



ENTERED

CMG APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED

PLEASE COMPLETE PAGES 1-5 DATE 08/27/14

Name Mendoza, Prisila, Mirsa
Last First Middle Maiden

Present address 575 Brainerd Ave
Number Street
~~Washington~~ MN 55130
City State Zip
St. Paul

Social Security No. 644 - 52 - 6313

Telephone (651) 503-4046 E-Mail prisilaaguilar13@gmail.com

If under 18, please list age _____ Referred by Sarah Mota

Position applied for (1) <u>open</u> and salary desired (2) <u>\$9.00</u> <small>(Be specific)</small>	Shift available to work 1 st <input checked="" type="checkbox"/> 2 nd <input checked="" type="checkbox"/> 3 rd _____
--	--

How many hours can you work weekly? 40 Can you work nights? NO

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

When available for work? 08/28/14

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>Shakopee High School</u>		<u>0</u>	
College				
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ___ Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of Issue _____

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date _____

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? _____

Please list two references other than relatives or previous employers.

Name Karina Dominguez Name Ariete

Position HOST Position HOST

Company fiesta cancun Company Fiesta cancun

Address _____ Address _____

Telephone (657) 335-1595 Telephone (612) 749-5953

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>Fiesta Cancun</u>	Supervisor name <u>Angel</u>	
Position <u>Host</u>	Employment dates	Pay or salary <u>8.00</u>
Company _____	From	Start <u>04/03/14</u>
Address <u>Lexington Ave</u>	To	Final <u>04/23/14</u>
<u>Edgch, MN</u>	Your last job title _____	
Telephone () _____		
Reason for leaving (be specific) <u>Family Emergency</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Having to greet people, & clean entrance.</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.		

APPLICATION FOR EMPLOYMENT

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 _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From _____</td> <td>Start _____</td> </tr> <tr> <td>To _____</td> <td>Final _____</td> </tr> </table> Your last job title _____	Employment dates	Pay or salary	From _____	Start _____	To _____	Final _____
Employment dates	Pay or salary						
From _____	Start _____						
To _____	Final _____						

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.

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From _____</td> <td>Start _____</td> </tr> <tr> <td>To _____</td> <td>Final _____</td> </tr> </table> Your last job title _____	Employment dates	Pay or salary	From _____	Start _____	To _____	Final _____
Employment dates	Pay or salary						
From _____	Start _____						
To _____	Final _____						

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

Dorinda Mendez

Date: 08/27/14

MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT



2014910141035

APPLICATION RECEIPT

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT.

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: 07091990

BIRTH DATE (MM/DD/YYYY): 07/09/1990

FULL LEGAL NAME: Priscila Mendoza

COMPLETE FIRST NAME: Priscila

COMPLETE MIDDLE NAME: Mirsa

COMPLETE LAST NAME: Mendoza

PREVIOUS LEGAL NAME: [Redacted]

COMPLETE FIRST NAME: [Redacted]

COMPLETE MIDDLE NAME: [Redacted]

COMPLETE LAST NAME: [Redacted]

FULL RESIDENCE ADDRESS: 1070 5th Ave Est.

NOTE: MAKE SURE THIS IS A CURRENT AND VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD.

CITY: Shakopee

STATE: MN

ZIP CODE: 55379

MIN COUNTY: Scott

OPTIONAL MAILING ADDRESS: [Redacted]

NOTE: MAKE SURE THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD.

CITY: Shakopee

STATE: MN

ZIP CODE: 55379

MIN COUNTY: Scott

APPLICANT'S PHYSICAL DESCRIPTION

EYE COLOR: BRN

HEIGHT: 5 FT 00 IN

WEIGHT: 160 POUNDS

SEX: FEMALE

Visit www.dvs.dps.mn.gov to:

- Check the status of your application
- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions: 651-297-3298
 License Status, available 24/7: 651-284-2000
 General DVS Information: 651-296-6911
 TDD/TTY: 651-282-6555



<p>TYPE</p> <p><input type="checkbox"/> REG <input type="checkbox"/> CDL <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p> <p><input type="checkbox"/> PROV <input type="checkbox"/> MB</p> <p><input type="checkbox"/> MBOP <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> CDL IP <input type="checkbox"/> REG IP</p> <p>INDICATORS</p> <p><input type="checkbox"/> SENIOR <input type="checkbox"/> LTD MOBILITY <input type="checkbox"/> SNOWMOBILE <input type="checkbox"/> FIREARM <input type="checkbox"/> S or TC <input type="checkbox"/> VETERAN</p>	<p>TESTS PASSED</p> <p><input type="checkbox"/> D <input type="checkbox"/> MC <input type="checkbox"/> MBOP <input type="checkbox"/> GK <input type="checkbox"/> AIR <input type="checkbox"/> COMB <input type="checkbox"/> DBL/TRIPLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TANKER <input type="checkbox"/> HAZMAT <input type="checkbox"/> DWI <input type="checkbox"/> RT Passed <input type="checkbox"/> RT Waived</p>	<p>RESTRICT/ENDORSE</p> <p><input type="checkbox"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADD/REMOVE</p> <p>FEES PAID APPLICATION</p> <p>MC \$ 20.25</p> <p>OTHER FEES \$</p> <p>SB PHYS \$</p> <p>REIN FEE \$</p> <p>OTHER \$</p> <p>ORGAN DONATION \$</p>	<p>VISION</p> <p><input type="checkbox"/> PASS AIR <input type="checkbox"/> PASS WITH CL <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ATTACHED:</p> <p>PROPER ID</p> <p>PP-22</p> <p>SS</p> <p>EDL DOCS</p>
<p>INVALIDATED</p> <p>DL / ID / IP</p> <p>STATE: NO</p> <p>EXP:</p>			<p>VISION</p> <p><input type="checkbox"/> PASS AIR <input type="checkbox"/> PASS WITH CL <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ATTACHED:</p>

Notes:

I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the selective service system, if required by federal law. I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in M.S. § 169.444 regarding the safety of children around school buses.

Signature: Priscila Mendoza 05/21/14

APPLICATION DATE

THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATED, AND IS NOT A STANDALONE IDENTIFICATION DOCUMENT.

- This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification
- This receipt is valid for the type of card indicated, when stamped with the proper validation stamp, for a maximum of 60 days from the application date shown above
- This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record

- Not valid as Enhanced Driver's License (EDL) for border crossings.
- Lost, stolen and duplicate EDL cards are deactivated and may not be used for border crossings.

(DVS USE ONLY)

PAID

MAY 21 2014

DEPUTY #166

2014910141035

MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION RECEIPT



THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: 07091996

BIRTH DATE (MONTH/DAY/YEAR): 07091996

FULL LEGAL NAME: PRISILA MENDOZA

COMPLETE FIRST NAME: PRISILA

COMPLETE MIDDLE NAME: MIVISA

COMPLETE LAST NAME: MENDOZA

PREVIOUS LEGAL NAME: [REDACTED]

COMPLETE FIRST NAME: [REDACTED]

COMPLETE MIDDLE NAME: [REDACTED]

COMPLETE LAST NAME: [REDACTED]

FULL RESIDENCE ADDRESS: 6070 5TH AVE EST. SHAKOPEE MN 55379

NOTE: MAKE SURE THIS IS A CURRENT AND VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD

CITY: SHAKOPEE STATE: MN ZIP CODE: 55379 APT# SCOTT MN COUNTY

OPTIONAL MAILING ADDRESS: 6070 5TH AVE EST. SHAKOPEE MN 55379

NOTE: MAKE SURE THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD

CITY: SHAKOPEE STATE: MN ZIP CODE: 55379 APT# SCOTT MN COUNTY

APPLICANT'S PHYSICAL DESCRIPTION

EYE COLOR: BRN HEIGHT: 5 FT 6 IN. WEIGHT IN POUNDS: 160

SEX: FEMALE MALE

Visit www.dvs.dps.mn.gov to:

- Check the status of your application
- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions: 651-297-3298
 License Status, available 24/7 651-284-2000
 General DVS Information: 651-296-6911
 TDD/TTY: 651-282-6555



Driver & Vehicle Services

(DVS USE ONLY)

PAID
 MAY 21 2014
 DEPUTY #166

<p>TYPE</p> <p><input type="checkbox"/> REG <input type="checkbox"/> EDL <input type="checkbox"/> DUP <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> PROV <input type="checkbox"/> MBOP <input type="checkbox"/> CDL IP <input type="checkbox"/> REG IP</p> <p>INDICATORS</p> <p><input type="checkbox"/> SENIOR <input type="checkbox"/> LTD MOBILITY <input type="checkbox"/> SNOWMOBILE <input type="checkbox"/> FIREARM <input type="checkbox"/> S or TC <input type="checkbox"/> VETERAN</p>	<p>TESTS PASSED</p> <p><input type="checkbox"/> D <input type="checkbox"/> MC <input type="checkbox"/> MBOP <input type="checkbox"/> GK <input type="checkbox"/> AIR <input type="checkbox"/> COMB <input type="checkbox"/> DBL/TRIPLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TANKER <input type="checkbox"/> HAZMAT <input type="checkbox"/> DWI <input type="checkbox"/> RT Passed <input type="checkbox"/> RT Waived</p>	<p>RESTRICT/ENDORSE</p> <p><input type="checkbox"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADD/REMOVE</p> <p>FEES PAID APPLICATION \$ 20.25</p> <p>OTHER FEES MC \$ SB PHYS \$ REIN FEE \$ OTHER \$</p> <p>ORGAN DONATION \$</p>	<p>VISION</p> <p><input type="checkbox"/> PASS AIR <input type="checkbox"/> PASS WITH CL <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ATTACHED:</p> <p>PROPER ID PP-22</p> <p>EDL DOCS SS</p> <p>INVALIDATED DL / ID / IP STATE: NO EXP</p>
---	---	--	---

Notes:

I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the selective service system, if required by federal law. I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in M.S. § 166.444 regarding the safety of children around school buses.

Signature: Priscila Mendoza 052114
 APPLICATION DATE

THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATED, AND IS NOT A STANDALONE IDENTIFICATION DOCUMENT.

- This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification
- This receipt is valid for the type of card indicated, when stamped with the proper validation stamp, for a maximum of 60 days from the application date shown above
- This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record

- Not valid as Enhanced Driver's License (EDL) for border crossings.
- Lost, stolen and duplicate EDL cards are deactivated and may not be used for border crossings.