

10.19.10 2pm



ENTERED

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 10/11/10

Name miland, mavis, L
Last First Middle Maiden

Present address 212 N. Washington spring valley MW 55975
Number Street City State Zip

How long 20 yrs Social Security No. 412-68-7555

Telephone (501) 259-5533 Referred by Darlene Sorenson

If under 18, please list age _____

Position applied for (1) production line Days/hours available to work
 and salary desired (2) open
(Be specific) No Pref _____ Thur 3rd
 Mon 3rd Fri 3rd
 Tue 3rd Sat 3rd
 Wed 3rd Sun 3rd

How many hours can you work weekly? 40-50 Can you work nights? yes

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

When available for work? today

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>stewartville</u>	<u>"</u>	<u>3</u>	<u>General</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

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>whiskey creek</u>	Supervisor name <u>Lisa Tonjum</u>	
Position <u>food prep</u>	Employment dates	Pay or salary
Company <u>whiskey creek</u>	From <u>1982</u>	Start <u>min wage</u>
Address <u>1705 S. Broadway</u>	To <u>still + here</u>	Final <u>12.25</u>
Telephone <u>(501) 288-6551</u>	Your last job title <u>Food prep</u>	

Reason for leaving (be specific) still there, just getting part time

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

we prep items for the line, make desserts, do dishes. Basilly prepping food. Also cleaning

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.

**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 Maria J. Melanese Date: 10/11/10

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 10/21/2010
Page: 1 of 1

Case Verification Number: 2010294142943WF

Initial Verification:

Last Name:	Miland	First Name:	Mavis
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 7555	Date of Birth:	12/17/1953
Hire Date:	10/19/2010	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:	ESAG6409	Submitted On:	10/21/2010

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:

Resolve Option:	The employee continues to work for the employer after receiving an Employment Authorized result.		
Resolved By:	ESAG6409	Resolved On:	10/21/2010

SENSITIVE BUT UNCLASSIFIED

FAKED

MINNESOTA
DRIVER'S LICENSE



MAVIS LADEAN MILAND
P O BX 42 212 N WASHINGTON
SPRING VALLEY, MN 55975

Date of Birth 12-17-1953
Sex F
Eyes BLU
Class D
Height 5-6
Weight 160

ISSUED 11-2007
EXPIRES 12-17-2011

Mavis Miland

Q597183582721

SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR
MAVIS LADEAN MILAND

Mavis Ladean Miland
SIGNATURE

SOCIAL SECURITY ADMINISTRATION

APPLICATION FOR EMPLOYMENT

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 _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____	
	Employment dates	Pay or salary
	From	Start
	To	Final
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.

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____	
	Employment dates	Pay or salary
	From	Start
	To	Final
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? _____

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

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 Q597183582121 State of issue MN

Operator Commercial (CDL) ___ Chauffeur ___

Expiration date 2011

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 Darlene Sorensen

Name Jesse Prescher

Position food prep

Position owner-Rest.

Company whiskey creek

Company whiskey creek

Address ~~1105~~ Bronco
MN

Address 1705 S. Brow

Telephone (507) 421-3333

Telephone (507) 288-6551

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.

Im a very hard worker, Im never late.
Im very fast with my hands, Ive been
in the food industry for 34 years.