

# 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 1-2

Full Name: (Last Name, First Name) Xiong Komeng Date: 05/31/2017

Address: (Street Address) 909 5th Street East (Apt. /Unit #) \_\_\_\_\_

(City) Saint Paul (State) MN (ZIP Code) 55106

Phone: (651)329-5890 Email: Komeng.Xiong93@gmail.com

Social Security No. 624-64-6116 Date Available: asap

Position Applied for: Shipping/Receiving Desired Salary: \$16.00

Shift Available to work:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> Employment desired:  Full-Time  Part-Time

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

How did you hear about us? Facebook 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>Corner Stone</u>	<u>Townshed /GA</u>	<u>4</u>	<u>HSD</u>
College				
Bus. Or Trade School				
Professional School				

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## Previous Employment

Company: Kaiser Manufacturing Inc. Phone: 651-459-8880

Address: Newport Supervisor: Jim

Job Title: Sewer Starting Salary: \$ 18.00 Ending Salary: \$ 19.00

Responsibilities: Sewing production

From: 4/2012 To: 8/2016 Reason for Leaving: 2 weeks notice

May we contact your previous supervisor for reference?  Yes  No

Company: Hitli Phone: 651-641-0442

Address: \_\_\_\_\_ Supervisor: Vang 651-239-75

Job Title: Shipping / Receiving Starting Salary: \$ 12.50 Ending Salary: \$ 12.75

Responsibilities: Order pick / Shipping Receiving

From: 7/2015 To: 10/2015 Reason for Leaving: Contract over

May we contact your previous supervisor for reference?  Yes  No

Company: Bunzl Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: Forklift / Order pick Starting Salary: \$ 14.00 Ending Salary: \$ 14.00

Responsibilities: load, unload Trucks

From: 8/2015 To: 5/2015 Reason for Leaving: Company Move

May we contact your previous supervisor for reference?  Yes  No

Company: Surgical Tee Inc. Phone: 651-641-0442

Address: \_\_\_\_\_ Supervisor: Bon

Job Title: Clean Room Starting Salary: \$ 10.50 Ending Salary: \$ 10.50

Responsibilities: Clean Room / Medical device

From: 8/14 To: 11/2015 Reason for Leaving: 2 weeks

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: 05/31/2017

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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

Date:

05/31/2017



# Preliminary Questions For CMG use only

Name: Romeng Xiong

Date: 05/31/2017

1. If hired are you willing to take a drug test? yes
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? NO
3. Are you able to work with pork? No

\*To be completed during or after interview\*

Have you ever been convicted, plead guilty or contest to a Felony? Yes \_\_\_\_\_ No X

If yes, please list when, where and the nature of the offense(s):

Have you ever been convicted, plead guilty or contest to a Misdemeanor? Yes \_\_\_\_\_ No X

If yes, please list when, where and the nature of the offense(s):

*You will not be denied employment solely because you answer "Yes" above or because you have been convicted of a crime, felony or misdemeanor. The company considers many individualized factors in evaluating a job candidate, including but not limited to, with respect to criminal history, the nature and date of any offense, the surrounding circumstances, and the nature of the position for which you apply.*

*By signature below, I certify that the information provided above is true and complete that I have discussed the above with my interviewer as disclosed. I understand and agree that any misrepresentation by me will be sufficient cause to eliminate me from consideration for employment and/or terminate employment at any time if I have been employed.*

Applicant signature: [Signature]

Date: 05/31/2017

# Authorization

**Authorization:** By signing below, you authorize: (a) backgroundchecks.com ("BGC") and/or Orange Tree Employment Screening to request information about you from any public or private information source; (b) anyone to provide information about you to BGC and/or Orange Tree Employment Screening; (c) BGC and/or Orange Tree Employment Screening to provide Employer Solutions Staffing Group, LLC one or more reports based on that information; and (d) Employer Solutions Staffing Group, LLC ("ESSG") to share those reports with others for legitimate business purposes related to your employment. BGC and/or Orange Tree Employment Screening may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an employee of ESSG.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

**Personal Information:** Please print the information requested below to identify yourself for BGC.

Printed name: Komeng Xiong  
First Middle (  none) Last

Other names used: \_\_\_\_\_  
Current county of residence: \_\_\_\_\_

Current and former addresses:

<u>10/2015</u> from Mo/Yr	<u>05/2017</u> to Mo/Yr	<u>909 5th Street</u> Street	<u>st. Paul MN 55106</u> City, State & Zip
<u>03/2013</u> from Mo/Yr	<u>10/2015</u> to Mo/Yr	<u>1523 3rd Street</u> Street	<u>st. Paul MN 55106</u> City, State & Zip
<u>1/2010</u> from Mo/Yr	<u>03/2013</u> to Mo/Yr	<u>Congress Apt B</u> Street	<u>st. Paul MN 55106</u> City, State & Zip

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

05/29/1993  
Date of birth

624-64-6116  
Social security number

\_\_\_\_\_  
Driver's license number & state

Komeng Xiong  
Name as it appears on license

**Report Copy:** If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box:

[Signature]  
Signature

05/31/2017  
Date

**MINNESOTA**  
**DRIVER'S LICENSE**

*Minnesota*

**KOMENG XIONG**  
1623 3RD ST E  
ST PAUL, MN 55105

Date of Birth **05-28-1983**

Sex	Eyes	Class
M	BRN	D

Height **5-3** Weight **150**

ISSUED **12-2014** EXPIRES **05-29-2018**

*Komeng Xiong*

L912138554812

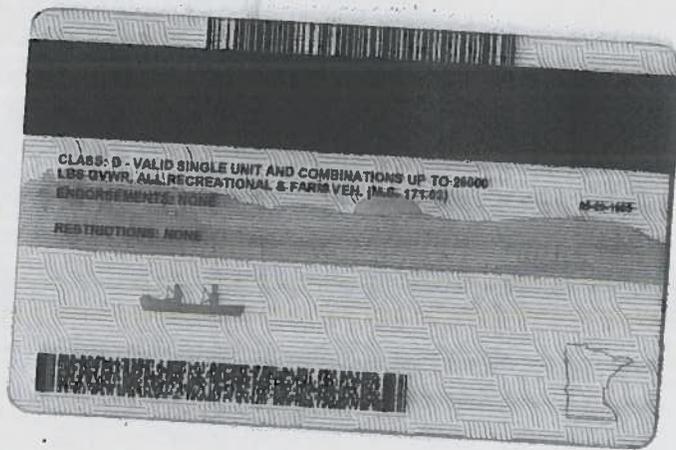
**SOCIAL SECURITY**

**624-64-6116**

THIS NUMBER HAS BEEN ESTABLISHED FOR

**KOMENG XIONG**

*Komeng Xiong*  
SIGNATURE



Do not laminate this card.

This card is invalid if not signed by the number holder unless health or age prevents signature.

Improper use of this card and/or number by the number holder or any other person is punishable by fine, imprisonment or both.

This card is the property of the Social Security Administration and must be returned upon request. If found, return to:

SSA-ATTN: FOUND SSN CARD

P.O. Box 17087 Baltimore Md. 21203

Contact your local Social Security office for any other matter regarding this card.

Department of Health and Human Services  
Social Security Administration

**C66090254**