



CMG APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED

PLEASE COMPLETE PAGES 1-5 DATE 2-9-2015

Name Kaul Patricia Ann
Last First Middle Maiden

Present address 1120 5th St. W.
Number Street
HASTINGS Mn 55033
City State Zip

Social Security No. 473-92-5450

Telephone (650) 747 6504 E-Mail patieaKr3000@yahoo.com

If under 18, please list age _____ Referred by _____

Position applied for (1) <u>Night Wrapping lead</u> and salary desired (2) <u>\$15.00</u> <small>(Be specific)</small>	Shift available to work 1 st <input checked="" type="checkbox"/> 2 nd <input checked="" type="checkbox"/> 3 rd <input checked="" type="checkbox"/>
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How many hours can you work weekly? 40+ Can you work nights? yes

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

When available for work? 2 wks after offered

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>Buensville</u>	<u>600 Hwy 13E</u>	<u>3</u>	<u>diploma</u>
	<u>High School</u>	<u>Buensville, mn</u>		
College	<u>Le Cordon Bleu</u>	<u>1315 Mend. Hts Rd</u>	<u>2</u>	<u>diploma</u>
		<u>Mendota Hts., Mn</u>		
Bus. or Trade School				
Professional School				

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? Car

Driver's license number E785087778120 State of Issue MW

Operator Commercial (CDL) Chauffeur

Expiration date 12-5-2018

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? _____

Please list two references other than relatives or previous employers.

Name Cheri Lucius Name LINDA Dolde

Position Support Position Office mgr, Sec.

Company Super mom's Company PPTL, Law office

Address _____ Address _____

Cannonfalls

Savage, Minn

Telephone (651) 657-983-
3878

Telephone (952) 201-7618

APPLICATION FOR EMPLOYMENT

MILITARY

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

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? __ Yes No

Branch _____ 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>Augustana Healthcare</u>		Supervisor name <u>Cheryl Munson</u>	
Position <u>Cook</u>		Employment dates	Pay or salary
Company _____		From <u>July 2014</u>	Start
Address <u>930 W. 116th St</u>		To <u>present</u>	Final
<u>Hastings, MN</u>		Your last job title _____	
Telephone <u>(651) 437-6176</u>		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. <u>Cook, prep, served, clean. food safety</u>			

Name <u>Clare Bridge of Eagan</u>		Supervisor name <u>James</u>	
Position <u>Cook</u>		Employment dates	Pay or salary
Company <u>Brookdale Sr. Living</u>		From <u>Dec 2013</u>	Start <u>13.00</u>
Address <u>1365 Crestridge Ln</u>		To <u>present</u>	Final <u>13.00</u>
<u>Eagan, MN</u>		Your last job title <u>Cook</u>	
Telephone <u>(651) 696-5557</u>		Reason for leaving (be specific) <u>On call</u>	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Cook, serve, clean, food safety</u>			

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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>Regina Medical Ctr</u> Position <u>Nut. Supervisor</u> Company <u>Regina</u> Address <u>1275 Nwinger Rd</u> <u>Hastings, MN</u> Telephone <u>(651) 480-4100</u>	Supervisor name <u>Tammi Brochman</u>	
	Employment dates	Pay or salary
	From <u>1-2007</u>	Start <u>15.</u>
	To <u>3-2013</u>	Final <u>19.50</u>
Your last job title <u>Nut. Service Sup</u>		

Reason for leaving (be specific) Laid off

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Supervising 75+ Employees, Schedules, billing, ordering attendance, Reviews, menus, Food sanitation + safety, Education, Costing, compliance with state, Fed, Regulations

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.

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.,

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.

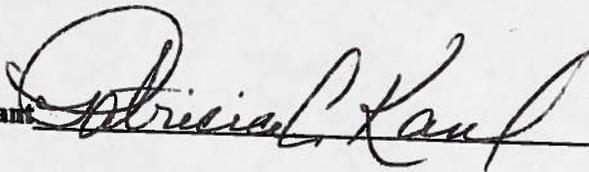
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by 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: 2.9.2015

