

# 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

### 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) Shulze Michael Date: 11/20/18

Address: (Street Address) 3933 15th Ave NW (Apt. /Unit #) \_\_\_\_\_

(City) Rochester (State) MN (ZIP Code) 55901

Phone: 507 273 3990 Email: \_\_\_\_\_

Social Security No. 473-29-9490 Date Available: right away

Position Applied for: Alive pet Foods Desired Salary: 14.00

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? person Referral Name: mark

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	<u>Mayo</u>			<u>yes</u>
College	<u>RCTC</u>		<u>1</u>	<u>Environment Biologist</u> <u>no</u>
Bus. Or Trade School				
Professional School				

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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

*Michael A. Gajda*

Date:

11-20-18

**mi** MINNESOTA IDENTIFICATION CARD  
USA

NOT FOR FEDERAL IDENTIFICATION

1 SHULZE  
2 MICHAEL ALEXANDER  
3 3933 18TH AVE NW  
ROCHESTER, MN 55901-1321

4d ID# A191-096-861-311 4a ISS 10/15/2018  
3 DOB 03/14/1995 4b EXP 03/14/2021

NOT A DRIVER'S LICENSE

15 SEX M 17 WGT 168 lb  
16 HGT 5'-10" 18 EYES BRO

5 DD 00000000053527 03/14/95

*Michael A. Shulze*



**SOCIAL SECURITY**

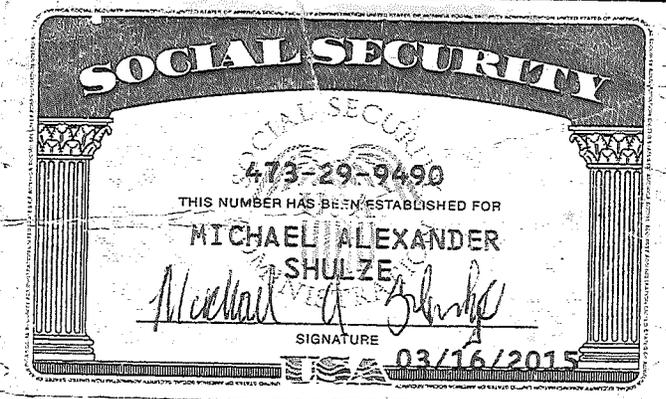
473-29-9490

THIS NUMBER HAS BEEN ESTABLISHED FOR

MICHAEL ALEXANDER  
SHULZE

*Michael A. Shulze*  
SIGNATURE

03/16/2015





# Preliminary Questions

For CMG use only

Name: Michael Shulze

Date: 11/20/18

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
4. Which plant do you prefer? St Charles
5. What shift to you prefer? 2<sup>nd</sup>

**\*To be completed during or after interview\***

Date of interview \_\_\_\_\_

Have you ever been convicted of a crime? Yes  No

Explain

Incident petty theft, couple traffic tickets,  
DAR

Employee Signature Michael A Shulze

Interviewer Signature Diana [Signature]