

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) Wender Matthew Date: 8-13-21
 Address: (Street Address) 1705 4th St SW (Apt./Unit #) _____
 (City) Austin (State) MN (ZIP Code) 55912
 Phone: 507 440 4239 Email: _____
 Social Security No. 470-25-1417 Date Available: _____
 Position Applied for: Dexter ware house 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? _____ 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	Austin High	301 3rd St NW Austin	Graduated	
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: Inorma Foods Phone: _____
Address: Inorma Drive Supervisor: _____
Job Title: Production Starting Salary: \$ 16.00 Ending Salary: \$ 20.00
Responsibilities: _____
From: 3-16-10 To: current Reason for Leaving: empoyed still
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

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: _____ Date: _____

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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

A handwritten signature in black ink, appearing to be 'M. M. M.', is written over a horizontal line.

Date:

8-13-21



Case Verification Number: 2021236153646KJ

Report prepared: 08/24/2021

Company Information

Company ID: 1284996

Company Name: ESSG - Corporate Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate Management Group

Employee Information

Name: Matthew Werner

Date of Birth: 02/17/1992

U.S. Social Security Number: ***-**-1417

Employee's First Day of Employment:
08/24/2021

Citizenship Status: U.S. Citizen

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

Document Subtype: Driver's License

Document Number: *****6913

Expiration Date: 02/17/2025

State: Minnesota

List C Document: Social Security Card

Case Information

Case Status: Closed

Case Submitted By: Kelly Sutton

Current Case Result: Employment Authorized

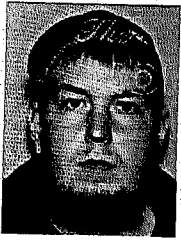
Reason for Closure: Employment Authorized Auto Close



MINNESOTA

DRIVER'S
LICENSE

NOT FOR FEDERAL IDENTIFICATION



1 WERNER
2 MATTHEW PETER
8 1705 6TH AVE NW
AUSTIN, MN 55912-1427

4d DL# G607-040-716-913 4a ISS 04/20/2021
3 DOB 02/17/1992 4b EXP 02/17/2025
9 CLASS D 9a END NONE
12 RESTR NONE

15 SEX M 17 WGT 200 lb
16 HGT 6'-00" 18 EYES BLU

5 DD 00000004680412

02/17/92