



Please return to
245 Industrial Blvd
Sauk Rapids
Any Questions Call
320.281.5617

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5

DATE 11/19/15

Name Sczublewski Timothy Robert
Last First Middle Maiden

Present address 2500 Stearns Way
Number Street
Saint Cloud MN 56303
City State Zip

Social Security No. 471-98-5482

Telephone 320-339-6957

E-Mail timothy.sczublewski@yahoo.com

If under 18, please list age _____

Referred by Self

Position applied for (1) Production
and salary desired (2) 9.10
(Be specific)

Shift available to work

1st _____
2nd ☒ _____
3rd ☒ _____

How many hours can you work weekly? 40 Can you work nights? 40

Employment desired ☒ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ FULL- OR PART-TIME

When available for work? 11/19/15

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	Little Falls	14800 Riverwood	4	Diploma
Community High School		Dr. Little Falls, MN 56345		
College	Brainerd	501 West		
Community College		College Drive, Brainerd MN 56401	2	A.A
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ☒ Yes ☐ No

What is your means of transportation to work? Automobile

Driver's license number 4195209830415 State of issue MN

Class D

Operator ☐ Commercial (CDL) ☐ Chauffeur ☐

Expiration date 4/28/2019

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 Robert Schultz Name Desrice Van Fleet

Position production manager Position production manager

Company Fulfillment Distribution Company Company Fulfillment Distribution Company

Address 720 Anderson Ave Address 720 Anderson Ave

Saint Cloud, MN 56302 Saint Cloud, MN 56302

Telephone (320) 656-8890 Telephone (320) 656-8890

APPLICATION FOR EMPLOYMENT

MILITARYHAVE YOU EVER BEEN IN THE ARMED FORCES? ☒ Yes ☐ NoARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? ☐ Yes ☒ NoBranch U.S. Air Force Specialty Medical SpecialistDate Entered 7/30/35 Discharge Date 4/30/39**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.**

Center		
Name <u>Fulfillment Distribution</u>	Supervisor name <u>Robert Schultz</u>	
Position _____	Employment dates	Pay or salary
Company _____	From <u>2/12</u>	Start <u>9.55</u>
Address <u>720 Anderson Ave</u>	To <u>7/15</u>	Final <u>9.34</u>
<u>Saint Cloud, MN 56303</u>	Your last job title <u>Order Picker</u>	
Telephone <u>(320) 656-8880</u>		
Reason for leaving (be specific) <u>Voluntary Quit</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Pick orders for customers to be shipped out in mail</u> <u>I have been receiving disability for the last 4 yrs</u>		

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

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Position _____	Employment dates	Pay or salary
Company _____	From	Start
Address _____	To	Final
Telephone (____) _____	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 *not working right now*

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.

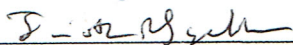
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by 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



Date:

11/19/15