

# 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) Akande Agnes Date: 06/07/21

Address: (Street Address) 6308 Sunset hill Pl NW (Apt./Unit #) \_\_\_\_\_

(City) Rochester (State) MN (ZIP Code) 55908

Phone: 443 613 0268 Email: Akande301@gmail.com

Social Security No. 473-53-3340 Date Available: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Shift Available to work: \_\_\_ 1<sup>st</sup>  2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> Employment desired: \_\_\_ Full-Time \_\_\_ Part-Time

Are you authorized to work in the U.S?  Yes \_\_\_ No

How did you hear about us? a worker Referral Name: Emmanuel Akande

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	<u>Nigeria</u>			
College				
Bus. Or Trade School				
Professional School				

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**Previous Employment**

Company: Resort Health Services Phone: 410-444-4101

Address: 6600 Kenton Supervisor: Rebecca Ogunbiyi

Job Title: Care giver Starting Salary: \$ 11 Ending Salary: \$ 12.5

Responsibilities: \_\_\_\_\_

From: 2009 To: 2019 Reason for Leaving: Leave the State

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: A.A Akande Date: 06/07/21

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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 A.A. Akande Date: 06/07/21



**MARYLAND**  
Driver's License



Customer identifier  
**A-253-034-071-341** (05/04/1946)

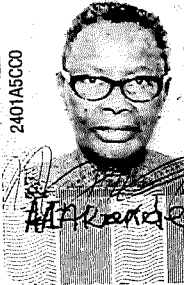
Family name  
**AKANDE**

Given name  
**AGNES ARINOLA**

Address  
**10 OTLEY CT APT 1B  
BALTIMORE MD 21244**

Date of birth	Sex	Height	Weight	Date of exp
<b>05/04/1946</b>	<b>F</b>	<b>5'-06"</b>	<b>218</b>	<b>05/04/2022</b>

Restrictions	Classifications	Endorsements	Date of issue
<b>B</b>	<b>C</b>		<b>05/30/2019</b>







## Case Verification Number: 2021187182339CH

Report prepared: 07/06/2021

### 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: Agnes Akande

Date of Birth: 05/04/1946

U.S. Social Security Number: \*\*\*-\*\*-3340

Employee's First Day of Employment: 07/06/2021

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: Driver's License

Document Number: \*\*\*\*\*1341

Expiration Date: 05/04/2022

State: Maryland

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