



7/11/24

20. 11A.



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 7/14/2017

Name Kroening JACILYN Taylor
Last First Middle Maiden

Present address 4957 55th AVENUE NE
Number Street
Rochester MN 55906
City State Zip

Social Security No. _____

Telephone (507) 273-6948 E-Mail JACKIE.KROENING@labco.com

If under 18, please list age N/A Referred by opportunity services

Position applied for (1) <u>ASSEMBLY</u> and salary desired (2) _____ <small>(Be specific)</small> <u>1st N \$10</u>	Shift available to work 1 st <input checked="" type="checkbox"/> 2 nd <input checked="" type="checkbox"/> 3 rd _____ <i>wknds or ES 7/24</i>
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How many hours can you work weekly? up to 40 Can you work nights? yes, even. ngs

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

When available for work? imediately

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>PEM</u>	<u>Plainview</u>	<u>4 YEARS</u>	<u>General</u>
College		<u>500 W Broadway</u>		
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? ZIB BUS

Driver's license number N/A 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 Dawn Kirchner Name Christine DeRogier

Position Diversity Recruitment Specialist Position Project SEARCH Skills Trainer

Company Mayo Clinic Company Mayo Clinic

Address 200 1st St. SE DE-6 Address 200 1st St. SE DE-6
Rochester, MN 55905 Rochester, MN 55905

Telephone (507) 254-5048 Telephone (507) 319-8480

APPLICATION FOR EMPLOYMENT

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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>Ability Building Center</u>		Supervisor name <u>Marion</u>	
Position <u>Assembler / Installation Worker</u>		Employment dates	Pay or salary
Company <u>Ability Building Center</u>		From <u>FEBRUARY 2016</u>	Start <u>9:50</u>
Address <u>1011 10th St NW</u>		To <u>AUGUST 2016</u>	Final <u>9:50</u>
<u>ROCHESTER, MN 55901</u>		Your last job title <u>Assembler</u>	
Telephone <u>(507) 291-6262</u>		Reason for leaving (be specific) <u>START PROJECT SEARCH</u>	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Assembled kits for drug testing</u> <u>Tri-coded information packets</u> <u>Disinfect exercise equipment</u> <u>Inspected and cleaned safety glasses</u>			

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.			

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

Tedric Romberg

Date:

7/14/2014



Preliminary Questions

For CMG use only

Name: Jacilyn Kroening

Date: 7/24/2017

1. If hired are you willing to take a drug test? yes
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? NO
3. Are you able to work with pork? yes
4. Which plant do you prefer? North
5. What shift do you prefer? Day

To be completed during or after interview

Date of interview 7/24/17

→ Have you ever been convicted of a crime? Yes No

Explain

Incident _____

→ Employee Signature Jacilyn Kroening

Interviewer Signature Julie A. D. D.

MINNESOTA

UNDER 21

ENHANCED IDENTIFICATION CARD

NOT A DRIVER'S LICENSE

JACILYN TAYLOR KROENING

4937 55TH AVE NE

ROCHESTER, MN 55906

Date of Birth 06-03-1996

Sex Eyes Class

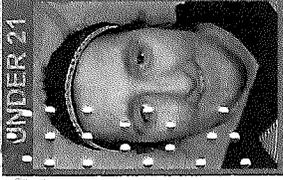
F BLU ID

Height Weight

4-9 130 DONOR

ISSUED 12-2015

EXPIRES 06-03-2017

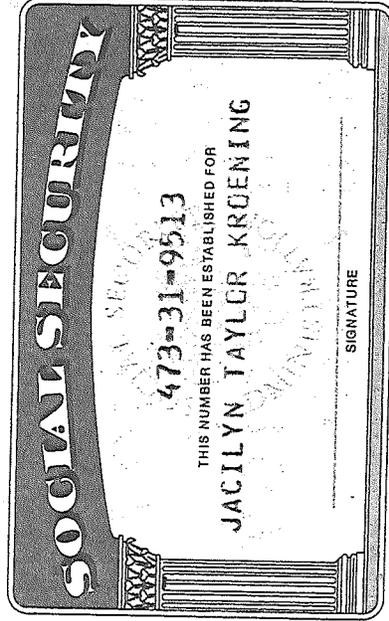


P726151784415

Jacilyn Taylor Kroening

YOUR SOCIAL SECURITY CARD

Detach the card below and sign it in ink immediately.
Keep your card in a safe place to prevent loss or theft.
Do not laminate your card.



... your number in a safe place
... to prevent their misuse.
... application and submit evidence
... about evidence of U.S.
... out exactly what you need to do.
... re your employer gets your
... eeping purposes. Such use is
... ecurity number by such an
... ganization. Private organizations
... y know your number.
... umber must tell you: whether
... ber, and how the number will
... t Security card will be marked
... a officials if you use the
... ork, your Social Security card
... TION". If you show this card
... to show your U.S. immigration
... or more;
... up for Medicare;
... 65 or older—to apply for SSI.



MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION

APPLICATION RECEIPT

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER

17001517844115 0160219916

BIRTH DATE (MONTH/DAY/YEAR)

Full Legal Name: Taylor, KENNEDY

Complete First Name: Taylor Complete Middle Name: Complete Last Name: Kennedy

PREVIOUS LEGAL NAME (ONLY APPLIES IF YOU CHANGED IT SINCE LAST MIN DRIVER'S LICENSE, EDL, ID OR IP APPLICATION)

Complete First Name: Complete Middle Name: Complete Last Name:

Full Residence Address (Where you live) Note: Make sure this is your CURRENT AND VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD.

Number: 1937 Street: 5515 NUSSLE AVE City: ROCHESTER State: MN Zip Code: 55906 Mn Country: MN

PERSONAL MAILING ADDRESS (SEE #1 ON BACK OF WHITE COPY) MAKE SURE THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD. ARRIVE AT THE U.S. POSTAL SERVICE WILL NOT DELIVER MAIL TO AN RESIDENCE ADDRESS SHOWN ABOVE. INITIAL HERE TO HAVE YOUR CARD SENT TO THE ADDRESS BELOW.

Number: Street: City: State: Zip Code: Mn Country:

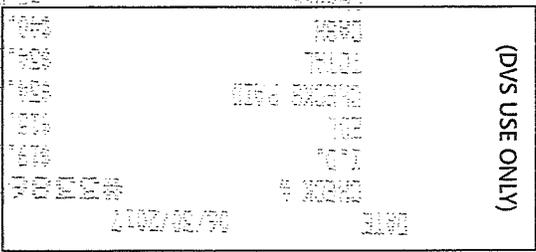
Visit dvs.dps.mn.gov to:

- Check the status of your driving privileges
- Schedule a road test

Questions? Contact Us:

- Driver's License Questions: 651-297-3298
- License Status, available 24/7: 651-284-1234
- DVS Locations: 651-297-2005
- Motor Vehicle Questions: 651-297-2126
- TDD/TTY: 651-282-6555

(DVS USE ONLY)



2017771181082

TYPE	RX #	TESTS PASSED (STATE EXAM USE ONLY)	RESTRICT/ENDORSE	VISION
<input type="checkbox"/> REG <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> PROV <input type="checkbox"/> ID <input type="checkbox"/> MBOP <input type="checkbox"/> CLP <input type="checkbox"/> REG IP <input type="checkbox"/> SENIOR <input type="checkbox"/> LTD MOBILITY <input type="checkbox"/> SNOWMOBILE <input type="checkbox"/> FIREARM <input type="checkbox"/> S OR TC <input type="checkbox"/> VETERAN		<input checked="" type="checkbox"/> EDL <input type="checkbox"/> DUP <input type="checkbox"/> D <input type="checkbox"/> MC <input type="checkbox"/> MBOP <input type="checkbox"/> GK <input type="checkbox"/> AIR <input type="checkbox"/> COMB <input type="checkbox"/> DBL/TRIPLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TANKER <input type="checkbox"/> HAZMAT <input type="checkbox"/> DWI	<input type="checkbox"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADD/REMOVE <input type="checkbox"/> MC <input type="checkbox"/> SB PHYS <input type="checkbox"/> REIN FEE <input type="checkbox"/> OTHER <input type="checkbox"/> ORGAN DONATION	<input type="checkbox"/> PASS NR <input type="checkbox"/> PASS with CL <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ATTACHED:
NOTES: 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. I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in M.S. § 169.444 regarding the safety of children around school buses.		INDICATORS <input type="checkbox"/> RT Passed <input type="checkbox"/> RT Waived	FEES PAID APPLICATION \$ 1920 OTHER FEES \$ 15	PROPER ID <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
APPLICANT'S PHYSICAL DESCRIPTION EYE COLOR: [] [] [] [] HEIGHT: [] Ft. [] In. WEIGHT IN POUNDS: [] [] [] [] [] [] MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>				INVALIDATED DL / ID / IP STATE: MN Exp: 6/17

X Applicant Signature: Taylor, Kennedy Application Date: 6/17

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.
- **Not valid as Enhanced Driver's License (EDL) for border crossings.**
- **Lost, stolen and duplicate EDL cards are deactivated and may not be used for border crossings.**