

on Hold



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 05-06-2013

Name AFroh Abdirahman umar
Last First Middle Maiden

Present address 2015 41st St NW Rochester MN 55901
Number Street City State Zip

How long _____ Social Security No. 214-61-4888

Telephone (571) 264-0426

If under 18, please list age _____ Referred by _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Be specific) No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? more than 40 Can you work nights? yes

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

When available for work? Now

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

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>Sakhawedin</u>	<u>Somalia</u>	<u>1985</u>	<u>'</u>
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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

What is your means of transportation to work? _____

Driver's license number T-61359140 State of issue VA

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date 10-20-2020

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? _____

OFFICE USE ONLY

Typing ___ Yes ___ No

Personal Computer ___ Yes ___ No

10-key ___ Yes ___ No

_____ WPM

___ PC ___ Mac

Word Processing ___ Yes ___ No

Other _____

_____ WPM

Skills _____

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (____) _____ Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

[Empty space for additional information]

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MILITARY

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

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? __ Yes __ (No)

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>CRISPY CREME</u>	Supervisor name <u>DAVID</u>	
Position <u>Delivery</u>	Employment dates	Pay or salary
Company <u>Donut</u>	From <u>02-2007</u>	Start <u>10</u>
Address <u>Jewerson D.H.W.</u>	To <u>04-2009</u>	Final <u>11</u>
Telephone <u>(703) 490 4958</u>	Your last job title _____	
Reason for leaving (be specific) <u>Lay off</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

Name <u>Forsth Transportation</u>	Supervisor name <u>Alamako</u>	
Position _____	Employment dates	Pay or salary
Company <u>BUS DRIVER</u>	From <u>06-2009</u>	Start <u>14.95</u>
Address <u>Bout Gads</u>	To <u>11-2010</u>	Final <u>14.95</u>
Telephone <u>(703) 518 8079</u>	Your last job title _____	
Reason for leaving (be specific) <u>I started in another job</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

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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 _____	Supervisor name <u>MONIK</u>	
Position <u>Bus Driver</u>	Employment dates	Pay or salary
Company <u>Blue Ridge Lemosne</u>	From <u>02-2010</u>	Start <u>15.75</u>
Address <u>INZERT ST</u>	To <u>05-2012</u>	Final <u>15.75</u>
Telephone <u>(703) 916 8000</u>	Your last job title <u>BUS DRIVER</u>	
Reason for leaving (be specific) <u>LAY OFF</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

Name _____	Supervisor name <u>TRUCK DRIVER</u>	
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.		

Who were you referred by? _____

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., (hereinafter called "the Company"),

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 Corporate Management Group, Inc., 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 the Owner/Managing Member of the Company. Both the undersigned and Corporate Management Group, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company 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 called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company 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, the Company, 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 the Company 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 the Company is terminable at will for any reason by either party.

Signature of applicant Abdirahman Date: 05-06-2013