ENTERED

CMG
CORPORATE MANAGEMENT GROUP

6/5
10 AM

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 5-30-17

Name Sem, Sarorn
Last First Middle Maiden

Present address 739 55th St NE #125
Number Street
Rochester MN 55906
City State Zip

Social Security No. 688-73-4968

Telephone 507 269-9625 E-Mail

If under 18, please list age Referred by Somaly Chat

Position applied for (1) Assembly line
and salary desired (2) $10
(Be specific)

Shift available to work
1st X
2nd
3rd

How many hours can you work weekly? 40 Can you work nights? NO

Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY X FULL- OR PART-TIME

When available for work? Now

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
X No ___ Yes If so, please explain

Do you anticipate any absences from work on a regular basis?
X No ___ Yes If so, please explain

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes X No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? __ Yes X 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 Fish market
Position Sales | prep
Company _____
Address _____
Cambodia
Telephone (____) _____

Supervisor name _____

Employment dates	Pay or salary
From 1997	Start
To 2016	Final

Your last job title _____

Reason for leaving (be specific) Moved to United States

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.
Cleaning & Preping fish for Customers.

Name _____
Position _____
Company _____
Address _____
_____
Telephone (____) _____

Supervisor name _____

Employment dates	Pay or salary
From	Start
To	Final

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.

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.

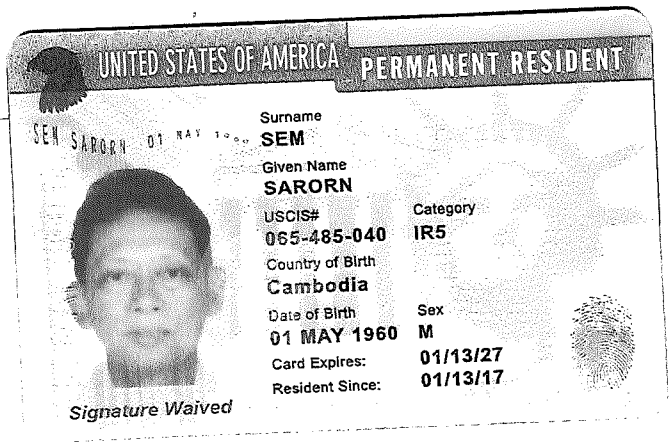
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by 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: 5-30-17



UNITED STATES OF AMERICA

PERMANENT RESIDENT

SEM SARORN 01 MAY 1960

Surname
SEM

Given Name
SARORN

USCIS#
065-485-040

Category
IR5

Country of Birth
Cambodia

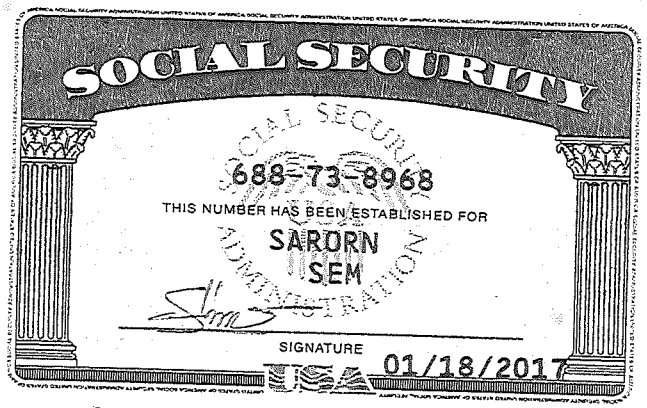
Date of Birth
01 MAY 1960

Sex
M

Card Expires:
01/13/27

Resident Since:
01/13/17

Signature Waived



SOCIAL SECURITY

688-73-8968

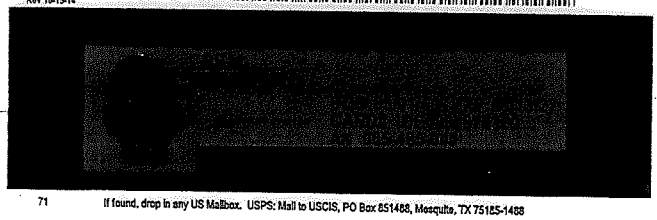
THIS NUMBER HAS BEEN ESTABLISHED FOR

SARORN
SEM

SIGNATURE

01/18/2017

I-551 Rev 10-15-14 53906340



71 If found, drop in any US Mailbox. USPS: Mail to USCIS, PO Box 851488, Mesquite, TX 75185-1488

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SEM<<SARORN<<<<<<<<<<<<<<<<<<

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ___ Yes X No

What is your means of transportation to work? family will drop off

Driver's license number _____ State of issue _____

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date _____

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 Visna Sam

Position Shift leader

Company Reichel food

Address 4109 13th NW

Rochester, MN 55901

Telephone (507) 319-1664

Name Chenda Chhem

Position Inspection dept

Company Reichel Food

Address 2061 48th St NW

Rochester, MN 55901

Telephone (507) 358-1814

APPLICATION FOR EMPLOYMENT