

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 1-3

Full Name: (Last Name, First Name) Negroni William Date: 3/02/2018

Address: (Street Address) 8390 Savanna Oaks Ln (Apt./Unit #) ---

(City) Woodbury (State) MN (ZIP Code) 55125

Phone: 787-402-4919 Email: WRNegroni70@gmail.com

Social Security No. 383-39-1473 Date Available: _____

Position Applied for: _____ Desired Salary: \$12.00

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

What is your means of transportation to work? _____

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

How did you hear about us? Employee @ Referral Name: Carla

If under 18, please list age: _____ Super mom (friend of fam)

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	Vocacional de Peace		1992	Electronica
College	Inter-American Univ of St Paul		1997	Scien Computer
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: Pollo Tropical Phone: 1787 290-0090

Address: _____ Supervisor: Luis Esquivel

Job Title: Mantenimiento Starting Salary: \$ 7.35 Ending Salary: \$ 7.35

Responsibilities: clean, Preparar Alimentos.

From: 2016 To: 2018 Reason for Leaving: Better Work

May we contact your previous supervisor for reference? Yes No

Company: Food Service Assistant Phone: _____

Address: _____ Supervisor: Beth

Job Title: _____ Starting Salary: \$ 9.50 Ending Salary: \$ 15.00

Responsibilities: cook, clean, Cashier,

From: _____ To: _____ Reason for Leaving: Better Work

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

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: William R. G. Martinez Date: 3/02/18

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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

William R. Regan

Date:

3/2/18

TEST RESULTS RECORD

Test Reference Number MD-56101 Name of Collector _____

COMPANY INFORMATION

Company Name Corporate Management Group Phone 1-81-666-883 Fax _____
 Address 404 Broadway Ave. City St. Paul Park State/Province MN Zip/Postal Code 55091

DONOR INFORMATION

Last Name Negoni Employee I.D. _____
 First Name William
 Type of Identification Provided: Driver's License Employee Photo I.D. Other _____
 Reason for test: Pre-employment Random Reasonable cause Post-accident Other _____

CERTIFICATION

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and alcohol.

Donor signature _____ Date / Time _____

I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.

Collector signature [Signature] Date / Time 3/2/18

Laboratory signature _____ Date / Time received _____

TEST RESULTS

Date/Time Collected _____

Time Interpreted _____

NOTE: Lab personnel obtain specimen samples by puncturing the lab extraction ports on the side of device with a needle and syringe and drawing out the sample.

Side of Device



Lab extraction ports

Cut out this panel to copy or scan results

Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine	AMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes / Comments _____

SuperMom's New Employee Training Quiz

Name (Print): _____

Date: _____

Language Spoken: _____

10 questions (choose one answer per question)

1. Who is responsible for food safety & quality at SuperMom's?

- Supervisors
 Everyone

2. Food and beverages may be stored in your locker:

- True
 False

3. I must report to my Supervisor if I have:

- Diarrhea or Vomiting
 Jaundice
 Salmonella
 Lesions with pus (boils or wounds)
 All of the above.

4. Only clear nail polish can be worn in the production area.

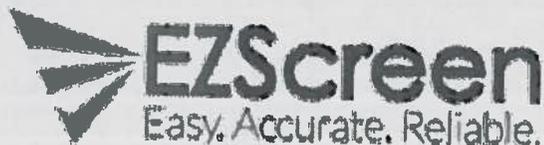
- True
 False

5. How long should you wash your hands for?

- 20 Seconds
 10 Seconds
 5 Seconds
 I don't need to wash my hands

6. Hairnets are required at all times when they are in the production area.
Beard nets are required for men with beards.

- True
 False



Background Screening Report

EZ Screen Solutions
 5994 S. Holly St. Ste. 151
 Greenwood Village, CO 80111
 Phone: 800-429-5303

FILE NUMBER 116015
 REPORT TO CMG Staffing (1353)
 12000 N Washington St. Ste. 350
 Thornton, CO 80241
 Phone: (303) 920-1425
 Fax: (303) 736-7767

REPORT DATE 03-06-2018
 ORDER DATE 03-06-2018
 TYPE CMG Staffing PKG - National Criminal

Application Information

APPLICANT NEGRONI, WILLIAM SSN XXX-XX-9473 DOB 11-07-XXXX
 E-MAIL KATE@CMGJOB.COM
 ADDRESS(ES) 404 BROADWAY CITY / STATE / ZIP SAINT PAUL PARK, MN 55071

Investigative

National Criminal Database Search

RESULTS **No Reportable Records Found**
 NAME SEARCHED NEGRONI, WILLIAM SEARCH DATE 03-06-2018 9:44 AM MST
 DOB SEARCHED 11-07-XXXX SEARCH SCOPE
 JURISDICTION NATIONWIDE
 JURISDICTION(S) SEARCHED

The search you have selected is a search of our criminal database(s) and may not represent 100% coverage of all criminal records in all jurisdictions and/or sources. Coverage details available upon request.

CAUTION: Based on the information provided EZ Screen Solutions searched for public records in the sources referenced herein for criminal history information as permitted by federal and state law. 'No Reportable Records Found' means that our researchers could not locate a record that matched at least two personal identifiers (i.e., Name, SSN, Date of Birth, Address) for the subject in that jurisdiction. Further investigation into additional jurisdictions, or utilization of additional identifying information, may be warranted. Please call for assistance.

Disclaimer

This report is furnished to you pursuant to the Agreement for Service between the parties and in compliance with the Fair Credit Reporting Act. This report is furnished based upon your certification that you have a permissible purpose to obtain the report. The information contained herein was obtained in good faith from sources deemed reliable, but the completeness or accuracy is not guaranteed.

***** End Of Report *****