

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	St. Cloud Technical High School	255 12th Ave. S St. Cloud MN 56301	5 (12th grade)	
College	St. Cloud Technical College	1540 Northway Dr. St. Cloud MN 56302	1.5	Administrators
Bus. or Trade School				
Professional School				

PLEASE COMPLETE PAGES 1-5

Name: Ernstlander Terry David Last First Middle Initial

Present address: 370 Killinger Circle Stark Knolls DR 56379 ZIP

Social Security No. 475 - 96 - 9107

Telephone (Area) 353-0245 E-Mail _____

Referred by: Terrance Magalet, Sara Ernstlander

If under 18, please list age _____

Position applied for (1) _____ and salary desired (2) _____ (Be specific)

Shift available to work: 1st 2nd 3rd

How many hours can you work weekly? 24-32 Can you work nights? _____

Employment desired: Full-time only X Part-time only _____ Full-or part-time _____

When available for work? Immediately

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? X No _____ Yes _____ If so, please explain _____

Do you anticipate any absences from work on a regular basis? X No _____ Yes _____ If so, please explain _____

DATE 3/17/2015

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

CMG APPLICATION FOR EMPLOYMENT



APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? Personal Vehicle

Driver's license number M403103322009 State of Issue MD

Operator Commercial (CDL) Chauffeur

Expiration date 4-19-2017

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 Amanda Kempa Name Nicole Folkerts

Position Assistant Manager Position CPA

Company Rapa Murphys Company Larson Allen

Address 3104 3rd ST. N Address 210 Tessime Lane

ST. Cloud MN 56301 ST. Joseph mn 56374

Telephone (320) 333-9876 Telephone (320) 293-8197

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 Army Specialty Logistics (Combat Medic)

Date Entered 5-24-2007 Discharge Date 12-17-2011

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>Thick and Sons Automotive</u>		Supervisor name <u>Aaron Thick</u>	
Position <u>Mechanic</u>		Employment dates	
Company <u>Thick and Sons Automotive</u>		Start <u>9.50</u>	Final <u>9.50</u>
Address <u>519 N. Dixon Drive</u>		From <u>June 2014</u> To <u>August 2014</u>	
Telephone <u>(320) 774-2016</u>		Your last job title	
Reason for leaving (be specific) <u>Shop moved from Clearwater to Stuart Rapids</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.			
Oil changes, washer customers come in to have fixed (brakes, alternator)			

Name <u>U.S. Army</u>		Supervisor name <u>Sgt. Cannon</u>	
Position <u>Combat Medic</u>		Employment dates	
Company <u>U.S. Army 359MP</u>		Start <u>56T</u>	Final <u>56T</u>
Address <u>Building 1140</u>		From <u>05-24-07</u> To <u>12-17-2011</u>	
Fort <u>Carson Colorado 80913</u>		Your last job title <u>Combat Medic</u>	
Telephone <u>(719) 521-1571</u>		Reason for leaving (be specific) <u>Honorable Discharge</u>	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.			
In charge of Battalion Medic (25) to make sure pharmaceuticals, In charge of ordering Battalion's medical record and ordering of supplies In charge of scheduling medics to meet the demand of Battalions			
Requirements (ex: has training for wounds) (ex: ^{ALS} (ex: ^{ALS} powder) Sick call, Ramps.			

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.

Supervisor name _____		Employment dates _____ Pay or salary _____	From _____ To _____	Your last job title _____	Name _____ Position _____ Company _____ Address _____ Telephone () _____
Start	Final				
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.					

Supervisor name _____		Employment dates _____ Pay or salary _____	From _____ To _____	Your last job title _____	Name _____ Position _____ Company _____ Address _____ Telephone () _____
Start	Final				
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 regulators 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 James D. Smith
Date: 3/17/2015