

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) Pov, Chandara Date: 06/18/20

Address: (Street Address) 2621 17th Ave NW (Apt./Unit #) _____

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

Phone: 651 359 5751 Email: _____

Social Security No. 731-14-3135 Date Available: _____

Position Applied for: _____ Desired Salary: _____

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? Been worked here 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

2nd North person

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School				
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: Reichel Foods 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

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: _____ Date: _____

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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 Chandora Date: 06/18/20

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 05/31/2011
Page: 1 of 1

Case Verification Number: 2011151123914AB

Initial Verification:

Last Name:	Pov	First Name:	Chandara
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 3135	Date of Birth:	06/10/1960
Hire Date:	05/31/2011	Citizenship Status:	A lawful permanent resident
Alien Number:	060153797	I-94 Number:	
Card Number:	LN1080190197		
Document Type:	Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	Doc. Expiration Date:	
Submitted By:	KSIK1977	Submitted On:	05/31/2011

Initial Verification Results:

Last Name:	POV	First Name:	CHANDARA
		Expire Date:	INDEFINITE

Initial Eligibility: Employment Authorized

SSA Referral:

Referral By:	Referral Date:
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Verification Response:

Eligibility:	Response Date:
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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:
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DHS Referral:

Referral By:	Referral Date:
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DHS Referral Results:

Eligibility:	Response Date:
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Photo Matching Results:

Determination:

UNITED STATES OF AMERICA **PERMANENT RESIDENT**

CHANDARA 10 JUN 1960

Sumame
POV

Given Name
CHANDARA

USCIS#
460-153-797 Category
IR5

Country of Birth
Cambodia

Date of Birth
10 JUN 1960 Sex
F

Card Expires: **10/20/20**

Resident Since: **07/06/08**





APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 5/23/11

Name Chandara Pov
Last First Middle Maiden

Present address 1627 5th ST E St. Paul MN 55106
Number Street City State Zip

How long Permanent Social Security No. 731 - 14 - 3135

Telephone (651) - 239 - 6337

If under 18, please list age _____ Referred by _____

Position applied for (1) Open Days/hours available to work
 and salary desired (2) _____
 (Be specific) No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? 40 hrs Can you work nights? yes

Employment desired FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME

When available for work? As soon as possible

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No ___ Yes If so, please explain _____

Do you anticipate any absences from work on a regular basis?
 No ___ Yes If so, please explain _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Tuol Tum Pung</u>	<u>Phnom Penh, Cambodia</u>	<u>10</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? Car
Driver's license number K 401150172905 State of issue MN
Operator ___ Commercial (CDL) ___ Chauffeur ___
Expiration date 06-10-2014
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 _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

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.

Empty space for additional information.

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? __ Yes 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>Lakeside Foods Chandara Pov</u>	Supervisor name <u>Bill</u>	
Position <u>Production</u>	Employment dates	Pay or salary
Company <u>Lakeside Foods</u>	From <u>9/2008</u>	Start <u>\$ 7.50</u>
Address <u>Not remember</u>	To <u>12/2008</u>	Final <u>\$ 8.50</u>
Telephone () _____	Your last job title _____	

Reason for leaving (be specific) Quit (no transportation)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

Name <u>Chandara Pov</u>	Supervisor name <u>Sok Saly</u>	
Position <u>Midwife</u>	Employment dates	Pay or salary
Company <u>Refugee Camp II</u>	From <u>4/1987</u>	Start <u>\$ 5.00</u>
Address <u>Cambodia</u>	To <u>5/1993</u>	Final <u>\$ 6.50</u>
Telephone () <u>NBT available</u>	Your last job title _____	

Reason for leaving (be specific) Came back to homeland

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

**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 Chandora Date: 5/23/2011