



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>5/11/17</u>
Name <u>LISA Vincent</u> <small>Last First Middle Maiden</small>		
Present address <u>418 Madison Ave</u> <small>Number Street</small> <u>Esota</u> <u>MA</u> <u>55934</u> <small>City State Zip</small>		
Social Security No. <u>472 - 88 - 1661</u>		
Telephone <u>(507) 545-2340</u>		E-Mail <u>ljv2104@yahoo.com</u>
If under 18, please list age _____		Referred by <u>Indeed</u>
Position applied for (1) <u>1st Shift</u> and salary desired (2) _____ (Be specific)	Shift available to work 1 st <input checked="" type="checkbox"/> 2 nd _____ 3 rd _____	
How many hours can you work weekly? <u>40+</u> Can you work nights? _____		
Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY <input checked="" type="checkbox"/> PART-TIME ONLY _____ FULL- OR PART-TIME		
When available for work? <u>immediately</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		
Do you anticipate any absences from work on a regular basis? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Lanesboro High</u>		<u>4</u>	<u>diploma</u>
College				
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? Toyota Rav4

Driver's license number E475001388516 State of issue MN

Operator Commercial (CDL) Chauffeur

Expiration date 2/12/2020

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? _____ if I do it's A speeding ticket - unsure

Please list two references other than relatives or previous employers.

Name Millie Vigo - supervisor Name Ricky Sewall

Position CO-worker Position CO-worker

Company Possabilities Company opportunity Services

Address _____ Address _____

Grand meadow mn Rochester mn

Telephone (507) 319-0607 Telephone (507) 271-5313

APPLICATION FOR EMPLOYMENT

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 <u>The Affiliated Group</u>	Supervisor name <u>JIM COLLIGAN</u>	
Position <u>COLLECTIONS</u>	Employment dates <u>7/93</u>	Pay or salary <u>1200</u>
Company _____	From <u>2/13/17</u>	Start <u>1200</u>
Address <u>P.O. 4077</u>	To <u>Present</u>	Final <u>1200</u>
Telephone <u>(507) 280-7000</u>	Your last job title <u>Collection Agent</u>	
Reason for leaving (be specific) <u>Still there</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Collecting Bad debt for clients</u>		

Name <u>Passabilities of mn</u>	Supervisor name <u>SAVANNA BAXTER</u>	
Position <u>Direct Care Staff</u>	Employment dates	Pay or salary
Company _____	From <u>2/15 2/15</u>	Start <u>1200</u>
Address _____	To <u>12/16</u>	Final <u>1200</u>
Telephone () _____	Your last job title <u>Direct Support</u>	
Reason for leaving (be specific) <u>was getting beat up by clients too much</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>TAKE CARE OF DEVELOPMENTALLY DISABLED ADULTS feeding, changing, community outings</u>		

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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>Lisa Vincent</u>		Supervisor name <u>millie Vigo</u>	
Position <u>Direct Care</u>		Employment dates	Pay or salary
Company <u>Opportunity Services</u>		From <u>3/12</u>	Start <u>1050</u>
Address <u>Rochester MN</u>		To <u>2/15</u>	Final <u>1100</u>
Telephone <u>(507) 319-0607</u>		Your last job title <u>Direct Support</u>	
Reason for leaving (be specific) <u>left for better benefits</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. <u>feeding, changing, community outings, transport</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 Lisa Vincent Date: 5/11/17