

**CORPORATE MANAGEMENT GROUP**

Employment Application

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri

Office Number: 507-923-4955

Office Address: 3707 Commercial Dr. SW Rochester, MN 55902

7/24  
11 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) Maria E. Hernandez Date: 07/22/2019

Address: (Street Address) 900 12th AVE NE (Apt. /Unit #) \_\_\_\_\_  
(City) AUSTIN (State) MN (ZIP Code) 55912

Phone: (507) 318-2472 Email: \_\_\_\_\_

Social Security No. 471-45-45-20 Date Available: 07/23/2019

Position Applied for: Line work Desired Salary: 10. or 11.

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? before I work Referral Name: \_\_\_\_\_

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

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	Secundaria tecnica #2	Mexico Cdo. Monte tomavillos	12 years	Diploma
College				
Bus. Or Trade School				
Professional School				

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### Previous Employment

Company: before working hir 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: QPP. Phone: (507) 934 65 00

Address: AUSTIN, MN 55912 Supervisor: NOE MENDOZA

Job Title: Line work packaging Starting Salary: \$ 12.30 Ending Salary: \$ 15.75

Responsibilities: Line work packaging

From: 9/2010 To: 01/2017 Reason for Leaving: I have Emergenci Family

May we contact your previous supervisor for reference?  Yes  No

Company: Masterson Phone: (507) 433 00 17

Address: AUSTIN, MN 55912 Supervisor: ALMA GARCIA

Job Title: Line work packaging Starting Salary: \$ 11.50 Ending Salary: \$ 11.50

Responsibilities: Line work packaging Foods

From: 02/2017 To: 03/2017 Reason for Leaving: the company closset

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: \_\_\_\_\_ Date: \_\_\_\_\_

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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: 07/22/2010

**MINNESOTA  
DRIVER'S LICENSE**



MARIA ELENA HERNANDEZ  
900 12 AVE NE  
AUSTIN, MN 55912

Date of Birth 05-29-1965

Sex	Eyes	Class
F	BLK	D

Height	Weight
5-4	210

ISSUED 05-2016

EXPIRES 05-29-2020

P286151179016

*Maria Elena Hernandez*



TO WHOM IT MAY CONCERN:

Our Accentra Credit Union member \_\_\_\_\_  
has requested a direct deposit \_\_\_\_\_ /debit \_\_\_\_\_  
from you.

Accentra Credit Union's ROUTING NUMBER is 291973292

Please deposit/debit the following:

SAVINGS ACCOUNT: \_\_\_\_\_

CHECKING ACCOUNT: 3101742685

Sincerely,  
Accentra Credit Union  
Financial Services Department

Federally Insured by NCUA  
800-533-0448 www.accentracu.org  
400 4th Avenue NE | Austin, MN 55912 | 507.433.1829 Phone | 507.434.3300 Fax  
1619 Blake Avenue | Albert Lea, MN 56007 | 507.373.6500 Phone | 507.373.6555 Fax