

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 1-2

Full Name: (Last Name, First Name) Mai, April Date: 5/30/17

Address: (Street Address) 2178 Londin Ln (Apt./Unit #) 338

(City) St. Paul (State) MN (ZIP Code) 55119

Phone: 6513438479 Email: April-Mai@hotmail.com

Social Security No. 471-25-3876 Date Available: 6/5/17

Position Applied for: Baker Desired Salary: 10.50

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

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

How did you hear about us? online Referral Name: _____

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	Apple Valley High School	Apple Valley MN	4	HS diploma
College	Century College	White Bear Lake MN	1	—
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: Caregiver - New Perspective Phone: _____

Address: Mahomet Supervisor: Jenna

Job Title: Caregiver Starting Salary: \$ 12 Ending Salary: \$ 12

Responsibilities: help assist clients on a daily basis with everyday needs

From: 10/16 To: 3/17 Reason for Leaving: Need different hours

May we contact your previous supervisor for reference? Yes ___ No

Company: Super America Phone: _____

Address: Woodbury Supervisor: Jake

Job Title: Sales Associate/cashier Starting Salary: \$ 10 Ending Salary: \$ 10

Responsibilities: Ring customers up, stock

From: 4/16 To: 10/16 Reason for Leaving: New job better hours & pay

May we contact your previous supervisor for reference? Yes ___ No

Company: New Asia Phone: _____

Address: Lexington Ave Supervisor: Cindy Xiong

Job Title: Cashier/receptionist Starting Salary: \$ 8.00 Ending Salary: \$ 8.50

Responsibilities: Ring customers up & take orders

From: 10/13 To: 4/16 Reason for Leaving: Not enough pay

May we contact your previous supervisor for reference? Yes ___ No

Company: 3M Phone: _____

Address: St. Paul MN Supervisor: Karon Smith

Job Title: Bavista Starting Salary: \$ 11.00 Ending Salary: \$ 11.50

Responsibilities: Help customers & make orders

From: 10/15 To: 4/16 Reason for Leaving: New job w/ better hours

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: April Mar

Date: 5/30/17

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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

April Mar

Date:

5/30/17



Preliminary Questions
For CMG use only

Name: April Mai

Date: 5/30/17

1. If hired are you willing to take a drug test? yes
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? no
3. Are you able to work with pork? yes

To be completed during or after interview

Have you ever been convicted, plead guilty or contest to a Felony? Yes _____ No X

If yes, please list when, where and the nature of the offense(s):

Have you ever been convicted, plead guilty or contest to a Misdemeanor? Yes _____ No X

If yes, please list when, where and the nature of the offense(s):

You will not be denied employment solely because you answer "Yes" above or because you have been convicted of a crime, felony or misdemeanor. The company considers many individualized factors in evaluating a job candidate, including but not limited to, with respect to criminal history, the nature and date of any offense, the surrounding circumstances, and the nature of the position for which you apply.

By signature below, I certify that the information provided above is true and complete that I have discussed the above with my interviewer as disclosed. I understand and agree that any misrepresentation by me will be sufficient cause to eliminate me from consideration for employment and/or terminate employment at any time if I have been employed.

Applicant signature: April Mai Date: 5/30/17

Authorization

Authorization: By signing below, you authorize: (a) backgroundchecks.com ("BGC") and/or Orange Tree Employment Screening to request information about you from any public or private information source; (b) anyone to provide information about you to BGC and/or Orange Tree Employment Screening; (c) BGC and/or Orange Tree Employment Screening to provide Employer Solutions Staffing Group, LLC one or more reports based on that information; and (d) Employer Solutions Staffing Group, LLC ("ESSG") to share those reports with others for legitimate business purposes related to your employment. BGC and/or Orange Tree Employment Screening may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an employee of ESSG.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for BGC.

Printed name:

April
First

Middle
none)

Mai
Last

Other names used: _____

Current county of residence: _____

Current and former addresses:

from Mo/Yr	current to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

<u>04/12/92</u> Date of birth	<u>471-25-3876</u> Social security number
<u>K701122574608</u> Driver's license number & state	<u>April Mai</u> Name as it appears on license

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .

Signature

April Mai

Date

5/30/17

MINNESOTA
DRIVER'S LICENSE



Minnesota

APRIL MAI
2178 LONDIN LANE APT 247
ST PAUL, MN 55418

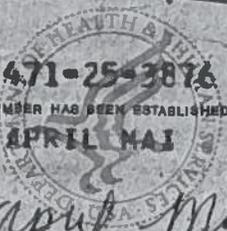
Date of Birth 04-12-1982
Sex F Eyes BRN Class D
Height 5-5 Weight 180 **DONOR**

ISSUED 09-2016 EXPIRES 04-12-2019

April Mai

K701122574608

SOCIAL SECURITY



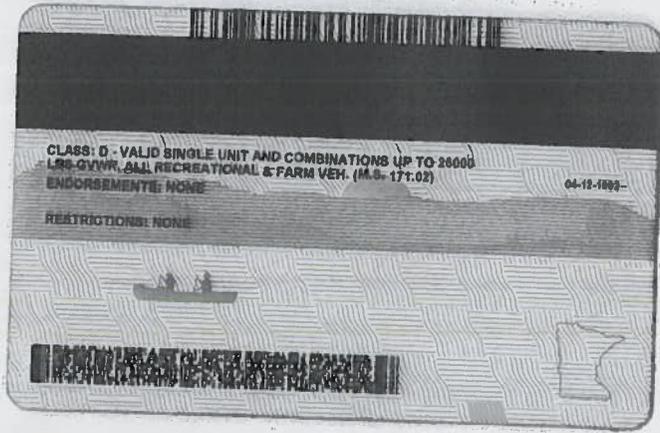
4-71-25-3876

THIS NUMBER HAS BEEN ESTABLISHED FOR

APRIL MAI

April Mai

SIGNATURE



Do not laminate this card.

This card is invalid if not signed by the number holder unless health or age prevents signature.

Improper use of this card and/or number by the number holder or any other person is punishable by fine, imprisonment or both.

This card is the property of the Social Security Administration and must be returned upon request. If found, return to:

SSA-A15N: FOUND SSN CARD
P.O. Box 17087 Baltimore Md. 21203

Contact your local Social Security office for any other matter regarding this card.

Department of Health and Human Services
Social Security Administration
Form OA-702 (1-88)

C48320268