

| TYPE OF SCHOOL       | NAME OF SCHOOL | LOCATION<br>(Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------|----------------------------------------|---------------------------|----------------|
| High School          | William F. SR  | William F. SR<br>MN                    | 12                        |                |
| College              |                |                                        |                           |                |
| Bus. or Trade School |                |                                        |                           |                |
| Professional School  |                |                                        |                           |                |

PLEASE COMPLETE PAGES 1-5

Name: Torres Gilbert Lee

Last First Middle Maiden

Present address: 1425 East of German  
37 cloud  
MN  
56304

City State Zip

Social Security No. 585-51-0644

Telephone (area) 894 3262

E-Mail \_\_\_\_\_

Referred by \_\_\_\_\_

Position applied for (1) any

and salary desired (2) 10.00  
 (Be specific)

Shift available to work: 1st  
2nd  
3rd

How many hours can you work weekly? 40

Can you work nights? yes

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

When available for work? on the spot

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  
 Yes ☒ No ☐ If so, please explain: I have five hours a week of gym

Do you anticipate any absences from work on a regular basis?  
 Yes ☐ No ☒ If so, please explain: \_\_\_\_\_

DATE \_\_\_\_\_

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

## CMG APPLICATION FOR EMPLOYMENT



needs to be  
enter

APPLICATION FOR EMPLOYMENT

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

What is your means of transportation to work? bike or bus

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 Everett Sickford Position \_\_\_\_\_

Company Huisker

Address 1425 East St Germantown St

Telephone (xxx) 774-9857 Telephone (xxx) 441 5007

APPLICATION FOR EMPLOYMENT

| MILITARY                                                                                                                                                                                                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> |  |
| <p>Branch _____ Specialty _____</p> <p>Date Entered _____ Discharge Date _____</p>                                                                                                                                                                   |  |
| <p><b>WORK EXPERIENCE</b></p>                                                                                                                                                                                                                        |  |
| <p>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.</p>                                                          |  |
| Empty space for work experience                                                                                                                                                                                                                      |  |
| <p><b>Job #1</b></p> <p>Name <u>SEAN - O plant 4</u> Position <u>Stacks plant 4</u> Company <u>Willmar</u> Address _____ Telephone ( ) _____</p> <p>Reason for leaving (be specific) <u>Left interest</u></p>                                        |  |
| <p>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Learned to cut meat - heavy birds all around process</u></p>                                                    |  |
| Empty space for job #1 details                                                                                                                                                                                                                       |  |
| <p><b>Job #2</b></p> <p>Name <u>Perfectio hog farm</u> Position <u>pharmacy</u> Company _____ Address <u>Clark Field</u> Telephone ( ) _____</p> <p>Reason for leaving (be specific) <u>Not for me</u></p>                                           |  |
| <p>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Injection, cleaning, basically taken care of new born pigs.</u></p>                                             |  |
| Empty space for job #2 details                                                                                                                                                                                                                       |  |

# APPLICATION FOR EMPLOYMENT

## 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 _____                                                                                                                     |  | Supervisor name _____     |  |
| Position _____                                                                                                                 |  | Employment dates _____    |  |
| Company _____                                                                                                                  |  | Pay or salary _____       |  |
| Address _____                                                                                                                  |  | From _____                |  |
| Telephone ( ) _____                                                                                                            |  | To _____                  |  |
| Reason for leaving (be specific) _____                                                                                         |  | Your last job title _____ |  |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. |  |                           |  |

|                                                                                                                                |  |                           |  |
|--------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|--|
| Name _____                                                                                                                     |  | Supervisor name _____     |  |
| Position _____                                                                                                                 |  | Employment dates _____    |  |
| Company _____                                                                                                                  |  | Pay or salary _____       |  |
| Address _____                                                                                                                  |  | From _____                |  |
| Telephone ( ) _____                                                                                                            |  | To _____                  |  |
| Reason for leaving (be specific) _____                                                                                         |  | Your last job title _____ |  |
| 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 ☐

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 Shirley J. Jones Date: 1-30-15