



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>6/27/17</u>
Name <u>Dean Milton Connedy</u> <small>Last First Middle Maiden</small>		
Present address <u>1207 19th St NW #18</u> <small>Number Street</small> <u>Rochester</u> <u>MA</u> <u>55901</u> <small>City State Zip</small>		
Social Security No. <u>481-11-8684</u>		
Telephone <u>(507) 319-3616</u>		E-Mail <u>deanconnedy27@gmail.com</u>
If under 18, please list age _____		Referred by <u>Moses God:</u>
Position applied for (1) <u>sanitizer</u> and salary desired (2) <u>\$13.00/hr</u> (Be specific)		Shift available to work 1 st <input checked="" type="checkbox"/> 2 nd _____ 3 rd <input checked="" type="checkbox"/>
How many hours can you work weekly? <u>40</u>		Can you work nights? <u>yes</u>
Employment desired ___ FULL-TIME ONLY <input checked="" type="checkbox"/> PART-TIME ONLY <input checked="" type="checkbox"/> FULL- OR PART-TIME		
When available for work? <u>asap</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input checked="" type="checkbox"/> No ___ Yes If so, please explain _____		
Do you anticipate any absences from work on a regular basis? ___ No <input checked="" type="checkbox"/> Yes If so, please explain <u>requesting every other weekend off</u>		

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Century HS</u>	<u>Rochester, MA</u>	<u>4</u>	<u>general</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? Good, owner of vehicle

Driver's license number V7522939138/14 State of issue MI

Operator Commercial (CDL) Chauffeur Class D

Expiration date 4/27/18

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 Aisna Guzman

Name Anna Taherkhanchi

Position Lab Assistant

Position Program Director

Company Mayo Clinic

Company Rem

Address Rochester, MI

Address Rochester, MI

Telephone 507 884-9313

Telephone 507 993-8879

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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>DEAN Cannolly</u>	Supervisor name <u>Stew</u>	
Position <u>Warehouse picker</u>	Employment dates <u>3/17</u>	Pay or salary <u>12.00/hr</u>
Company <u>DAPK</u>	From <u>3/2017</u>	Start <u>12.00/hr</u>
Address <u>Rochester, MN</u>	To <u>present</u>	Final <u>12.00/hr</u>
Telephone <u>(513) 287-6080</u>	Your last job title _____	
Reason for leaving (be specific) <u>Still employed</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>organize orders, pack orders, stock</u>		

Name <u>Dean Cannolly</u>	Supervisor name <u>Carey</u>	
Position <u>Assistant</u>	Employment dates	Pay or salary
Company <u>Hillers Carpet</u>	From <u>2/2016</u>	Start <u>13.00/hr</u>
Address <u>Rochester, MN</u>	To <u>10/2016</u>	Final <u>14.00/hr</u>
Telephone () _____	Your last job title <u>Assistant</u>	
Reason for leaving (be specific) <u>Contractor was injured - no jobs</u> <u>mother</u> ^{7/11} ₂₀₀		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Assistant with installing carpet.</u>		

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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>Dean Connolly</u>		Supervisor name <u>Lebo</u>	
Position <u>Cutter</u>		Employment dates	
Company <u>Rochester meats</u>		From <u>October 2015</u>	Pay or salary
Address <u>Rochester, MN</u>		To <u>October 2016</u>	Start <u>11:00/hr</u>
Telephone <u>(507) 529-4700</u>		Final <u>12:35/hr</u>	
Your last job title <u>Cutter</u>			
Reason for leaving (be specific) <u>Found another job opportunity</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. <u>Cut meats, stocked, packaged</u>			

Name <u>Dean Connolly</u>		Supervisor name <u>Josh</u>	
Position <u>Deliver</u>		Employment dates	
Company <u>Arctic Glacier</u>		From <u>5/2015</u>	Pay or salary
Address <u>Rochester, MN</u>		To <u>10/2015</u>	Start <u>11:00/hr</u>
Telephone ()		Final <u>11:00/hr</u>	
Your last job title <u>Deliver</u>			
Reason for leaving (be specific) <u>Laid off - seasonal position</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. <u>Stocked trucks & delivered ice to vendors</u>			

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:

