LM on VM 5/11/15

CMG
CORPORATE MANAGEMENT GROUP

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 05-06-2015

Name Kalif Abdiaziz mohamed
Last First Middle Maiden

Present address 2844 w Saint Germain st #307
Number Street
St. Cloud MN 56301
City State Zip

Social Security No. 471-47-2299

Telephone (320 493 1195 E-Mail a.khalif789@gmail.com

If under 18, please list age _____ Referred by _____

Position applied for (1) _____ and salary desired (2) _____ (Be specific)	Shift available to work 1st _____ 2nd ✓ 3rd ✓

How many hours can you work weekly? 40 Can you work nights? Yes

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

When available for work? ASAP

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	Tech HS	St. Cloud	4	General education
	School			
College	SCSU	St. Cloud	2	IS
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? Car

Driver's license number D41404669690 9 State of issue MN

Operator ✓ Commercial (CDL) ___ Chauffeur ___

Expiration date 01-01-2018

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 Aweys Adan	Name Ibrahim Farah
Position Tech High school	Position Sales
Company Teacher	Company St. Cloud Wireless
Address St. Cloud MN	Address St. Cloud MN
Telephone (320) 266 5567	Telephone (320) 224 4045

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 EDC
Position Runner
Company EDC
Address 720 Anderson Ave
St. Cloud MN
Telephone (320) 656 2884

Supervisor name Mary Andersan

Employment dates	Pay or salary
From 01 2013	Start 7:55
To 02 2014	Final 8:55

Your last job title Runner

Reason for leaving (be specific) moved

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

Name Link transportation
Position Driver
Company Link
Address St. Cloud

Telephone (320) 455 3221

Supervisor name Hired Driver

Employment dates	Pay or salary
From 08 2014	Start 9.50
To 02 2015	Final 9.50

Your last job title Driver

Reason for leaving (be specific) moved

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

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.

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.

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 Abdiaziz Kalif **Date:** 05-06-2015