

# 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) Rodriguez, Ruben Date: 8.2.18  
 Address: (Street Address) 1133 Aurora Ln. St Paul Park (Apt./Unit #) \_\_\_\_\_  
 (City) St Paul Park (State) MN (ZIP Code) 55071  
 Phone: (773) 890-8674 Email: ruben8961rodriguez@gmail.com  
 Social Security No. 583-87-8947 Date Available: 7/20/18  
 Position Applied for: OPEN Desired Salary: 2121  
 Shift Available to work:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> Employment desired:  Full-Time  Part-Time  
 What is your means of transportation to work? car  
 Are you authorized to work in the U.S.?  Yes  No  
 How did you hear about us? Friend Referral Name: David  
 If under 18, please list age: \_\_\_\_\_

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School				
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: Elite Staffing Phone: \_\_\_\_\_  
Address: Armitage Ave Supervisor: Juan  
Job Title: \_\_\_\_\_ Starting Salary: \$ 11.00 Ending Salary: \$ 11.00  
Responsibilities: \_\_\_\_\_

From: 9-17 To: 5-18 Reason for Leaving: To come to mpls

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

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: [Handwritten Signature] Date: 5-2-18

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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

Date:

5.02.15

ILLINOIS

Jesse White - Secretary of State

IDENTITY ID CARD

ID. No.: 3627-2076-265R  
DOB: 09-17-76  
Expires: 09-17-21  
Issued: 02-19-16

Class:

Type: ORG

RUBEN RODRIGUEZ JR  
3004 W ARMITAGE AVE  
UNIT 202  
CHICAGO IL 60647

09-17-76

Male 5'06" 165 lbs HZL Eyes

223 0900 444

SOCIAL SECURITY

583-87-8947

THIS NUMBER HAS BEEN ESTABLISHED FOR

RUBEN JR  
RODRIGUEZ

SIGNATURE

05/14/2012



WWW.SSA.GOV



Blood Type  
RH Factor

Medical Information/Living Will  
Seal Area

**FOR IDENTIFICATION PURPOSES ONLY  
NOT A LICENSE TO DRIVE**

0483 871 04  
04-446690

This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:

Social Security Administration  
P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for any business other than returning a found card you will not receive a response.

Social Security Administration  
Form SSA-3000 (08-2011)

0483 871 04  
04-446690  
G01956253