

CMG reg.



Monday 2/18 10:00 Int.



ENTERED

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 2-5-13

Name Devo Tyler Jacob
Last First Middle Maiden

Present address 126 8th Ave SE
Number Street
Rochester MN 55904
City State Zip

Social Security No. 460 - 27 - 0133

Telephone (507) - 226 - 780 E-Mail tyler.devo.the.fish@gmail.com

If under 18, please list age _____ Referred by _____

Position applied for (1) ANY Shift available to work
 and salary desired (2) \$9.50
 (Be specific) 1st (S.N) 2nd 3rd *wknds ok 12/18*

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? ASAP

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 Highschool</u>	<u>400 6th Ave SW Stewartville MN</u>	<u>3</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), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation: 1, 5th deg. Assault, May 2011, 1 year of supervised probation & \$200 fine Misdemeanor

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ___ Yes No

What is your means of transportation to work? My roommate

Driver's license number _____ State of issue _____

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date _____

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 Galen Flink Sr. Name Tiffany Flink

Position Owner Jag Services Position Cashier

Company JAG Services Company Wal-Mart

Address _____ Address 300 Radcliff Ct

_____ Stewartville MN

Telephone (507) 220-1779 Telephone (507) 220-7800

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.**

Tyler Days

Name <u>Pizza Ranch</u> Position <u>Crew</u> Company <u>Connor Hermans</u> Address <u>1580 2nd Ave NW</u> <u>Stewartville MD</u> Telephone <u>(301) 333-1997</u>	Supervisor name <u>Connor Hermans</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From <u>March 09</u></td> <td>Start <u>7.25</u></td> </tr> <tr> <td>To <u>May 11</u></td> <td>Final <u>8.00</u></td> </tr> <tr> <td colspan="2">Your last job title <u>crew</u></td> </tr> </table>	Employment dates	Pay or salary	From <u>March 09</u>	Start <u>7.25</u>	To <u>May 11</u>	Final <u>8.00</u>	Your last job title <u>crew</u>	
Employment dates	Pay or salary								
From <u>March 09</u>	Start <u>7.25</u>								
To <u>May 11</u>	Final <u>8.00</u>								
Your last job title <u>crew</u>									
Reason for leaving (be specific) <u>Full time work</u>									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Dishes, make pizza, chicken ect. buss tables</u>									

Name <u>Tyler Days</u> Position <u>Field Technician</u> Company <u>BTC Telecom</u> Address <u>?</u> Telephone <u>(?)</u>	Supervisor name <u>John Jessel SR.</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From <u>May '11</u></td> <td>Start <u>88.00</u></td> </tr> <tr> <td>To <u>Aug '11</u></td> <td>Final <u>58.00</u></td> </tr> <tr> <td colspan="2">Your last job title <u>Towerhand</u></td> </tr> </table>	Employment dates	Pay or salary	From <u>May '11</u>	Start <u>88.00</u>	To <u>Aug '11</u>	Final <u>58.00</u>	Your last job title <u>Towerhand</u>	
Employment dates	Pay or salary								
From <u>May '11</u>	Start <u>88.00</u>								
To <u>Aug '11</u>	Final <u>58.00</u>								
Your last job title <u>Towerhand</u>									
Reason for leaving (be specific) <u>Quit for a job closer to home</u>									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Re-construct cell phone towers.</u>									

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 <u>Tyler Dejo</u>	Supervisor name <u>John Bandy</u>	
Position <u>Tender</u>	Employment dates	Pay or salary
Company <u>John Bandy Const.</u>	From <u>Aug '11</u>	Start <u>9.00</u>
Address <u>?</u>	To <u>Oct '11</u>	Final <u>9.00</u>
Telephone <u>(607) 271-5030</u>	Your last job title <u>tender</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.

Tend shingles and clean up old shingles (roofing)
roofing houses

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.

been job hunters.

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:

2-3-13



MINNESOTA DRIVER'S LICENSE/IDENTIFICATION CARD/INSTRUCTION PERMIT

2012655244032

APPLICATION RECEIPT

Online Offline

MN CARD NUMBER: A531014817409 BIRTH DATE: 01/18/1993

LEGAL NAME: Tyler Jacob Deys PREVIOUS NAME:

RESIDENCE ADDRESS: [REDACTED]

RESIDENCE ADDRESS: 600 Radcliff Ct Stewartville MN 55176 APT #

CITY: Stewartville STATE: MN ZIP CODE: 55176 MN COUNTY: Lincoln

OPTIONAL MAILING ADDRESS: I AFFIRM THAT THE U.S. POSTAL SERVICE WILL NOT DELIVER MAIL TO THE RESIDENCE ADDRESS LISTED ABOVE.

PHYSICAL DESCRIPTION: EYE COLOR: HAZL HEIGHT: 5 FT. 09 IN. WEIGHT IN POUNDS: 163 MALE: [checked] FEMALE: []

PREV BATCH #

- TYPE: A, B, C, D, PROV, ID, MBOP, CDL IP, IP

- PASSED TESTS (STATE USE ONLY): D, MC, MBOP, GK, AIR, COMB, DBL/TRIPLE, PASSENGER, SCHOOL BUS, TANKER, HAZMAT, INSURANCE, RT PSDWVD

RESTRICT/ENDORSE: MC ORIGINAL, MC RENEWAL, ADD/REMOVE. FEES PAID APPLICATION: \$17.25

VISION: PASS, NR, PASS, CL, INCOMPLETE, ATTACHED. PROPER ID: YES, NO. INVALIDATED: DL / ID / IP. STATE: IA. EXP: 09/31/12

- INDICATORS: SENIOR, LTD MOBILITY, SNOWMOBILE, FIREARM, S Or TC, VETERAN (optional)

Note:

1st MN ID

I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the selective service system, if required by federal law.

SIGNATURE: Tyler Deys

APPLICATION DATE: 09/31/12

Visit www.dps.mn.gov to:

- Check the status of your application
Check the status of your driving privileges
Schedule a road test
And more....

Driver's License Questions: 651.297.3298
License Status, available 24/7: 651.284.2000

General Information: 651.296.6911
TDD/TTY: 651.282.6555

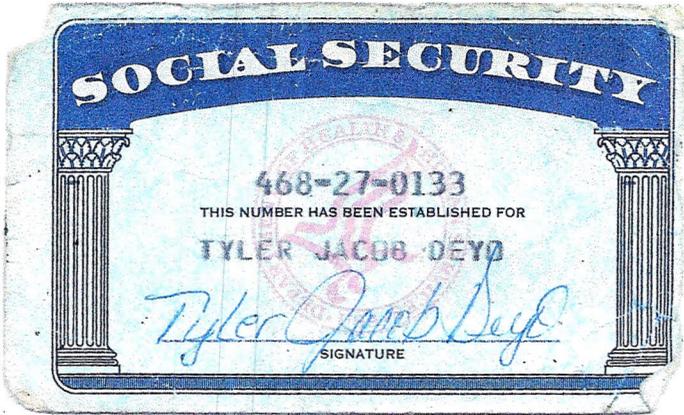
(DVS USE ONLY)
District County-Vital Records

THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATED, AND IS NOT A STANDALONE IDENTIFICATION DOCUMENT.

- This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification
This receipt is valid for the type of card indicated, when stamped with the proper validation stamp, for a maximum of 60 days from the application date shown above
This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record



DVS Driver & Vehicle Services



SOCIAL SECURITY

468-27-0133

THIS NUMBER HAS BEEN ESTABLISHED FOR

TYLER JACOB DEYO

Tyler Jacob Deyo

SIGNATURE