



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5		DATE <u>7/31/15</u>
Name <u>Belunz Michael Jay</u> <small>Last First Middle Maiden</small>		
Present address <u>19288 65th St.</u> <small>Number Street</small>		
<u>Lime Springs</u> <small>City</small>	<u>IA</u> <small>State</small>	<u>52155</u> <small>Zip</small>
Social Security No. <u>485 - 08 - 3486</u>		
Telephone <u>(563) 419 8518</u>		E-Mail _____
If under 18, please list age _____		Referred by _____
Position applied for (1) <u>Cdl driver</u>	Shift available to work	
and salary desired (2) _____ (Be specific)	1 st <input checked="" type="checkbox"/>	<i>Weekends O.K.</i>
	2 nd <input checked="" type="checkbox"/>	
	3 rd <input checked="" type="checkbox"/>	
How many hours can you work weekly? <u>60</u>		Can you work nights? <u>yes</u>
Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME		
When available for work? <u>2 weeks</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		
Do you anticipate any absences from work on a regular basis? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	AGWSR	Ackles Iowa	13	highschool diploma
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? personal vehicle

Driver's license number 513 XX 6541 State of issue IA

Operator ___ Commercial (CDL) Chauffeur ___

Expiration date 04-04-2016

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>Jack DoZark</u>	Name <u>Chris griffin</u>
Position <u>truck driver</u>	Position _____
Company <u>mehment tilins</u>	Company <u>griffin trucking</u>
Address _____	Address _____
Telephone <u>(563) 277-2436</u>	Telephone <u>(563) 203-0882</u>

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 <u>Mehmet Hilin</u>	Supervisor name <u>Brent Mehmet</u>	
Position <u>truck driver</u>	Employment dates	Pay or salary
Company _____	From <u>Nov 2010</u>	Start <u>11.50</u>
Address <u>Saratoga IA</u>	To <u>Present</u>	Final <u>15.00</u>
Telephone <u>(641) 985-4076</u>	Your last job title <u>truck driver</u>	
Reason for leaving (be specific) <u>no hours</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Labor, drive truck, work on trucks, service trucks</u>		

Name <u>Balanz Farms</u>	Supervisor name <u>Andy Balanz</u>	
Position <u>farmer</u>	Employment dates	Pay or salary
Company _____	From <u>April 2004</u>	Start <u>10.00</u>
Address <u>34164 Co Hwy D35</u> <u>Hampton Rock IA</u>	To <u>Nov 2010</u>	Final <u>11.00</u>
Telephone <u>(641) 373-1914</u>	Your last job title <u>Farmer</u>	
Reason for leaving (be specific) <u>Company want Diske</u>		
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 _____	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.		

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:

7/31/15



For CMG use only

Name: _____

Date: _____

To be completed during or after interview

Date of interview _____

Have you ever been convicted of a crime? Yes _____ No _____

Explain

Incident _____

Employee Signature _____

Interviewer Signature _____

Name: _____

Achoo!

by Cynthia Sherwood

Achoo! We all sneeze sometimes. Sneezing is a reflex that your body does automatically. That means you cannot make yourself sneeze or stop one once it has started. When you sneeze, your body is trying to get rid of bad things in your nose, such as bacteria. You have extra germs when you have a cold, so you sneeze a lot more. You might also sneeze when you smell pepper!

Inside your nose, there are hundreds of tiny hairs. These hairs filter the air you breathe. Sometimes dust and pollen find their way through these hairs and bother your nasal passages. The nerves in the lining of your nose tell your brain that something is invading your body.

Your brain, lungs, nose, mouth, and the muscles of your upper body work together to blow away the invaders with a sneeze. When you sneeze, germs from your nose get blown into the air. Using a tissue or "sneezing into your sleeve" captures most of these germs. It is very important to wash your hands after you sneeze into them, especially during cold and flu season.



Do you ever sneeze when you walk into bright sunlight? Some people say that happens to them often. Scientists believe the UV rays of the sun irritate the nose lining of these people so they sneeze.

If someone nearby sneezes, remember to tell them "Gesundheit!" That is a funny-looking word which is pronounced "gezz-oont-hite." It is the German word that wishes someone good health after sneezing.

Name: _____

Achoo Reading Test

(Circle the correct answer)

1. Why do people sneeze?
 - a. The tiny hairs in your nose tickle
 - b. Your body is trying to get rid of bad things
 - c. You can make yourself sneeze when you want to

2. What are the 3 parts of your body work together with your upper body to sneeze?
 - a. Hand, Elbow, Shoulder
 - b. Ankle, Knee, Hip
 - c. Brain, Lungs, Mouth

3. What other things can make you sneeze?
 - a. Pepper, Sun, Dust, and Pollen
 - b. Water, Pop, Flowers, Trees
 - c. Salt, Seasonings, Meat, Fruit

4. What is a German word that people often say to someone that sneezes?
 - a. Good Job
 - b. Gesundheit
 - c. Hang in there

5. What should you do after you sneeze into your hands especially during cold and flu season? This should also be done in the production area!
 - a. Wipe them with a tissue
 - b. Nothing
 - c. Wash your hands



Applicant Interview Score Card

Name _____ Date of Interview _____

Position/Shift Assignment _____ Stand by Position _____

Rating Weak (1) to Strong (5)

- | | |
|--|-----------|
| 1. Understanding of English conversation | 1 2 3 4 5 |
| 2. Speaks English Fluently | 1 2 3 4 5 |
| 3. Work experience related to job-food industry | 1 2 3 4 5 |
| 4. Work history-working presently, yrs in workforce | 1 2 3 4 5 |
| 5. Criminal Background information | 1 2 3 4 5 |
| 6. Possesses required New Hire documentation (I9) | 1 2 3 4 5 |
| 7. Personality-friendly, pleasant, sense of humor | 1 2 3 4 5 |
| 8. Appearance-well groomed, cleanliness | 1 2 3 4 5 |
| 9. Meets requirements to work w/pork, peanuts & soy | 1 2 3 4 5 |
| 10. Shift availability-prefers shift that is available for
Open positions, willing to be flexible to shifts available | 1 2 3 4 5 |

Total possible points **50** pts. Total points scored _____

Former Employer Rating Bonus Points 1-20 _____

Interviewer: _____ Total Points _____

Date: _____

7/31/15 @ 12pm

Michael Balvanz

Lime Springs, IA
amberann7807@gmail.com

WORK EXPERIENCE

Dump truck driver

Mehmert tiling - 2009 to Present

EDUCATION

Agwsr High School