

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) Zackaria Ahmed Date: _____

Address: (Street Address) 4611 7th street NW (Apt. /Unit #) _____

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

Phone: 507 208 3467 Email: Zackaria0@gmail.com

Social Security No. 611 29 07 21 Date Available: _____

Position Applied for: South Desired Salary: 15

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? Friend Referral Name: Majid

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	<u>RCTC</u>		<u>1 year</u>	
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: Walmart Phone: 507 202 9250

Address: 3400 55th street NW Supervisor: Mary Reith

Job Title: Shopper online Starting Salary: \$ 15 Ending Salary: \$ 16

Responsibilities: Find things in the store on time.

From: _____ To: _____ Reason for Leaving: School

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

Company: Hylvee Phone: _____

Address: 1315 6th street NW Supervisor: Becky

Job Title: Cashier Starting Salary: \$ 11 Ending Salary: \$ 12

Responsibilities: Scan the customer things.

From: _____ To: _____ Reason for Leaving: I was a seasonal.

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

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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: zueh Date: 2/15/22

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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 Zerdy Date: 2/14/22

m MINNESOTA
USA

DRIVER'S LICENSE



UNDER 21 UNTIL 10/26/2022

NOT FOR FEDERAL
IDENTIFICATION

4d DL#
N054-193-514-109

4a ISS 10/19/2020

4b EXP 10/26/2022

3i DOB
10/26/2001

9 CLASS D

9a END NONE

12 RESTR

2

15 SEX M 18 EYES BRO

16 HGT 5'10"

17 WGT 140 lb

1 AHMED

2 ZACKARIA MUHYIDIN

8 1827 23 1/2 ST SE

ROCHESTER, MN 55904-5848

Minneapolis

10/26/01

55DD 00000003640855

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA

1200119128259

STATE FILE NUMBER		USE BLACK INK, ONLY		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1A NAME OF CHILD -- FIRST (GIVEN) ZACKARIA		1B MIDDLE MUHYIDIN		1C LAST (FAMILY) AHMED
	2 SEX MALE	3A THIS BIRTH -- SINGLE TWIN ETC SINGLE	3B IF MULTIPLE THIS CHILD 1ST 2ND ETC -	4A DATE OF BIRTH -- MM/DD/CCYY 10/26/2001	4B HOUR -- 124 HOUR CLOCK TIME 1505
PLACE OF BIRTH	5A PLACE OF BIRTH -- NAME OF HOSPITAL OR FACILITY DANIEL FREEMAN MEMORIAL HOSP		5B STREET ADDRESS -- STREET NUMBER OR LOCATION 333 W. PRAIRIE AVE.		
	5C CITY INGLEWOOD		5D COUNTY LOS ANGELES		5E PLANNED PLACE OF BIRTH HOSPITAL
FATHER OF CHILD	6A NAME OF FATHER -- FIRST (GIVEN) MUHYIDIN		6B MIDDLE SHEKH		6C LAST (FAMILY) AHMED
	7 STATE OF BIRTH SOMALIA		8 DATE OF BIRTH 05/15/1965		
MOTHER OF CHILD	9A NAME OF MOTHER -- FIRST (GIVEN) SHUKRI		9B MIDDLE SHEKH		9C LAST (MAIDEN) AHMED
	10 STATE OF BIRTH SOMALIA		11 DATE OF BIRTH 10/10/1976		
INFORMANT CERTIFICATION	12A CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE <i>[Signature]</i>		12B PARENT OR OTHER INFORMANT -- SIGNATURE <i>[Signature]</i>		12C RELATIONSHIP TO CHILD MOTHER
	12C DATE SIGNED 10/28/2001				
CERTIFICATION OF BIRTH	13A CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE HOUR AND PLACE STATED <i>[Signature]</i>		13B ATTENDANT OR CERTIFIER -- SIGNATURE -- DEGREE OR TITLE Alan C Noel MD		13C LICENSE NUMBER C037160
	13D TYPED NAME TITLE AND MAILING ADDRESS OF ATTENDANT ALAN C NOEL, MD, 8540 S. SEPULVEDA BLVD. #1002, LOS ANGELES		14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		
LOCAL REGISTRAR	15A DATE OF DEATH	15B STATE FILE NO. (STATE USE ONLY)	16 LOCAL REGISTRAR -- SIGNATURE <i>Freel Leaf</i>		17 DATE ACCEPTED FOR REGISTRATION EL 12/08/2001

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conny B. McCormack
CONNY B. MCCORMACK
 Registrar-Recorder/County Clerk

FEB 26 2003

19-788043

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.





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

Zackaria Ahmed Zack

CMG Representative Name

CMG Representative Signature

Date

Kelly M. Sullivan 2-16-20



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: 5072083467

Login Password: Za@0721

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: Zak **Date:** 2/16/22

CMG Preliminary Questions

Name: Zackaria Ahmed

Date: _____



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 It is a minnor thing.

Employee Signature Zack

Interviewer Signature Kelly McSall

Pay Information

Payday is every Friday

Name: Zackaria Ahmed

Last 4 of SSN: 0721

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 _____

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

Email

Initial _____

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: 7277631800540869

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

2a

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

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: Zackaria Date: 2/16/22

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: Zack (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 Zackaria01@gmail.com

I agree: Zack (initial)

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.

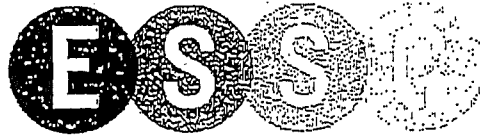
If hired, I agree to abide by the policies and procedures of ESSG.

I have read and agree Zack (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 Zack (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

Zah

2/16/22

Employee Signature:

Date:

Zacharia Ahmed

Employee (please print your name here)