

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) Aguilera Joe Date: 4-29-2021

Address: (Street Address) 4524 15th Ave NW (Apt. /Unit #) _____

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

Phone: (507) 226-6184 Email: _____

Social Security No. 619-72-5986 Date Available: May-3-2021

Position Applied for: Warehouse / Any position Desired Salary: \$14

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? Re-hire 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	N/A			
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: Rochester Concrete Products Phone: 1700 535-2375

Address: 7200 N Broadway Ave Supervisor: Jaime

Job Title: Forklift Starting Salary: \$ 14 Ending Salary: \$ _____

Responsibilities: Cyline or load concrete from Flatbed trailers

From: 04-2014 To: 01-2016 Reason for Leaving: Temp

May we contact your previous supervisor for reference? Yes No

Previous Employment

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

Previous Employment

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

Previous Employment

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

Date: 01-28-2021





Case Verification Number: 2021118185628JC

Report prepared: 04/28/2021

Company Information

Company ID: 1284996

Company Name: ESSG - Corporate Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate Management Group

Employee Information

Name: Jose Aguilera

Date of Birth: 04/12/1994

U.S. Social Security Number: ***-**-5988

Employee's First Day of Employment: 04/28/2021

Citizenship Status: U.S. Citizen

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

Document Subtype: State Issued ID Card

Document Number: *****3209

Expiration Date: 04/12/2027

State: Wisconsin

List C Document: Social Security Card

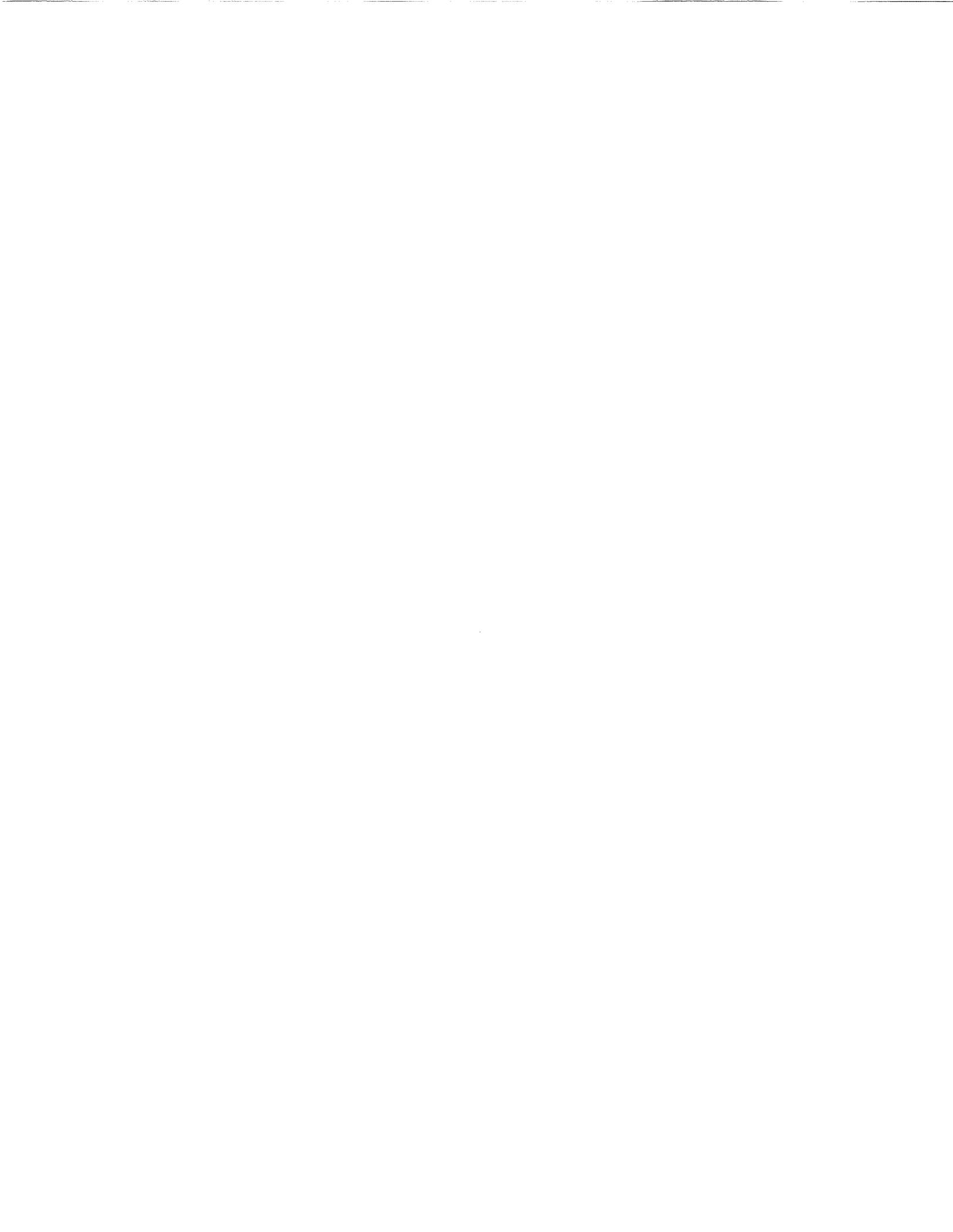
Case Information

Case Status: Closed

Case Submitted By: Kelly Sutton

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close



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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) Aguilera Jose Date: Oct 1, 2021

Address: (Street Address) 4526 15th Ave NW (Apt. /Unit #) _____

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

Phone: (507) 226-6198 Email: _____

Social Security No. 616-72-5458 Date Available: Oct 4, 2021 10:6

Position Applied for: any/warehouse N Desired Salary: \$14

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: _____

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
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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.

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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 'Janey Ann', is written over a horizontal line.

Date: Oct, 7, 2021



IDENTIFICATION
CARD

USA
WISCONSIN



4d A246-4339-4132-09

1 AGUILERA
2 JOSE MOISES

8 315 EAST ST
BARABOO, WI 53913

NOT A DRIVER LICENSE



15 SEX M 16 HGT 5'-10"
17 WGT 275 lb 18 EYES BRO
19 HAIR BLK 4a ISS 04/23/2018
3 DOB 04/12/1994 4b EXP 04/12/2027

Donor
Sticker
Here

5 DD OTSDF2018042310213432

Jose Moises Aguilera





Case Verification Number: 2021274180201BD

Report prepared: 10/01/2021

Company Information

Company ID: 1284996

Company Name: ESSG - Corporate Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate Management Group

Employee Information

Name: Jose Aguilera

Date of Birth: 04/12/1994

U.S. Social Security Number: ***-**-5988

Employee's First Day of Employment: 10/01/2021

Citizenship Status: U.S. Citizen

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

Document Subtype: State Issued ID Card

Document Number: *****3209

Expiration Date: 04/12/2027

State: Wisconsin

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Case Information

Case Status: Closed

Case Submitted By: Kelly Sutton

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close