

# CORPORATE MANAGEMENT GROUP

## Employment Application

Office Hours: Monday-Friday 9am-3pm  
 Office Number: 507-838-5994  
 Office Address: 1825 7<sup>th</sup> St NW Rochester, Mn 55901



your workforce management & staffing experts

*Found other employment 8/24  
 other message @ 8/21 @ 10 AM*

### 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) Ruben De Leon Date: 8/14/2023  
 Address: (Street Address) 35 El Top Ridge (Apt./Unit #) \_\_\_\_\_  
 (City) Rochester (State) MN (ZIP Code) 55901  
 Phone: 507-513-2100 Email: CUBANORUBEN1965@gmail.com  
 Social Security No. \_\_\_\_\_ Date Available: Now  
 Position Applied for: Portion? palletizer Desired Wage: \$15.50  
 Shift Available to work: \_\_\_ 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> Employment desired: \_\_\_ Full-Time  Part-Time  
 Are you authorized to work in the U.S?  Yes \_\_\_ No  
 How did you hear about us? \_\_\_\_\_ Referral Name: Jaime Pardo  
 If under 18, please list age: yes  
 Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? \_\_\_ No  Yes

### Education

Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	<u>Marcelo Salado</u>	<u>Cuba</u>		
College		<u>Cuba</u>		
Bus. Or Trade School	<u>Antonio Moleo</u>	<u>Cuba</u>		
Professional School	<u>graduated</u>	<u>Cuba</u>		

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### Previous Employment

Company: Hotell Spring Hill Phone: \_\_\_\_\_

Address: 1125 2nd St SW Supervisor: Joulin

Job Title: Houseman Starting Wage: \$ 16.00 Ending Wage: \$ \_\_\_\_\_

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

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

May we contact your previous supervisor for reference?  Yes  No

Company: U.S 212 Beef Phone: 320-833-2121

Address: 53050 US Hwy 212 Supervisor: Veronica

Job Title: Eupacando Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_

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

From: 2020 To: 2023 Reason for Leaving: Mejorar

May we contact your previous supervisor for reference?  Yes  No

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

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

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

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

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

May we contact your previous supervisor for reference?  Yes  No

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

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

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

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: [Signature] Date: 8/14/2023

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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:

8/14/2023

UNITED STATES OF AMERICA  
**PERMANENT RESIDENT**



Surname: **DE LEON**  
Given Name: **RUBEN**  
USCIS#: **200-945-484** Category: **CU8**  
Country of Birth: **Cuba**  
Date of Birth: **09 NOV 1965** Sex: **M**  
Card Expires: **12/07/32**  
Resident Since: **12/31/10**




UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA

**SOCIAL SECURITY**

**405-73-1279**

THIS NUMBER HAS BEEN ESTABLISHED FOR

**RUBEN DE LEON**



SIGNATURE

**04/28/2015**

