

LM 9/16

* I am currently without a phone but I can take a message at (507) 533-9999 or in the evenings I can be reached at (507) 696-3259



9/10 ENTERED

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5

DATE 9-9-2013

Name Fischer Julianna R
Last First Middle Maiden

Present address
Number Street Stewartville MN 55976
City State Zip

Social Security No. 472-29-7989

* Telephone () _____ E-Mail _____

If under 18, please list age _____ Referred by _____

Position applied for (1) Any Shift available to work
and salary desired (2) 11.00 1st _____
(Be specific) 2nd _____
3rd _____

How many hours can you work weekly? 40 hours Can you work nights? No

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

When available for work? Any time

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	<u>Stewartville High School</u>	<u>440 6th ave SW</u>	<u>3 years</u>	
College		<u>Stewartville, MN, 55976</u>		
Bus. or Trade School				
Professional School				

* I am currently finishing up my credits (1.25) at Hawthorne Education Center to get my Diploma
Address: 700 4th Ave SE
Rochester, MN, 55904

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ No ☒ Yes

If yes, explain number of conviction(s), nature of offense(s), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation. February 21, 2013 Theft & Possession of Drug Paraphenelia

(a misdemeanor & petty Misdemeanor) March 26, 2013 I pledged guilty

APPLICATION FOR EMPLOYMENT

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

What is your means of transportation to work? _____

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 Carol Atkins Name Brian Ferson

Position Friend & Mentor Position _____

Company _____ Company Hugs Ministry

Address _____ Address 105 S. Main St #1

_____ Stewartville, MN, 55976

Telephone (507) 269-7586 Telephone (507) 533-9999

APPLICATION FOR EMPLOYMENT

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 _____		Supervisor name <u>Amanda</u>	
Position _____		Employment dates	
Company <u>New Human</u>		Pay or salary	
Address <u>1016 1st St. East</u>		From <u>2-3-2012</u>	Start <u>Minimum</u>
Address <u>Stewartville, MN 55976</u>		To <u>Current</u>	Final <u>1</u>
Telephone <u>(507) 533-0326</u>		Your last job title <u>Hostess</u>	
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. <u>Made customers feel welcome, did take out orders, bused tables, cashier, answered phone</u>			

Name _____		Supervisor name <u>Bob</u>	
Position _____		Employment dates	
Company <u>Foreway Stores</u>		Pay or salary	
Address <u>2nd ave NE</u>		From <u>10-2011</u>	Start <u>minimum</u>
Address <u>Stewartville, MN 55976</u>		To <u>5-2012</u>	Final <u>7.75</u>
Telephone <u>(507) 533-4195</u>		Your last job title _____	
Reason for leaving (be specific) <u>Not enough hours</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Cashier, bagged groceries, took out groceries for customer, stocked shelves</u>			

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 _____ Position _____ Company _____ Address _____ 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> <tr> <td colspan="2">Your last job title _____</td> </tr> </table>	Employment dates	Pay or salary	From	Start	To	Final	Your last job title _____	
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To	Final								
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.									

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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



Date: _____