

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) Wallace Crystal Date: Nov 1, 2021

Address: (Street Address) 2418 19th Ln SE (Apt./Unit #) _____
 (City) Rochester (State) MN (ZIP Code) 55904

Phone: 507 700 9244 Email: crystalkey110@gmail.com

Social Security No. 475 98 8988 Date Available: immed

Position Applied for: _____ Desired Salary: _____

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? Former employee 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	DEHS	Evsta	4	gen
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: License day Phone: 507 601 9266

Address: 2418 19th Ln SE Supervisor: _____

Job Title: _____ Starting Salary: \$ 100 Ending Salary: \$ 10

Responsibilities: licensee day care

From: 2020 To: 2021 Reason for Leaving: closing

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

Company: CMC Phone: _____

Address: Rochester MN Supervisor: _____

Job Title: production Starting Salary: \$ 10 Ending Salary: \$ 11

Responsibilities: due to major illness & surgery did not give

From: _____ To: _____ Reason for Leaving: proper notice, & due to

May we contact your previous supervisor for reference? Yes No head surgery I do not recall

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: Crystal Wallace Date: Nov 1, 2021

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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 Crystal Wallace Date: Nov 1, 2021



MINNESOTA

DRIVER'S
LICENSE

NOT FOR FEDERAL IDENTIFICATION



Crystal Wallace

1 WALLACE
2 CRYSTAL KAY
8 1012 6TH AVE NW
ROCHESTER, MN 55901-6725

4d DL# R668-181-651-420 4a ISS 05/04/2021
3i DOB 04/12/1966 4b EXP 04/12/2025
9 CLASS D 9a END NONE
12 RESTR NONE

Donor

15 SEX F 17 WGT 160 lb
16 HGT 5'-05" 18 EYES HAZ

5i DD 00000004703739

04/12/66



MINNESOTA  USA

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04/12/66



Crystal Kay Wallace