

7/20/06

CMIG

Corporate Management Group, Inc.

APPLICATION FOR EMPLOYMENT

DATE 7/19/2006

Name * Marquez Rosa

Address 210 Jane NW Seawville 55976

Telephone (507) 280-0517 Social Security No. 584-92-1936

Are you under age 18 YES NO, if "YES", can you provide proof of your eligibility to work? YES NO

Are you currently authorized to work in the United States? YES NO. Proof of eligibility will be required if hired.

Current Position _____ Are you available to work overtime? Yes No

Current Wage _____

Shift _____

TYPE OF SCHOOL	NAME OF SCHOOL	MAJOR & DEGREE
High School <u>Examenes Libres</u> <u>GED</u>	<u>Puerto Rico</u>	
College		
Bus. or Trade School <u>Welding</u>	<u>DCTC</u>	<u>[REDACTED]</u>
Professional School		<u>[REDACTED] science</u>

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? No Yes (a Conviction record will not necessarily disqualify you from employment).

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation.

DO YOU HAVE A DRIVER'S LICENSE? Yes No

Please list two Emergency Contacts other than relatives.

Name Yahayra Castro Name _____

Address 2732 Charles Ct. NW Address _____
Rochester, MN 55901

Telephone (507) 358-8205 Telephone () _____

MILITARY		
HAVE YOU EVER BEEN IN THE ARMED FORCES?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Specialty _____	Date Entered _____	Discharge Date _____

Work Experience Please list your work experience for the past seven years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer	<u>SEMCIL</u>	Phone	<u>(507)</u>
Address	_____	Supervisor	<u>Lou</u>
Reason for leaving (be specific)	<u>Job Ended (Insurance Program)</u>		
Position/Duties:	<u>Give care to elderly person and child w/ special needs. PCA certified for home health aid.</u>		

Name of employer	<u>Country Inn</u>	Phone	<u>(507)</u>
Address	_____	Supervisor	<u>Watasha</u>
Reason for leaving (be specific)	<u>not enough hours -</u>		
Position/Duties:	<u>Went 35 rooms and lobby area to clean and support guest w/ needs.</u>		

Name of employer	<u>Hilda Daly</u>	Phone	<u>(507) 288 - 0022</u>
Address	<u>710 11/2 st SW</u>	Supervisor	<u>Adele</u>
Reason for leaving (be specific)	<u>better employment</u>		
Position/Duties:	<u>Housekeeping and child care -</u>		

References available -

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Corporate Management Group, Inc., (hereinafter called "the Company"), I agree that:

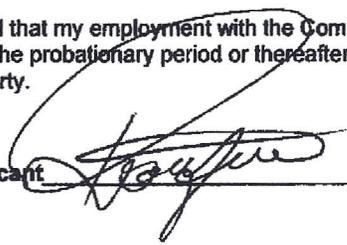
Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist 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 Corporate Management Group, Inc., 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 the Owner/Managing Member of the Company. Both the undersigned and Corporate Management Group, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company 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 called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company 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, the Company, 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 the Company 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 the Company is terminable at will for any reason by either party.

Signature of applicant



Date:

7/19/2006

Corporate Management Group, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Corporate Management Group, Inc. depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.