

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) Schleiss Amanda Date: 2/7/22
 Address: (Street Address) 827 3rd St NE (Apt. /Unit #) _____
 (City) Byron (State) Mn (ZIP Code) 55920
 Phone: 612 453-6140 Email: amschleiss@gmail.com
 Social Security No. 471-06-6032 Date Available: ASAP
 Position Applied for: Food Manufacturing Sanitation Desired Salary: 19.00 an hour
 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.com 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	Mounds View Area Learning Center	2574 Mounds View Blvd. Mounds View mn 55122	3	N/A
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: Volunteers of America Phone: 507 535 2000
Address: 1900 Ballington Blvd NW Supervisor: Eric
Job Title: Housekeeping Supervisor Starting Salary: \$16.50 Ending Salary: \$16.50
Responsibilities: Hire, train, audit, assist with payroll, coordinate with Resident and staff to create a comprehensive work schedule
From: 1/21 To: 6/21 Reason for Leaving: Didn't work with my schedule
May we contact your previous supervisor for reference? Yes No

Company: Holiday Station Stores Phone: _____
Address: 3225 48th Ave NW Supervisor: Bryan
Job Title: Sales Associate Starting Salary: \$11.00 Ending Salary: \$13.50
Responsibilities: operating cash registers food prep. Maintain appearance of Sales Floor
From: 8/16 To: 12/20 Reason for Leaving: Not enough pay
May we contact your previous supervisor for reference? Yes No

Company: Grey Hawk Builders Phone: _____
Address: _____ Supervisor: Mike
Job Title: Office Assistant Starting Salary: \$ Ending Salary: \$11.50
Responsibilities: _____
From: 2006 To: 2010 Reason for Leaving: went out of business
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: Amanda Schless Date: 2/7/22

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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 Amenda Schless Date: 2/7/22



MINNESOTA

DRIVER'S
LICENSE

NOT FOR FEDERAL IDENTIFICATION



1 SCHLEISS
2 AMANDA MARIE
8 827 3RD ST NE
BYRON, MN 55920-1582

4d DL# T240-263-866-006 4a ISS 09/03/2021

3e DOB 07/10/1984 4b EXP 07/10/2025

9 CLASS D 9a END NONE

12 RESTR Y

15 SEX F 17 WGT 100 lb
16 HGT 4'-10" 18 EYES BRO

Amanda Schleiss

5e DD 00000005211467

07/10/84

CERTIFICATE OF BIRTH

STATE FILE NUMBER 1984-MN-034506

FULL NAME AMANDA MARIE DROBINSKI
DATE OF BIRTH JULY 10, 1984
SEX FEMALE
PLACE OF BIRTH MINNEAPOLIS HENNEPIN MINNESOTA
PARENT JEANNETTE MARIE
NAME PRIOR TO FIRST MARRIAGE YOUNG
PARENT CHARLES GENTRY DROBINSKI

ANY AMENDMENT MADE PRIOR TO 08/09/2000 FOR THIS RECORD IS NOT NOTED ON THIS CERTIFICATE.

THIS IS A TRUE AND CORRECT RECORD OF BIRTH REGISTERED IN THE MINNESOTA OFFICE OF VITAL RECORDS.

MR&C Certificate ID
13151163



55A-000275291

FILED: JULY 30, 1984

Molly Mulcahy Crawford

Molly Mulcahy Crawford
STATE REGISTRAR

ISSUED: APRIL 01, 2021

OLMSTED COUNTY LICENSE BUREAU

THIS CERTIFICATE IS VALID ONLY WHEN PRINTED ON OFFICIAL WATERMARKED
SECURITY PAPER WITH A SECURITY THREAD AND STATE SEAL OF MINNESOTA.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

