



5:00 AM
Tri-Sat.

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5

DATE Oct. 29, 2014

Name Cerney Patricia Ann
Last First Middle Maiden

Present address 700 3rd St
Number Street
St. Paul Pk. MN 55071
City State Zip

Social Security No. 472-78-0693

Telephone (651) 795-1495

E-Mail _____

If under 18, please list age _____

Referred by _____

Position applied for (1) _____

Shift available to work

and salary desired (2) _____
(Be specific)

1st
2nd _____
3rd _____

3:00 AM
NO
weekends

How many hours can you work weekly? 40

Can you work nights? _____

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

When available for work? ASAP

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	Park Jr. High	8040 30th St S. Cottage Grove MN 55016	1	
College	Inver Hills College	2500 E 8th St Inver Grove Hts MN	4 yrs/PT	GED
Bus. or Trade School	St. Paul College	235 Marshall Ave St Paul MN		Software Support Help Desk Cert.
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation. _____

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? walk or bike

Driver's license number Q087167448515 State of issue MN

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? 2

Please list two references other than relatives or previous employers.

Name Jeanine Lopez

Name Susan Sheldahl

Position unemployed

Position PCA

Company _____

Company Self Employed

Address 8292 Indian Blvd.

Address 623 4th St

Cottage Grove, MN 55016

St. Paul Pk. MN 55071

459-6327

Telephone (651) ~~795-7475~~

Telephone (651) 402-8335

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>Amanda F</u>	Supervisor name <u>Rhonda Little</u>	
Position _____	Employment dates	Pay or salary
Company <u>Amanda's Food Service LLC</u>	From <u>11-4-11</u>	Start <u>\$10/hr.</u>
Address <u>1751 City Rd B W.</u>	To <u>3-31-14</u>	Final <u>\$11.67/hr</u>
<u>Roseville mn</u>	Your last job title <u>Dietician</u>	
Telephone <u>(651) 631-0940</u>	Reason for leaving (be specific) <u>End of Contract</u>	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Pick up + delivery of lunch + supper, set up + serve meals for seniors. Clean + sanitize kitchen area + dining area. Inventory control</u>		

Name _____	Supervisor name <u>Doug Miller</u>	
Position _____	Employment dates	Pay or salary
Company <u>Cooperative Printing Assoc.</u>	From <u>3-10-03</u>	Start <u>\$11.00/hr.</u>
Address <u>1225 N. 7th St.</u>	To <u>4-15-11</u>	Final <u>\$13.64/hr</u>
<u>Mpls. MN 55411</u>	Your last job title <u>Journey Person Production Worker</u>	
Telephone <u>(612) 522-3868</u>	Reason for leaving (be specific) <u>Company went out of business</u>	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Aerate Paper products in preparation for cutter operator, put product on pallet for folding or carton + label for shipment. Quality + inventory control, worked in mailroom. shrinkwrap, kitting, folder helper.</u>		

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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> <tr> <td colspan="2">Your last job title _____</td> </tr> </table>	Employment dates	Pay or salary	From _____	Start _____	To _____	Final _____	Your last job title _____	
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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

Patricia A. Corney

Date: Oct 29, 2014