



## CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5		DATE <u>1-26-15</u>
Name <u>Kowalczyk Jessica</u> <small>Last First Middle Maiden</small>		
Present address <u>7 Rivercrest Dr Apt 202</u> <small>Number Street</small> <u>St Cloud</u> <u>MN</u> <u>56303</u> <small>City State Zip</small>		
Social Security No. <u>468-29-5134</u>		
Telephone <u>320-630-6790</u>		E-Mail <u>JessicaKowalczyk35@gmail.com</u>
If under 18, please list age _____		Referred by <u>Vick Johnson</u>
Position applied for (1) <u>Any</u> and salary desired (2) <u>Negotiable</u> <small>(Be specific)</small>	Shift available to work 1 <sup>st</sup> <input checked="" type="checkbox"/> _____ I have a LARA 2 <sup>nd</sup> <input checked="" type="checkbox"/> _____ course in mornings 3 <sup>rd</sup> _____ per 3 weeks	
How many hours can you work weekly? _____		Can you work nights? _____
Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY <input checked="" type="checkbox"/> FULL-OR PART-TIME <u>Full Time Preferable!</u>		
When available for work? <u>ASAP</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input checked="" type="checkbox"/> No ___ Yes If so, please explain _____		
Do you anticipate any absences from work on a regular basis? <input checked="" type="checkbox"/> 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>Pierz Healy High</u>	<u>Pierz</u>	<u>12</u>	<u>diploma</u>
College	<u>Argosy University</u>	<u>online</u>	<u>6 months</u>	<u>bachelors</u>
Bus. or Trade School				
Professional School				

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DO YOU HAVE A DRIVER'S LICENSE?  Yes \_\_\_ No

What is your means of transportation to work? my car

Driver's license number N754104317116 State of issue MN

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 Vicki Name Sherry Montgomery

Position Boss Position CO-Worker

Company Central Minnesota Senior Care Company Horizon Health

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone 320, 1632-2996 Telephone 218, 839-1352

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**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 _____	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) _____		
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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 <u>Vicki</u>	
Position <u>3-11 evenings</u>	Employment dates	Pay or salary <u>10.50</u>
Company <u>Central Minnesota Senior Care</u>	From _____	Start _____
Address _____	To <u>August</u>	Final <u>Current</u>
Telephone <u>(370) - 632 - 2996</u>	Your last job title <u>PCA</u>	

Reason for leaving (be specific) Current

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

Supervise residents safety, medication, ROM, Chart, Feed, Groom, Activities

Name _____	Supervisor name <u>Diandra</u>	
Position <u>Homecare</u>	Employment dates	Pay or salary
Company <u>Prairie River Home care</u>	From _____	Start <u>8.75 -</u>
Address _____	To <u>8.75 - 16.75</u>	Final <u>16.75</u>
Telephone <u>(310) 255 - 1882</u>	Your last job title <u>PCA, PCG, HHA, HHM</u>	

Reason for leaving (be specific) Very unorganized

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

Supervise residents safety, medication, ROM, Chart, Feed, Groom, Activities

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.

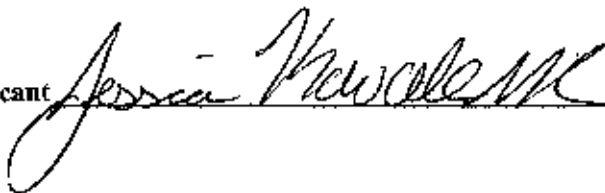
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by 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:

1-21-15