

# CORPORATE MANAGEMENT GROUP

## Employment Application

Office Hours: 9am-4pm Mon-Fri

Office Number: 651-666-3883

Office Address: 404 Broadway Ave St. Paul Park, MN 55071



### Applicant Information

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

Please fully complete pages 1-3

Full Name: (Last Name, First Name) KISSNER GAREN Date: 12/11/17

Address: (Street Address) 8120 E. Point Douglas Rd 50 (Apt. /Unit #) 114

(City) COTTAGE GROVE (State) MN (ZIP Code) 55016

Phone: \_\_\_\_\_ Email: GarePieck@hotmail.com

Social Security No. 476-88-4169 Date Available: Immediate

Position Applied for: ASSEMBLY, WAREHOUSE, PRODUCTION Desired Salary: 12.00/Hr

Shift Available to work:  1st  2nd  3rd Employment desired:  Full-Time  Part-Time

What is your means of transportation to work? OWN VEHICLE

Are you authorized to work in the U.S.?  Yes  No

How did you hear about us? FRIEND Referral Name: Ryan

If under 18, please list age: \_\_\_\_\_

### Education

Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	<u>So. ST. PAUL High School</u>	<u>So. ST. PAUL, MN</u>	<u>4</u>	<u>GENERAL</u>
College				
Bus. Or Trade School	<u>HERBERT H. HUMPHREY JOB CORPS</u>	<u>ST. PAUL, MN</u>	<u>2</u>	<u>Building &amp; Apartment MAINTENANCE</u>
Professional School				

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Previous Employment

Company: FURY MOTORS STILLWATER Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: MIKKI MORIN

Job Title: SALES Starting Salary: \$2500/month Ending Salary: \$3000/month

Responsibilities: \_\_\_\_\_

From: 9/17 To: 11/17 Reason for Leaving: CARSALES NOT FOR ME

May we contact your previous supervisor for reference?  Yes  No

Company: HD Supply Phone: 1-800-431-3000

Address: HOUSTON, TX Supervisor: MICHAEL GUNDERMANN

Job Title: Field Account Rep Starting Salary: \$5000/yr Ending Salary: \$55000/yr

Responsibilities: BUILD AND MAINTAIN SALES IN MY TERRITORY

From: 4/06 To: 12/11 Reason for Leaving: HEALTH ISSUES

May we contact your previous supervisor for reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference?  Yes  No

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: Caren Kibben

Date: 12/11/17

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### 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.

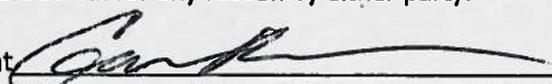
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission 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: 12/11/17

# TEST RESULTS RECORD

Test Reference Number MD-56101 Name of Collector \_\_\_\_\_

## COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-660-3883 Fax \_\_\_\_\_  
 Address 464 Broadway Ave. City St. Paul Park State/Province MN Zip/Postal Code 55091

## DONOR INFORMATION

Last Name KISSNER Employee I.D. \_\_\_\_\_  
 First Name CAREN  
 Type of Identification Provided:  Driver's License  Employee Photo I.D.  Other \_\_\_\_\_  
 Reason for test:  Pre-employment  Random  Reasonable cause  Post-accident  Other \_\_\_\_\_

## CERTIFICATION

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and alcohol.

Caren Kissner Date / Time 12/11/17 1:59pm  
 Donor signature

I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.

[Signature] Date / Time 12/11/2017 2:00pm  
 Collector signature

\_\_\_\_\_  
 Laboratory signature Date / Time received

## TEST RESULTS

Date/Time Collected 12/11/17 2:00pm  
 Time Interpreted \_\_\_\_\_

NOTE: Lab personnel obtain specimen samples by puncturing the lab extraction ports on the side of device with a needle and syringe and drawing out the sample.



Cut out this panel to copy or scan results

Drug Name	Symbol	Negative	Positive	Not-Tested
Alcohol	ALC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine	AMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Handwritten: Negative*

Notes / Comments \_\_\_\_\_