

CORPORATE MANAGEMENT GROUP

Employment Application

245 Industrial Blvd.
 Sauk Rapids, MN 56379
 320-281-5617



Applicant Information

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

Name: FIRST RYAN MI J LAST MENDOZA Date: 8-21-19
 Address: (Street Address) 1425 SAINT GERMAIN ST (Apt. /Unit #) _____
 (City) St. Cloud (State) MN (ZIP Code) 56304
 Phone: 612-250-5989 Email: _____
 Social Security No. 471-21-2547 Date Available: 8-23-19
 Position Applied for: _____ Desired Salary: _____
 Shift Available to work: ___ 1st 2 2nd ___ 3rd Employment desired: Full-Time ___ Part-Time
 What is your means of transportation to work? Bike & Bus
 Are you authorized to work in the U.S? Yes ___ No
 How did you hear about us? Will Referral Name: willie
 Did you complete this application yourself Yes ___ No If under 18, please check here ___

Education

Type of School	Name of School	Location	Number of Years Completed	Major & Degree
High School	<u>YDirections</u>	<u>MPLS</u>	<u>12</u>	
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: JOHNNY A'S ZOO CLUB Phone: _____
Address: _____ Supervisor: _____
Job Title: MAINTENANCE RENOVATION Starting Salary: \$ 15 Ending Salary: \$ 15
Responsibilities: CLEANER
From: 05 To: 09 Reason for Leaving: Is closed

Company: SUNNYDALE LIQUOR Phone: _____
Address: SUNNYDALE Supervisor: _____
Job Title: ? Starting Salary: \$ 15 Ending Salary: \$ 15
Responsibilities: STOCKING
From: 05 To: 09 Reason for Leaving: I moved

Company: PACKAGING BLOOMINGTON Phone: _____
Address: BLOOMINGTON Supervisor: _____
Job Title: PACKAGING Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: PACKING
From: 2012 To: 2012 Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

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: _____ Date: _____

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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 Byron Mendoza Date: 8-21-15

EMPLOYER SOLUTIONS STAFFING GROUP
BACKGROUND CHECK AUTHORIZATION

Employee Name: Ryan James Mendoza
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: 471-21-2547 DOB: 06-07-1990

Phone Number: _____

Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: Ryan Mendoza Date: 8-21-19

Notice to CA, MN, and OK Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.

Employee Wage Statement

1. Employee: Ryan Mendoza				
Date employment began: August 22, 2019				
Legal Name and Address of Employer: Employer Solutions Staffing Group 7480 Flying Cloud Drive Suite 200 Eden Prairie, MN 55344				
Phone number: 952-835-1288				
3. Employment status: Employee is non-exempt (entitled to overtime, minimum wage, other protections under Minn. Stat. 177)				
4. Base Pay: \$ 10.75		Shift Differential: \$		New Pay Rate: \$ 10.75
Paid by:	Hour <input checked="" type="checkbox"/>	Shift <input type="checkbox"/>	Day <input type="checkbox"/>	Week <input type="checkbox"/>
Overtime is owed after: 40 hours				
5. Leave benefits available:				
<input checked="" type="checkbox"/> Paid Time Off (PTO)				
How benefits are accrued: PTO will accrue at the rate of 0.76 hours each week at 40 hours per week.				
Terms of use: PTO cannot be used in the first 90 days of employment.				
6. Deductions that may be made from employee's pay and amounts: All applicable state, local and federal taxes, Child Support, Liens/Garnishments, Medical Insurance Premiums, Employee Sales				
7. Number of days in the pay period: 7			Regularly scheduled payday: Friday	
Date employee will receive first payment of wages earned: August 30, 2019				
I, Ryan Mendoza, have received a copy of this notice: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Employer Signature: <i>Ladi Ranson</i>				
Date: 8-22-19				
Employee Signature: <i>Ryan Mendoza</i>				
Date: 8-22-19				