



## CMG APPLICATION FOR EMPLOYMENT

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

<b>PLEASE COMPLETE PAGES 1-5</b>		DATE <u>11/30/15</u>
Name <u>Lecy Alex Edward</u> <small>Last First Middle Maiden</small>		
Present address <u>416 N Huron Ave</u> <small>Number Street</small> <u>Springs Valley</u> <u>MI</u> <u>55975</u> <small>City State Zip</small>		
Social Security No. <u>471 - 27 - 3236</u>		
Telephone <u>(507) 896 0857</u>		E-Mail <u>bulldogreaction24@yahoo.com</u>
If under 18, please list age _____		Referred by _____
Position applied for (1) <u>any</u>	Shift available to work	
and salary desired (2) <u>9.00 - 10.00/hr</u> <small>(Be specific)</small>	1 <sup>st</sup> <input checked="" type="checkbox"/>	
	2 <sup>nd</sup> <input checked="" type="checkbox"/>	
	3 <sup>rd</sup> <input checked="" type="checkbox"/>	
How many hours can you work weekly? <u>40</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>12/1/15</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	<u>Kingsland</u>	<u>705 N Section Ave</u>	<u>4</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? MY CAR

Driver's license number A241023 350 307 State of issue MN

Operator \_\_\_ Commercial (CDL) \_\_\_ Chauffeur \_\_\_

Expiration date 06/01/2018

Have you had any accidents during the past three years?  Yes \_\_\_ No

If so, how many? 1

Have you had any moving violations during the past three years?  Yes \_\_\_ No

If so, how many? 1

Please list two references other than relatives or previous employers.

Name ~~Brian~~ Autumn turkenson Name Kenny turkenson

Position ~~Log Coordinator~~ friend Position \_\_\_\_\_

Company \_\_\_\_\_ Company family friend

Address Ostrander MN Address Ostrander

Telephone (507) 251 7512 Telephone (507) 696 6915

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>Brent hasan</u>	Supervisor name <u>Brent hasan</u>	
Position <u>boss</u>	Employment dates	Pay or salary
Company <u>Brent hasan</u>	From <u>06/2011</u>	Start <u>10.00/hr</u>
Address <u>Ostrander MN</u>	To <u>09/2011</u>	Final <u>10.00/hr</u>
Telephone <u>(507) 951 2520</u>	Your last job title <u>Cashier</u>	

Reason for leaving (be specific) Seasonal

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

helped build houses

Name <u>Justin Christon</u>	Supervisor name <u>Justin Christon</u>	
Position <u>manager</u>	Employment dates	Pay or salary
Company <u>Fleet Farm</u>	From <u>05/2012</u>	Start <u>8.50/hr</u>
Address <u>4891 Main Ave SE Rochester</u>	To <u>11/2012</u>	Final <u>8.50/hr</u>
Telephone <u>(507) 281 1130</u>	Your last job title <u>Cashier</u>	

Reason for leaving (be specific) Personal

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

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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.

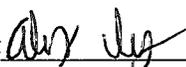
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission 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: 11/30/15