CMG
CORPORATE MANAGEMENT GROUP

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5

DATE 7/31/17

Name Zwart Denise Kay Orton
Last First Middle Maiden

Present address 2025 Nightingale Ave NW
Number Street
Stewartville MN 55976
City State Zip

Social Security No. 347-60-3916

Telephone (507)272-0704

E-Mail zwartdenise@yahoo.com

If under 18, please list age _____

Referred by Facebook

Position applied for (1) Admin Assistant
and salary desired (2) $12+
(Be specific)

Shift available to work
1st ✓
2nd _____
3rd _____

How many hours can you work weekly? 40 Can you work nights? no

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

When available for work? Now 7/31/17

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
___ No ✓ Yes If so, please explain Medical - daughter

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	Brainerd High	Brainerd MN	12	diploma
College	RCTC	Rochester MN	3	Assoc. R I M
	University of Phoenix - Online		5	Masters & Bachelors Health Admin
Bus. or Trade School				
Professional School				

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 K551112585811 State of issue MN

Operator ✓ Commercial (CDL) ___ Chauffeur ___

Expiration date 2/14/18

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 Pam Davis
Position Supervisor
Company Mayo Clinic
Address 200 1st St SW
Rochester MN 55905
Telephone (507) 284-5864

Name Marlys Duncan
Position Supervisor
Company Mayo Clinic
Address 200 1st St SW
Rochester MN 55905
Telephone 507.266-4621

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 Express Employment
Position Admin Assistant
Company Silhouette Shoppe
Address 15 W Center St
Rochester MN
Telephone (507) 289-1512

Supervisor name Ali Ward - 507-285-1616

Employment dates	Pay or salary
From 4/2016	Start 13.00
To 7/2017	Final 13.00

Your last job title Office Administrator

Reason for leaving (be specific) Wanted something closer to home

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Inventory, answering phones, Intake of patients, collections & insurance

Name Kelly Services
Position Custom Services
Company Mayo Clinic
Address Rochester MN

Telephone (507) 282-1584

Supervisor name Bethaney

Employment dates	Pay or salary
From 9/14	Start 13.00
To 12/15	Final 14.00

Your last job title Send out Specialist

Reason for leaving (be specific) Not working out w/ husbands schedule

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Administrative duties, answering phones, sending out slides from Pathalogy department

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 Mayo Clinic Position Lab Assistant Company Mayo Clinic Address 200 1st St SW Rochester MN 55905 Telephone (507) 284-1331	Supervisor name Matt Reuter Employment dates: From 4/2008 To 4/2014 Pay or salary: Start 13.84 Final 17.17 Your last job title

Reason for leaving (be specific) Medical - daughter

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Answering phones, Checking data entry, entering testing codes, slide sorting.

Name Position Company Address Telephone (____)____	Supervisor name Employment dates: From To Pay or salary: Start 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 Denise K Zwart Date: 7/31/17