



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5

DATE 8/4/15

Name Ahmed Mohamed Ali
Last First Middle Maiden

Present address 402 31st St NE # 336
Number Street
Rochester MN 55906
City State Zip

Social Security No. 476 - 47 - 6406

Telephone 507 - 990 - 4032

E-Mail _____

If under 18, please list age 24

Referred by walkin

Position applied for (1) Genrl worker
and salary desired (2) 11.00 to 13
(Be specific)

Shift available to work

1st ☒
2nd ☒
3rd ☒

Weekends
5.1

How many hours can you work weekly? 48 Can you work nights? yes

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

When available for work? write know

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</u>	<u>Rochester</u>	<u>I did not finish</u>	
College				
Bus. or Trade School				
Professional School				

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DO YOU HAVE A DRIVER'S LICENSE? ☒ Yes ☐ No	
What is your means of transportation to work? <u>Owner car</u>	
Driver's license number <u>Q867139579921</u> State of issue <u>MN</u>	
Operator ☒ Commercial (CDL) ☐ Chauffeur ☐	
Expiration date <u>01-01-2016</u>	
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 <u>Allen</u>	Name <u>Balser Dhore</u>
Position <u>Supervisor</u>	Position <u>lead</u>
Company <u>Rochester Medical</u>	Company <u>Kemp Milk</u>
Address <u>One Rochester medical Drive</u>	Address _____
Telephone <u>(507) 993-9068</u>	Telephone <u>(507) 319-5151</u>

APPLICATION FOR EMPLOYMENT

MILITARYHAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes ☒ NoARE 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>Viracon Inc</u>	Supervisor name <u>Jeff Jeff</u>	
Position <u>Load and unload</u>	Employment dates	Pay or salary
Company <u>Viracon Inc</u>	From <u>12/1/14</u>	Start <u>11.90</u>
Address <u>800 Park Dr</u>	To <u>7/15/15</u>	Final <u>12.00</u>
<u>Owatonna MN 55060</u>	Your last job title _____	
Telephone <u>(507)</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.

machine operator / forklift experience

Name <u>Rochester Medical Inc</u>	Supervisor name <u>Alan</u>	
Position <u>assembly line and operator</u>	Employment dates	Pay or salary
Company <u>Dana Rochester Medical</u>	From <u>6/18/2009</u>	Start <u>9.00</u>
Address <u>One Rochester Medical</u>	To <u>12/20/2014</u>	Final <u>11.00</u>
Telephone <u>(507) 533-9644</u>	Your last job title _____	

Reason for leaving (be specific) I move to another state

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

Machine operator

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 <u>Howry Home health care</u>	Supervisor name <u>Makela</u>	
Position <u>PCA Direct support</u>	Employment dates	Pay or salary
Company <u>Howry Residential</u>	From <u>3/2010</u>	Start <u>10.00</u>
Address <u>2900 43rd St NE Ste 500</u>	To <u>8/2011</u>	Final <u>10.25</u>
<u>Rochester, MN 55901</u>	Your last job title _____	
Telephone <u>(507) 446-3209</u>		

Reason for leaving (be specific) No hours I work ~~for~~ every two weeks

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

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.

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: 8/14/15