

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) Wilson Lavarro Date: 11-14-17

Address: (Street Address) 7545 79th St S (Apt. /Unit #) 2

(City) Cottage Grove (State) MN (ZIP Code) 55033

Phone: 612-407-8362 Email: Kingmone46@gmail.com

Social Security No. 319-76-4808 Date Available: A-S-AP

Position Applied for: Open Desired Salary: 12.50

Shift Available to work: ☒ 1st ☐ 2nd ☐ 3rd Employment desired: ☒ Full-Time ☐ Part-Time

What is your means of transportation to work? Drive

Are you authorized to work in the U.S? ☒ Yes ☐ No

How did you hear about us? Walk-in Referral Name: _____

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	<u>A.L.C.</u>		<u>4</u>	
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: DMC Phone: 612-278-1680
Address: 101 7St Supervisor: Dwight
Job Title: BATCH Mixer Starting Salary: \$ 9.50 Ending Salary: \$ 16.50
Responsibilities: BATCH Mixing
From: 2014 To: 2017 Reason for Leaving: move out of town
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: _____ 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

J. Wehane

Date:

11-14-17

MINNESOTA
IDENTIFICATION CARD
NOT A DRIVER'S LICENSE

 **LAVARD SAMONE WILSON JR**
3480 GOLFVIEW DR APT 4216
EAGAN, MN 55123

Date of Birth: 08-09-1985
Sex: Eyes: Class:
Ht: BRN ID:
Height: Weight:
6-5 240
ISSUED 01-2017 EXPIRES 08-09-2021

J. Wilson

A001050687901

SOCIAL SECURITY

 

319-76-4808
THIS NUMBER HAS BEEN ESTABLISHED FOR
LAVARD SAMONE WILSON JR
J. Wilson
SIGNATURE
USA 11/03/2012

