



# CMG APPLICATION FOR EMPLOYMENT

*ent 2/13*

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

PLEASE COMPLETE PAGES 1-5 DATE Feb 13-2014

Name Susan (Suzie) Jacobson  
Last First Middle Maiden

Present address P.O. Box 283  
Number Street  
LeRoy MN 55951  
City State Zip

Social Security No. 475-96-0992

Telephone (507)-440-9211 E-Mail \_\_\_\_\_

If under 18, please list age \_\_\_\_\_ Referred by Dawn Becker

Position applied for (1) <u>not sure what you do</u> and salary desired (2) <u>\$10</u> <u>here!</u> <small>(Be specific)</small>	Shift available to work 1 <sup>st</sup> <input checked="" type="checkbox"/> 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____
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How many hours can you work weekly? 8 hrs day Can you work nights? \_\_\_\_\_

Employment desired \_\_\_ FULL-TIME ONLY  PART-TIME ONLY \_\_\_ FULL- OR PART-TIME

When available for work? 2 week notice from my other parttime job

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
Public High School	<u>LeRoy-otrang</u>		<u>12</u>	
College				
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? Car

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_

Operator \_\_\_ Commercial (CDL) \_\_\_ Chauffeur \_\_\_

Expiration date \_\_\_\_\_

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 Donna Guy Name Dawn Becker

Position HSKG Supervisor Position Housekeeping

Company Grand meadow Health Care Company Grand meadow Health Care

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

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**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 <u>Susan Jacobson</u>		Supervisor name <u>Jane Trekveld</u>	
Position <u>Dietary Aide</u>		Employment dates	Pay or salary
Company <u>Ostrander Nursing Home</u>		From <u>Now</u>	Start <u>May-2014</u> → Be 30 years
Address <u>Ostrander, MN 55961</u>		To <u>until</u>	Finish <u>May-2014</u>
Telephone <u>(507) 657-2231</u>		Your last job title _____	
Reason for leaving (be specific) <u>Still employed here (part time)</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.			

Name <u>Susan Jacobson</u>		Supervisor name <u>Donna Guy</u>	
Position <u>Laundry aide</u>		Employment dates	Pay or salary
Company <u>Grand Meadow</u>		From <u>Now</u>	Start _____
Address <u>Grand meadow, MN</u>		To <u>until April</u>	Finish <u>20,14 - Be 8 yrs</u>
Telephone ( ) _____		Your last job title _____	
Reason for leaving (be specific) <u>not enough hours - only</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>get 5 hrs a day - would like 8 hrs and Be Just part-time B work around my other Job</u>			

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**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 <u>Same as</u> Company _____ Address <u>last page</u> Telephone (____) _____	Supervisor name _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Employment dates</td> <td style="width:50%;">Pay or salary</td> </tr> <tr> <td>From</td> <td>Start</td> </tr> <tr> <td>To</td> <td>Final</td> </tr> </table> Your last job title _____	Employment dates	Pay or salary	From	Start	To	Final
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From	Start						
To	Final						
Reason for leaving (be specific) _____							
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From	Start						
To	Final						
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.							
<p style="font-size: 1.2em;">would like to Quit Grand Meadow                  &amp; Come here for more hours</p>							

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 Susan Jacobson Date: Feb 13-2014