

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) Hubert, Elias Date: 1-24-2022

Address: (Street Address) 355 Wimbledon Hills Dr SW (Apt. /Unit #) _____

(City) Rochester (State) MN (ZIP Code) 55902

Phone: (507) 250-1246 Email: Eli.J.Hubert@gmail.com

Social Security No. 477-39-9225 Date Available: Any

Position Applied for: Food manufacturing Desired Salary: Any 15⁰⁰

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: N/A

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 Completed
High School	Mayo High School	1420, 11th Ave SE, Rochester, MN	4	High school
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: Powerful media Phone: N/A

Address: 218, 1st Ave SW, Rochester MN Supervisor: Bill Fay

Job Title: Responder Starting Salary: \$ 12.00/hr Ending Salary: \$ 22/hr

Responsibilities: Managing clients Facebook pages

From: Oct '21 To: Dec '22 Reason for Leaving: Seasonal

May we contact your previous supervisor for reference? Yes No

Company: Mayo Clinic Phone: N/A

Address: Rochester, MN Supervisor: Elliot

Job Title: Supply Chain Management Starting Salary: \$ 18/hr Ending Salary: \$ 20.50/hr

Responsibilities: transporting medical supplies throughout Mayo Clinic

From: Jan '21 To: June '21 Reason for Leaving: Contract expiration

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: [Signature] Date: 1-24-2022

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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 read 'Gloria Miller', is written over a horizontal line.

Date:

1-24-2022

m MINNESOTA
USA

DRIVER'S LICENSE



4d DL#
Z946-227-795-319

4a ISS 04/15/2020

4b EXP 10/16/2022

3i DOB
10/16/2001

9 CLASS D

9a END NONE

12 RESTR

NONE

UNDER 21 UNTIL 10/16/2022

15 SEX M 18 EYES BRO

16 HGT 6-05

17 WGT 175 lb DONOR

Signature

1 HUBERT
2 ELIAS JOHN

8 355 WIMBLEDON HILLS DR SW
ROCHESTER, MN 55902-4134

10/16/01

5i DO 00000003089302



