice could cut the dogs' feet. To keep that from happening, Julie had put special booties on their feet.

At first, the dogs seemed to pull the sled very slowly. They were still getting used to the race. But on the third day out, they began to pull more quickly. They worked as a team and passed many of the other racers. Once one of the sled's runners slid into a hole and broke. Julie could have given up then, but she didn't. She fixed it and they kept going.

When they finally reached the finish line, they found out that they had come in first place! It was a great day for Julie and her dogs.

1. The author of "Julie's Race" wrote the story in order to do what?
 - a. To describe how dogs stay warm in the cold weather
 - b. To tell about a dogsled race
 - c. To explain how cold it can be in winter
2. Where does the dogsled race take place?
 - a. In Antarctica
 - b. On a track
 - c. In Alaska
3. What happened **BEFORE** the dogs began running?
 - a. The dogs pulled the sled slowly
 - b. Julie and the dogs lined up at the starting gate
 - c. The runner on Julie's sled broke
4. Julie's team of dogs lined up and the starting gate. What does team mean?
 - a. Friends and family
 - b. Many dogs
 - c. A group working together



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

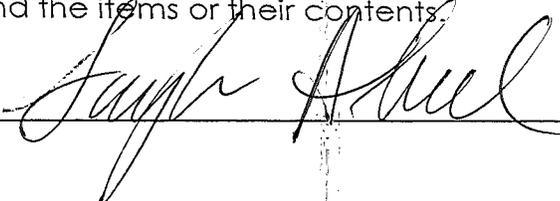
Drug and Alcohol Testing Policy

Website: <https://nhov2.esgazure.com/login/cm>

Login Name: S073167679

Login Password: Sa@8036

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:  **Date:** 1/15/19

New Employee Orientation Training Sign Off

Employee Hygiene

* Video "Employee Hygiene Practices"

Food Safety

Allergens

Food Security

* DVD "Employees are the First Line of Food Defense"

AWAIR Program

Plant/Employee Safety

Right to Know

Lifting Techniques

Hearing Conservation

Orientation Quiz

Intro to SQF

**** Important Notice ****

** Please press the emergency stop button before sticking your hand in any of the machines **
I am aware of the disciplinary action and/or termination will occur as a result of my failure to follow the rules of th safety policies I have been informed of.

I have been trained and understand my responsibility for each of the training topics listed above.

Employee Name (print): Sayna b

Employee Signature: [Signature]

Date: 1/15/19

Training Conducted By: [Signature]

Orientation Quiz

Date: 1/15/19Name: Sahyid Ahmed

1. No jewelry is allowed except for a plain wedding band (no stones) and must be covered with a glove.
2. At the beginning of your shift you can wear your smock in the break room before washing your hands.
3. Everyone is allowed to leave or go outside during their break.
4. HACCP stands for:
- Hazard Assessment Critical Control Procedures
 - Hazard Assessment Crisis Control Point
 - Hazard Analysis Critical Control Point
 - Hazard Analysis Critical Control Procedures
5. Hand washing and clean gloves are the most effective means of preventing the spread of bacteria and viruses that can cause infections and foodborne illnesses.
6. All kinds of chemicals can be stored in the production areas.
7. All products should be labeled with their allergens.
8. Plant doors should remain open and unlocked for everyone to have an easy access to the production areas.
9. Employees are instructed to report anything suspicious or out of the norm to plant management or quality assurance immediately.
10. It is OK to pick up product from the floor and continue working on the line, because we have sanitizer on the floor.
11. Sanitize gloved hands, aprons, and sleeves at the sound of the alarm.
12. What are the allergens we have present in Reichel production?
- Eggs, Wheat, Soy, Milk, Treenut (Cashew), Treenut (Almond), Peanuts.
 - Soy, Almonds, Crab, Peanuts and Eggs
 - Soy, Eggs, Almonds, Peanuts and Milk
 - Fish, Walnuts, Shrimp, Milk and Pecans
13. Circle product contact surfaces below:
Trays Hands Floor Smock Hairnet Slicer Blades
14. What does SQF stand for?
- Simple Quality Food
 - Safe Quality Food
 - Safe Quick Food
15. Production Supervisors can remove QA HOLD tags from product or equipment?
16. Extra copies of Controlled Documents can be stored on your clipboard?
17. If a mistake is made on a form, draw a single line through error, initial it and write the correct information next to it.

Test Reference Number _____

Name of Collector _____

COMPANY INFORMATION

Company Name Heichel Foods

Phone 923-4955 Fax _____

Address 3107 Commercial Dr SW City Spencer

State/Province MA Zip/Postal Code 55903

DONOR INFORMATION

Employee ID _____

Last Name Ahmed

First Name Samuel

Type of Identification Provided: Driver's License Employee Photo ID 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.

Donor signature [Signature]

Date/Time 1/18/19

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.

Collector signature [Signature]

Date/Time N/A

Laboratory signature N/A

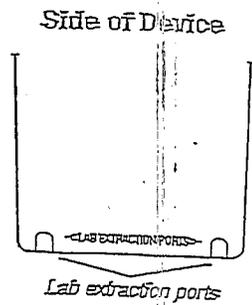
Date/Time received N/A

TEST RESULTS

Date/Time Collected _____

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.



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	MEI	<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"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes/Comments _____