(1) 3/15 for int rr/ production.

3/13 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 3-13-13

Name Asleson Ronald Duane
Last First Middle Maiden

Present address 122 main Street South
Number Street
City Wykoff MN State 55990 Zip

Social Security No. 471 - 94 - 4609

Telephone (507) 951-6011 (cell) E-Mail

If under 18, please list age Referred by

Position applied for (1) ~~Sanitation~~

and salary desired (2)
(Be specific)

Shift available to work
1st X
2nd X
3rd X

How many hours can you work weekly? Can you work nights? yes

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

When available for work?

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
___ No ~~✓ Yes~~ If so, please explain ~~Monday Wednesday Friday~~ ROT

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	Mayo High School			
College				
Bus. or Trade School				
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? own vehicle

Driver's license number L632133189511 State of issue MN

Operator ___ Commercial (CDL) ✓ Chauffeur ___

Expiration date 08-17-2015

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 Brain Hoover	Name Eric Corson
Position Salesman	Position Lawyer
Company House chevrolet	Company Corson Law Office
Address Stewartville, MN	Address Preston MN
Telephone (507) 259-8623	Telephone (507) 765-2121

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 Stender Enterprises
Position Self (Services)
Company Stender Enterprises
Address Spring Valley MN
Telephone (507) 438-5583

Supervisor name Greg Stender

Employment dates	Pay or salary
From 11-2012	Start present
To	Final

Your last job title _____

Reason for leaving (be specific) none

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.
Driver Monday Wednesday Friday

Name Kemps LLC
Position QA LAB Tech.
Company Kemps LLC
Address 406 North Broadway
Rochester MN 55901
Telephone (507) 287-7301

Supervisor name Mary Beth Nelson

Employment dates	Pay or salary
From 4-2001	Start 10.50
To 9-2012	Final 23.10

Your last job title QA LAB Tech.

Reason for leaving (be specific) personal

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Clean up, forklift, validate + verify products of (production) ice cream manufacturing

S.Q.F. certificate of Attainment 2011

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 _____ Employment dates / Pay or salary From / Start To / Final 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.	

Name _____ Position _____ Company _____ Address _____ _____ Telephone (____)_____	Supervisor name _____ Employment dates / Pay or salary From / Start To / Final 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.	

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 Ronald A Galen Date: 3-12-13