

# 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) Campeau Mathew Date: 1/6/22

Address: (Street Address) 1135 W Center ST (Apt. /Unit #) \_\_\_\_\_

(City) Dunoco (State) MN (ZIP Code) 55960

Phone: 507 273 3731 Email: \_\_\_\_\_

Social Security No. 516 806877 Date Available: 6/11/22

Position Applied for: \_\_\_\_\_ Desired Salary: 15.00

Shift Available to work:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> Employment desired:  Full-Time  Part-Time

Are you authorized to work in the U.S?  Yes  No

How did you hear about us? Sign Posted 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	Helena Senior High		11	Grad
College	UNIVERSITY OF MONTANA		2	None
Bus. Or Trade School	Missoula VoTech		1	Heavy Equipment operation
Professional School				

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### Previous Employment

Company: Textile Care Services Phone: \_\_\_\_\_  
Address: 225 Woodlake Drive SE Supervisor: Jasmine  
Job Title: Checker Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ 14.00  
Responsibilities: \_\_\_\_\_  
From: 9/2016 To: 11/21 Reason for Leaving: No longer a good fit  
May we contact your previous supervisor for reference?  Yes  No

### Previous Employment

Company: Land O Lakes Phone: \_\_\_\_\_  
Address: 206 2nd St NE Pine Island Supervisor: Cary  
Job Title: Operator Starting Salary: \$ 16.50 Ending Salary: \$ 30.00  
Responsibilities: make dry powder ingredients  
From: 11/95 To: 8/2016 Reason for Leaving: Violated offsite code of conduct  
May we contact your previous supervisor for reference?  Yes  No

### Previous Employment

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

### Previous Employment

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: Matt Canyon Date: 1/6/22

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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  Date: 1/6/22



MINNESOTA

DRIVER'S  
LICENSE

NOT FOR FEDERAL IDENTIFICATION



*Mathew Jon Campeau*

1 CAMPEAU  
2 MATHEW JON  
8 1135 W CENTER ST  
ORONOCO, MN 55960-1616

4d DL# K701-172-802-708 4a ISS 11/12/2019  
3 DOB 12/17/1961 4b EXP 12/17/2023  
9 CLASS D 9a END NONE  
12 RESTR 2

DONOR

15 SEX M 17 WGT 240 lb  
16 HGT 6'-00" 18 EYES BLU

5 DD 00000002316303

12/17/61



ORIGINAL FOR STATE REGISTRAR  
**CERTIFICATE OF LIVE BIRTH**

STATE BOARD OF HEALTH  
 Division of Records and Statistics

STATE OF MONTANA

125 61 250779

LR No. 778

1. PLACE OF BIRTH a. County <u>Lewis &amp; Clark</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. State <u>Montana</u> b. County <u>Lewis &amp; Clark</u>	
b. City, Town or Location <u>Helena</u>		c. City, Town or Location <u>Helena</u>	
c. NAME OF HOSPITAL OR INSTITUTION—(If not in hospital, give street address) <u>St. John's Hosp.</u>		d. Street Address or Rural Route (Mailing Address) <u>536 No. Warren</u>	
d. Is Place of Birth Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. Is Residence Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	f. Is Residence on a Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME (Type or Print) First <u>Matthew</u> Middle <u>Joseph</u> Last <u>Campeau</u>		
4. SEX <u>Male</u>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If Twin or Triplet, Was This Child Born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>
6. DATE (Month) (Day) (Year) OF BIRTH <u>Dec. 17 61</u>		

7. NAME First <u>Napoleon</u> Middle <u>Joseph</u> Last <u>Campeau</u>			8. COLOR OR RACE <u>White</u>
9. AGE (At time of this birth) <u>36</u> Years	10. BIRTHPLACE (State or Foreign Country) <u>Montana</u>	11a. USUAL OCCUPATION <u>Architect</u>	11b. Kind of Business or Industry <u>Self</u>

12. MAIDEN NAME First <u>Jacklyn</u> Middle <u>Clare</u> Last <u>Forsythe</u>			13. COLOR OR RACE <u>White</u>
14. AGE (At time of this birth) <u>35</u> Years	15. BIRTHPLACE (State or Foreign Country) <u>No. Dakota</u>	16. PREVIOUS DELIVERIES TO MOTHER (Do Not Include This Birth)	

17. I have reviewed this, my child's birth certificate, and find the information correct. <u>Jacklyn Campeau</u> Signature of Mother			a. How many other children are now living? <u>6</u>	b. How many other children were born alive but are now dead? <u>0</u>	c. How many fetal deaths? (Fetuses born dead at any time after conception?) <u>0</u>
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I hereby certify that this child was born alive on the date stated above.	18a. SIGNATURE OF ATTENDANT <u>John Braun MD</u>	18b. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)
	18c. ADDRESS <u>Helena, Montana</u>	18d. DATE SIGNED <u>Dec 17, 1961</u>

19. DATE REC'D by Local Reg. <u>12-19-61</u>	20. REGISTRAR'S SIGNATURE <u>Victoria C. Marshall, M.D.</u>	21. DATE GIVEN NAME WAS ADDED <u>1/2/62</u> by <u>38 13195</u> (Registrar)
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MOTHER CHILD FATHER

## **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 MC (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 MC (initial)