

Rec'd 1/24



ENTERED

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 1-24-11

Name Carabajal Isabel
Last First Middle Maiden

Present address 1902 S. Village Dr SE Rochester MN 55904
Number Street City State Zip

How long 7 years Social Security No. 625 - 34 - 8270

Telephone (507) 274-7883

If under 18, please list age _____ Referred by _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) \$10.50
 (Be specific) No Pref _____ Thur X
 Mon X Fri X
 Tue X Sat _____
 Wed X Sun _____

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

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

When available for work? right now

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				
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) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

APPLICATION FOR EMPLOYMENT

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

What is your means of transportation to work? Husband

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? _____

OFFICE USE ONLY

Typing ___ Yes ___ No

Personal Computer ___ Yes ___ No

10-key ___ Yes ___ No

_____ WPM

___ PC ___ Mac

Word Processing ___ Yes ___ No

Other _____

_____ WPM

Skills _____

Please list two references other than relatives or previous employers.

Name Gerardo Lopez

Name Daniel Quintana

Position Puffing

Position painter

Company Lopez Puffing

Company Jim's truck and trailer

Address 2254 Marion Rd SE

Address 60 Hidden Vally MN city

Rochester MN 55904

MN 55959

Telephone (507) 421-8276

Telephone (507) 429-8888

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

APPLICATION FOR EMPLOYMENT

MILITARY

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

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

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>Isabel Carbajal</u>	Supervisor name <u>Paul</u>	
Position <u>Sampling</u>	Employment dates	Pay or salary
Company <u>Hearth-N-Home</u>	From <u>March 2000</u>	Start <u>9.50</u>
Address <u>800 W. Jefferson St</u>	To <u>March 2009</u>	Final <u>13.93</u>
<u>Lake City MN 55041</u>	Your last job title _____	
Telephone <u>(651) 345-1622</u>		

Reason for leaving (be specific) Daughter got breast Cancer took care of her

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

Name <u>Isabel Carbajal</u>	Supervisor name _____	
Position <u>Packetting</u>	Employment dates	Pay or salary
Company <u>Norm Star foods</u>	From <u>Feb 1997</u>	Start <u>7.50</u>
Address <u>St Charles</u>	To <u>March 2000</u>	Final <u>8.25</u>
Telephone () _____	Your last job title _____	

Reason for leaving (be specific) went to Hearth-N-Home

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

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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 _____	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.		

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.		

Who were you referred by? _____

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? my daughter

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Corporate Management Group, Inc., (hereinafter called "the Company"),

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 Corporate Management Group, Inc., 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 the Owner/Managing Member of the Company. Both the undersigned and Corporate Management Group, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company 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 called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company 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, the Company, 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 the Company 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 the Company is terminable at will for any reason by either party.

Signature of applicant Isabel Ceregal Osorio

Date: 1-24-2011