



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE November 23rd
2015

Name Thornton Darrell RAY
Last First Middle Maiden

Present address 103 10th st nw
Number Street
Rochester Ma 55901
City State Zip

Social Security No. 264 - 21 - 3783

Telephone 507 252-4608 E-Mail pairofutwins @ hotmail . Com
Pair of utwins

If under 18, please list age _____ Referred by _____

Position applied for (1) <u>driver, warehouse, etc.</u> and salary desired (2) <u>\$16.00 per hour</u> <small>(Be specific)</small>	Shift available to work 1 st _____ 2 nd <input checked="" type="checkbox"/> _____ 3 rd _____
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How many hours can you work weekly? 40+ Can you work nights? I'm not sure that I would want to work 3rd shift

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME
I would want to work 5 times a week especially in the winter

When available for work? _____

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No Yes If so, please explain I have a standing Appt. Every Wednesday morning at 9:00 AM

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>Westerville H.S.</u>	<u>303 S. Otterbein ave Westerville Ohio 43081</u>	<u>3</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? Automobile

Driver's license number R838190482019 State of issue Md.

Operator ___ Commercial (CDL) Class 7. Chauffeur ___

Expiration date 01/16/2016

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? N/A

Please list two references other than relatives or previous employers.

Name Bonnie Barlow Name _____

Position She is a shrink Position _____

Company _____ Company _____

Address bonnie@transitions Address _____
therapies.com

Telephone (____) _____ Telephone (____) _____

I would rather not provide her phone #

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 Air Force Specialty _____

Date Entered 01/21/75 Discharge Date 04/1/76

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.		

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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:

November 23rd, 2015

Darrell's work History

Transport Leasing Contractors
302 Wabash ave. Suite 1
Chesterton, Indiana 46304
dba Country Wide Carriers
Brownsdale, Mn
1-800-926-8441
219-926-9627 (fax)

May 30th, 2015-Sept.1st, 2015. Over The Road Driver... St. Ansgar, Ia. to Grand Rapids. Mi. and return. Back and forth. all summer long.

Lawrence Transportation
p.o. Box 7119
Rochester, Mn. 559034
1-800-328-7224
Stacy. and or Lacy

June, 2014-April, 2015 My duties included but not limited to:
Adhering to local, state, and federal regulations, constantly
being aware of my equipments condition (Daily inspections),
Timely pickups and deliveries, keeping myself healthy, to name
a few!

May 2013-April 2014

Unemployment insurance

Rochester City Delivery
1101 40th ave. nw
Rochester. Mn. 55903

September 2012-May 2013 I either drove long haul at .32 per mile
or was considered local work at \$10.00 per hour

California Overland
213 Industrial ct.
Wabasha. Mn 55981
651-565-2336
Greg (Gator)

Over The Road Driver, my duties were identical as to those listed
above in the Lawrence Transportation section.

Root River Valley Transfer
1120 Center st.
N. Mankato. Mn. 56002
507-388-7670
Terry R

October 2007-November 2009..My duties started out as pickups
and deliveries. after 60 days was promoted to line haul. that was a
prettv cool job. I loved that job

All of those listed above were safety sensitive regarding DOT drug and alcohol testing per CFR part
4.

I have a class A. double/triple tanker endorsements squeaky clean record, DOT med valid through
January 2017. plenty of experience

Minnesota Department of Public Safety
 Driver and Vehicle Services
 Non-Certified Driving Record Summary
 11/20/2015 10:02:04 AM



Name		Date of Birth	
DARRELL RAY THORNTON		01/16/1957	
Address		City	State ZIP
103 NW 10TH ST		ROCHESTER	MN 55901
Eyes	Height	Weight	Gender
GRN	5'07"	154	M

License Number	Class	Status	CDL Status
R838190482019	A	VALID	VALID
DL Issue Date	DL Expiration Date	ID Issue Date	ID Expiration Date
01/31/2012	01/16/2016		
Endorsements	Corrective Lenses	Restrictions	
MNT	Y		

Commercial Driver's License Medical Certificate		
CDL Med Cert Status	Med Self Cert Type	Self Cert Posted On
CERTIFIED	NON-EXEMPT INTERSTATE	02/09/2015
Med Cert Issue Date	Med Cert Expiration Date	Med Cert Posted On
01/23/2015	01/22/2017	02/09/2015
Med Cert Restrictions		
WEARING CORRECTIVE LENSES		
Medical Examiner	Examiner Phone Number	Examiner License Number
LEROY F OTTO	651-345-3361	1417
Examiner Licensing Jurisdiction	Examiner Specialty	Examiner FMCSA Reg Number
MN	CHIROPRACTOR	5147345793 DATE 11/19/2013 THU

Memo Date	Memo Text	Amount
		N Record \$9.00
		TOTAL \$9.00
		CASH \$20.00
		CHANGE
08/07/2001	MCIP TIL 07-26-02 O CL NEEDED (769) CAK	
03/11/2006	PSD WT N 3/6/08 769 MH	\$1.00
03/11/2008	PSD WT N 3/6/08 769 MH	
04/01/2009	MCIP TIL 03/26/10 769 MH	THANK YOU #02
09/09/2009	OK FOR MC/END 08-12-09 DPS EXAM 768 CJK	TIME 23:03 NO. 010861

NO CONVICTIONS AND/OR CITATIONS WITHIN THE PAST FIVE (5) YEARS

END OF RECORD

DEPARTMENT OF PUBLIC SAFETY-DRIVER LICENSE
CV 771