

ReENTERED



### CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 10/29/14

Name Mohamed, Zahra Abdirahman  
Last First Middle Maiden

Present address 5360 weatherstone circle NW  
Number Street  
Rochester MN 55901  
City State Zip

Social Security No. 260-95-7100

Telephone 507-319-7271 E-Mail Sahir.Zahra100@hotmail.com

If under 18, please list age \_\_\_\_\_ Referred by My Cousin, Fatma magbul.

Position applied for: (1) <u>available</u> and salary desired (2) <u>available</u> <small>(Be specific)</small>	Shift available to work 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____
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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? available

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>Century High School</u>	<u>Rochester, MN</u>	<u>2006</u>	<u>DIPLOMA</u>
College				
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes \_\_\_ No

What is your means of transportation to work? I have a car.

Driver's license number E295085856016 State of issue MN

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 Shiffo Home Healthcare Corp. Name ManPower

Position PCA Position Laborer - General

Company Shiffo Home Healthcare Company Walmark, North

Address 12 E. Hillside Dr. NW Suite #207 Address 100 ManPower Place

Rochester, MN 55901 Milwaukee, WI 53212

Telephone 507-289-5801 Telephone 507-285-0710

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 No \_\_\_ Yes If so, please explain \_\_\_\_\_

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Please list two references other than relatives or previous employers.

Name  <u>Shiffo Home Healthcare Corp.</u>	Name <u>ManPower</u>
Position <u>PCA</u>	Position <u>Laborer - General</u>
Company <u>Shiffo Home Healthcare</u>	Company <u>Walmark, North</u>
Address <u>12 E. Hillside Dr. NW Suite #207</u>	Address <u>100 ManPower Place</u>
<u>Bedford, MN 55901</u>	<u>Milwaukee, WI 53212</u>
Telephone <u>507-289-5801</u>	Telephone <u>507-285-0710</u>

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 <u>Shiff Home Health Care Corp</u>	Supervisor name <u>Hamdi Ddan</u>	
Position <u>PCA</u>	Employment dates	Pay or salary <u>\$11.50</u>
Company <u>Home Care</u>	From <u>2011</u>	Start <u>sep. 4/11</u>
Address <u>2 Elton Hills Dr. W Suite 207</u>	To <u>2014</u>	Final <u>7/31/14</u>
<u>Rochester, MN, 55901</u>	Your last job title <u>PCA</u>	
Telephone <u>(507) 289-5801</u>		

Reason for leaving (be specific) My Client Past away.

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Taking care my client such as waking him up in the morning get him ready for the day helping to brush his teeth making some breakfast grooming feeding him transfers him

Name _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From	Start
Address _____	To	Final
Telephone (____) _____	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.

**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> </table> Your last job title _____	Employment dates	Pay or salary	From	Start	To	Final
Employment dates	Pay or salary						
From	Start						
To	Final						
Reason for leaving (be specific) _____							
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Employment dates	Pay or salary						
From	Start						
To	Final						
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.							

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.

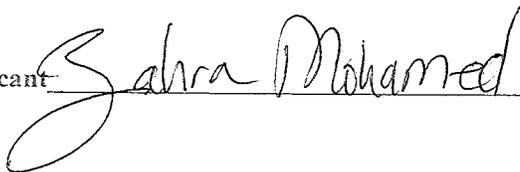
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by 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: \_\_\_\_\_