

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) Lopez Ché Date: 12-21-20

Address: (Street Address) 2409 Hwy 52 N Apt 207 (Apt./Unit #) _____

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

Phone: (507) 272-1212 Email: che@lopez1974@hotmail.com

Social Security No. 4612-59-4959 Date Available: 12-22-20

Position Applied for: Sanitation Desired Salary: 17 hr.

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	<u>Hondo High</u>	<u>Hondo, TX</u>	<u>4</u>	
College	<u>South Texas Jr. College</u>	<u>Eagle Pass, TX</u>	<u>1</u>	<u>Professional Driver</u>
Bus. Or Trade School	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>
Professional School				

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Previous Employment

Company: Service Employees International Union Phone: _____

Address: _____ Supervisor: _____

Job Title: Organizer Starting Salary: \$ 15/hr Ending Salary: \$ 65K/yr

Responsibilities: Social Work

From: 2012 To: 2020 Reason for Leaving: COVID 19

May we contact your previous supervisor for reference? Yes No

Company: Texas White Tail Breeders Phone: _____

Address: Hondo, TX Supervisor: Sheldon/Daniel

Job Title: Ranch Hand Starting Salary: \$ 15 Ending Salary: \$ 15

Responsibilities: Maintain Ranch, Landscaping, Fencing, ect

From: 2015 To: 2017 Reason for Leaving: Moved to Rochester

May we contact your previous supervisor for reference? Yes No

Company: Miller Light Distributors Phone: _____

Address: Hondo, TX Supervisor: _____

Job Title: Distribution Starting Salary: \$ 10 Ending Salary: \$ 10

Responsibilities: Deliver Products to Stores

From: 2014 To: 2015 Reason for Leaving: Found a better paying job

May we contact your previous supervisor for reference? Yes No

Company: Pearvill Nursing Phone: _____

Address: Pearvill, TX Supervisor: Leo

Job Title: Maintenance Supervisor Starting Salary: \$ 16 Ending Salary: \$ 17

Responsibilities: Maintain Facility up to state codes

From: 2013 To: 2014 Reason for Leaving: Moved

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: 12-21-20

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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.

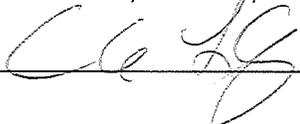
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission 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: 12-21-20

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.

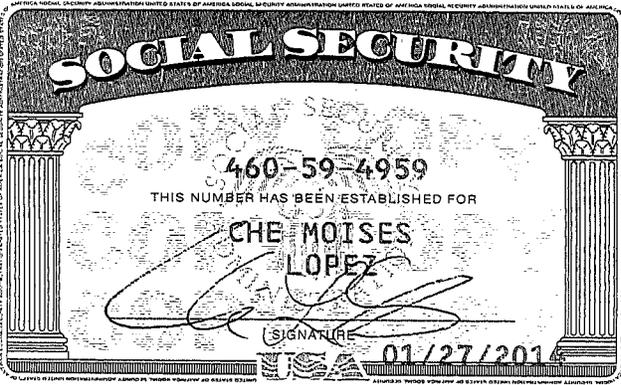
If hired, I agree to abide by the policies and procedures of ESSG.

I have read and agree CL (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 CL (initial)



TEMPORARY CREDENTIAL



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 #:

V000-069-063-100

TEMPORARY CREDENTIAL EXPIRATION

04-Mar-2022

DATE OF BIRTH

10-Jul-1974

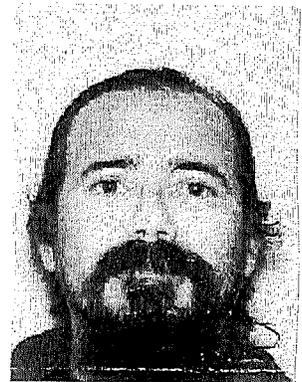
APPLICANT INFORMATION

APPLICATION DATE 04-Nov-2021

APPLICATION NAME LOPEZ, CHE MOISES

CREDENTIAL INFORMATION

Name	LOPEZ, CHE MOISES	Date of Birth	10-Jul-1974
DL/ID Number	V000-069-063-100	Height	5ft 8in
Residence Address	2409 HIGHWAY 52 N APT 207 ROCHESTER MN 55901-8313	Eye Color	Brown
Card Mailed To	2409 HIGHWAY 52 N APT 207 ROCHESTER MN 55901-8313	Sex	Male
Station Location	655 Rochester	Weight	155 lbs.
Credential Type	Standard ID	Organ Donor	No
Card Type	State ID	Veteran	No
Endorsements	None		
Restrictions	None		
License Indicators	None		



Che Moises Lopez

**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

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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/TYY

651-282-6555