



## APPLICATION FOR EMPLOYMENT

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

|  |   |
|--|---|
| <b>PLEASE COMPLETE PAGES 1-5</b>   | DATE _____  |
| Name _____<br><small>Last First Middle Maiden</small>  |   |
| Present address _____<br><small>Number Street City State Zip</small>   |   |
| How long _____   | Social Security No. _____ - _____ - _____   |
| Telephone (____) _____   |   |
| If under 18, please list age _____   | Referred by _____   |
| Position applied for (1) _____<br>and salary desired (2) _____<br>(Be specific)  | Days/hours available to work<br>No Pref _____ Thur _____<br>Mon _____ Fri _____<br>Tue _____ Sat _____<br>Wed _____ Sun _____ |
| How many hours can you work weekly? _____  | Can you work nights? _____  |
| Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME  |   |
| When available for work? _____   |   |
| Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?<br>___ No ___ Yes If so, please explain _____ |   |
| Do you anticipate any absences from work on a regular basis?<br>___ No ___ Yes If so, please explain _____   |   |

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

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_ No \_\_\_ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

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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? \_\_\_\_\_

**OFFICE USE ONLY**

Typing \_\_\_ Yes \_\_\_ No      Personal Computer \_\_\_ Yes \_\_\_ No      10-key \_\_\_ Yes \_\_\_ No  
\_\_\_\_\_ WPM                      \_\_\_ PC \_\_\_ Mac  
Word Processing \_\_\_ Yes \_\_\_ No      Other \_\_\_\_\_  
\_\_\_\_\_ WPM                      Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

|                        |                        |
|------------------------|------------------------|
| Name _____             | Name _____             |
| Position _____         | Position _____         |
| Company _____          | Company _____          |
| Address _____          | Address _____          |
| _____                  | _____                  |
| Telephone (____) _____ | Telephone (____) _____ |

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Empty space for additional information.

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**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

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 _____<br>Position _____<br>Company _____<br>Address _____<br>Telephone (____) _____                                       | Supervisor name _____ |               |
|  | Employment dates      | Pay or salary |
|  | From                  | Start         |
|  | To                    | Final         |
| Your last job title _____  |                       |               |
| 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. |                       |               |

|  |                       |               |
|--|-----------------------|---------------|
| Name _____<br>Position _____<br>Company _____<br>Address _____<br>Telephone (____) _____                                       | Supervisor name _____ |               |
|  | Employment dates      | Pay or salary |
|  | From                  | Start         |
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Who were you referred by? \_\_\_\_\_

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., (hereinafter called "the Company"),

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 Corporate Management Group, Inc., 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 the Owner/Managing Member of the Company. Both the undersigned and Corporate Management Group, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company 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 called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company 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, the Company, 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 the Company 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 the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_