



## APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5		DATE <u>5-26-11</u>	
Name <u>Struthers Ivan J</u>			
<small>Last First Middle Maiden</small>			
Present address <u>11715-1 RD 9</u>		<u>Evota</u>	<u>MN</u> <u>55934</u>
<small>Number Street</small>		<small>City</small>	<small>State Zip</small>
How long <u>5 YRS</u>	Social Security No. <u>475 - 72 - 7327</u>		
Telephone <u>(507) 545-1244</u>	Referred by <u>AD in Paper</u>		
If under 18, please list age _____	Days/hours available to work		
Position applied for (1) <u>FOOD or SANITIZER</u>	No Pref <input checked="" type="checkbox"/> Thur _____		
and salary desired (2) <u>\$8.50 - 10.50</u>	Mon _____ Fri _____		
(Be specific)	Tue _____ Sat _____		
	Wed _____ Sun _____		
How many hours can you work weekly? <u>OPEN</u>	Can you work nights? <u>YES</u>		
Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME			
When available for work? <u>5-27-11</u>			
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____			
Do you anticipate any absences from work on a regular basis?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____			

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Southland High</u>	<u>ADAMS MN</u>	<u>1-12</u>	<u>HIGH SCHOOL</u>
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes \_\_\_ No

What is your means of transportation to work? My own pickup

Driver's license number Z596211531820 State of issue MN

Operator \_\_\_ Commercial (CDL) \_\_\_ Chauffeur \_\_\_

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? \_\_\_ Yes  No

If so, how many? \_\_\_\_\_

Have you had any moving violations during the past three years? \_\_\_ Yes  No

If so, how many? \_\_\_\_\_

OFFICE USE ONLY

Typing \_\_\_ Yes \_\_\_ No

Personal Computer \_\_\_ Yes \_\_\_ No

10-key \_\_\_ Yes \_\_\_ No

\_\_\_ WPM

\_\_\_ PC \_\_\_ Mac

Word Processing \_\_\_ Yes \_\_\_ No

Other \_\_\_\_\_

\_\_\_ WPM

Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name Jerry Drinkall

Name Kelin Johnson

Position Farmer

Position Senior Salesman

Company \_\_\_\_\_

Company Minnesota Select Sales

Address Lanesboro MN

Address Lacrosse MN

Telephone (507) 459-1776

Telephone (507) 458-7431

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

I spent 25 yrs in dairying, I know the food in cleaning for inspectors, I always pass, and scored 100 on interstate to sell milk,

**APPLICATION FOR EMPLOYMENT**

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES? \_\_ Yes Y No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? \_\_ Yes Y No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**WORK EXPERIENCE**

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name <u>Struthers Holsteins</u>	Supervisor name <u>Fran Struthers</u>	
Position <u>owner</u>	Employment dates	Pay or salary
Company _____	From <u>May 95</u>	Start <u>PCL 2011</u>
Address <u>Evora Mr</u>	To _____	Final _____
Telephone (____) _____	Your last job title <u>owner &amp; boss &amp; labor</u>	
Reason for leaving (be specific) <u>Quit Milking cows</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>I ran my own Dairy Setup, My own BOSS, tractor &amp; skid loader Driving, work with cattle, work with feed, fix things, kept place clean</u>		

Name _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From _____	Start _____
Address _____	To _____	Final _____
Telephone (____) _____	Your last job title _____	
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

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Name _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From	Start
Address _____	To	Final
Telephone (____) _____	Your last job title _____	
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

Who were you referred by? AD in Paper

May we contact your present employer?  Yes \_\_\_ No

Did you complete this application yourself  Yes \_\_\_ No

If not, who did? \_\_\_\_\_

**PLEASE READ CAREFULLY  
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Corporate Management Group, Inc., (hereinafter called "the Company"),

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 Corporate Management Group, Inc., 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 the Owner/Managing Member of the Company. Both the undersigned and Corporate Management Group, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company 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 called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company 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, the Company, 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 the Company 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 the Company is terminable at will for any reason by either party.

Signature of applicant   Date: 5-26-11

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 05/26/2011  
Page: 1 of 1

Case Verification Number: 2011146091142QJ

Initial Verification:

Last Name:	Struthers	First Name:	Ivan
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 7327	Date of Birth:	03/12/1965
Hire Date:	05/26/2011	Citizenship Status:	A citizen of the United States
Alien Number:		I-94 Number:	
Document Type:	List B and C Documents	Doc. Expiration Date:	
Submitted By:	KSIK1977	Submitted On:	05/26/2011

Initial Verification Results:

Initial Eligibility: Employment Authorized

SSA Referral:

Referral By: Referral Date:

Verification Response:

Eligibility: Response Date:

SSA Resubmittal:

Last Name:		First Name:	
Middle Initial:		Maiden Name:	
Social Security Number:		Date of Birth:	
Submitted By:		Submitted On:	

Resubmittal Verification Results:

Eligibility:

Additional Verification:

Comments:  
Submitted By: Submitted On:

Verification Response:

Eligibility: Response Date:

DHS Referral:

Referral By: Referral Date:

DHS Referral Results:

Eligibility: Response Date:

Photo Matching Results:

Determination:

Additional DHS Referral:

Referral By: Referral Date:

Additional DHS Referral Results:

Eligibility: Response Date:

**Case Resolution:**

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Resolve Option:	The employee continues to work for the employer after receiving an Employment Authorized result.		
Resolved By:	KSIK1977	Resolved On:	05/26/2011

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**SENSITIVE BUT UNCLASSIFIED**

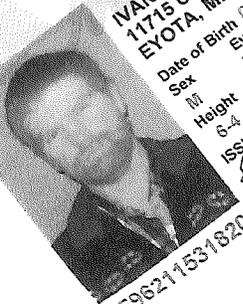
**MINNESOTA DRIVER'S LICENSE**

**IVAN JEROME STRUTHERS**  
 11715 CTY RD 9 #1  
 EYOTA, MN 55934

Date of Birth 04-12-1985  
 Sex M Eyes BLU Class D  
 Height 6-4 Weight 190  
 ISSUED 03-2011 EXPIRES 04-12-2015

*Ivan Struthers*

2596211531820



**SOCIAL SECURITY**

THIS NUMBER HAS BEEN ESTABLISHED FOR  
**IVAN JEROME STRUTHERS**  
 WISCONSIN

*Ivan Struthers*

SIGNATURE 01/27/2011

8475-72-7327

