



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5

DATE 02/23/2015

Name Faran Mohamed Abdulkarim

Last First Middle Maiden

Present address 2911 Avenue Parrye Rd
St. Cloud MN 56301
 City State Zip

Social Security No. 356-95-9252

Telephone (cell) 800-2916

E-Mail _____

Referred by Well Dorn

If under 18, please list age _____

Position applied for (1) open and salary desired (2) 9.00
 (Be specific)

Shift available to work
 1st _____
 2nd _____
 3rd available

How many hours can you work weekly? _____
 Can you work nights? _____

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

When available for work? soon as possible

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 _____

MAJOR & DEGREE	NUMBER OF YEARS COMPLETED	LOCATION (complete mailing address)	NAME OF SCHOOL	TYPE OF SCHOOL
		<u>St. Cloud MN</u>	<u>Tech</u>	High School
				College
				Bus. or Trade School
				Professional School

APPLICATION FOR EMPLOYMENT

Telephone (681) 800-2916
 Telephone (339) 237-7381

Address St. Cloud
 Company
 Position Production
 Name Gellie

Please list two references other than relatives or previous employers.

Have you had any moving violations during the past three years? Yes No If so, how many? _____

Have you had any accidents during the past three years? Yes No If so, how many? _____

Operator Commercial (CDL) Chauffeur
 Expiration date _____

Driver's license number _____ State of issue _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? I have reliable ride

APPLICATION FOR EMPLOYMENT

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

Reason for leaving (be specific) _____

Your last job title _____		Telephone (____) _____
To _____	From _____	Address _____
Final _____	Start _____	Company _____
Employment dates _____		Position _____
Pay or salary _____		Name _____
Supervisor name _____		

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

Reason for leaving (be specific) _____

Your last job title <u>Jacking</u>		Telephone <u>(302) 237-9381</u>
To <u>EMCOIS</u>	From <u>10/2011</u>	Address <u>St. Cloud</u>
Final _____	Start _____	Company _____
Employment dates _____		Position <u>packing</u>
Pay or salary _____		Name <u>Harrod</u>
Supervisor name <u>Gelle</u>		

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.

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 _____

Handwritten initials

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.

Supervisor name _____		Employment dates From _____ To _____	Pay or salary Start _____ Final _____	Your last job title _____	Name _____ Position _____ Company _____ Address _____ Telephone (_____) _____
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.					

Supervisor name _____		Employment dates From _____ To _____	Pay or salary Start _____ Final _____	Your last job title _____	Name _____ Position _____ Company _____ Address _____ Telephone (_____) _____
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.

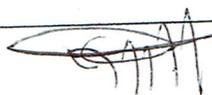
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by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

6/23/2015