



ENVIRED

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 4-4-11

Name Krenzke Lance Russell
Last First Middle Maiden

Present address 1720 19th Ave Rochester MN 55904
Number Street City State Zip

How long 2 months Social Security No. 470-98-7790

Telephone (206) 4475

If under 18, please list age _____ Referred by Radio

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

How many hours can you work weekly? Open Can you work nights? No

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

When available for work? 4-5-11

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>Chosen Valley</u> | <u>Chattfield 55923</u> | <u>12</u> | <u>General</u> |
| College | | | | |
| Bus. or Trade School | <u>JCS</u> | <u>Scranton PA</u> | <u>4</u> | <u>Motorcycle Repair</u> |
| 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. _____

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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>Lance P. Kipuzke</u> | Supervisor name <u>Pat Cunningham</u> | |
| Position <u>laborer</u> | Employment dates | Pay or salary |
| Company <u>A-T Tree Service</u> | From <u>3-01</u> | Start <u>8.50</u> |
| Address <u>Chattfield</u> | To <u>present</u> | Final <u>8.50</u> |
| Telephone (<u> </u>) <u>398-4594</u> | Your last job title <u>Tree trimmer</u> | |

Reason for leaving (be specific) Still there - seasonal

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

trim trees then clean up

| | | |
|--------------------------------|---------------------------|---------------|
| Name _____ | Supervisor name _____ | |
| Position _____ | Employment dates | Pay or salary |
| Company _____ | From _____ | Start _____ |
| Address _____ | To _____ | Final _____ |
| Telephone (<u> </u>) _____ | 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.

**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 James P. Krenzke Date: 4-4-11