



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>1/22/2015</u>			
Name <u>PROSS, ALEXUS, MURPHY</u>					
Last First Middle Maiden					
Present address <u>2020 15th St N #102</u>					
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Number Street <u>57000</u></td> <td style="width: 33%; border: none;">City <u>MN</u></td> <td style="width: 33%; border: none;">Zip <u>55303</u></td> </tr> </table>			Number Street <u>57000</u>	City <u>MN</u>	Zip <u>55303</u>
Number Street <u>57000</u>	City <u>MN</u>	Zip <u>55303</u>			
Social Security No. <u>259 - 87 - 7110</u>					
Telephone <u>409 483-1116</u>		E-Mail <u>ALEXUS PROSS</u>			
If under 18, please list age _____		Referred by <u>John S</u>			
Position applied for (1) <u>ROCK-OFF</u>		Shift available to work			
and salary desired (2) <u>9.00 hrs</u>		1 st <input checked="" type="checkbox"/>			
(Be specific)		2 nd _____			
		3 rd _____			
How many hours can you work weekly? <u>40</u>		Can you work nights? <u>NO</u>			
Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME					
When available for work? <u>1-22-2015</u>					
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____					
Do you anticipate any absences from work on a regular basis?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____					

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>HIC</u>		<u>12</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? Public transportation
~~and identification card~~
Driver's license number 033295514 State of issue GA

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date 9/30/2018

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 <u>Lorena O'Quinn</u>	Name <u>Jenny</u>
Position <u>CO-Worker</u>	Position <u>Supervisor</u>
Company <u>WPS-ITF</u>	Company <u>WPS-ITF/Hughes</u>
Address _____	Address _____
Telephone <u>404-834-9020</u>	Telephone <u>320-492-7525</u>

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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 _____		Supervisor name <u>Kenneth Smith</u>	
Position <u>Inventory Associate</u>	Company <u>WSP</u>	Employment dates	Pay or salary
Address <u>6255 Jimmy Carter Blvd, Norcross, GA</u>	Telephone <u>(770) 491-7103</u>	From <u>09/15/2013</u>	Start <u>8.00</u>
		To <u>01/30/2014</u>	Final <u>8.00</u>
Reason for leaving (be specific) <u>Relocated</u>		Your last job title _____	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Counting product</u>			

Name <u>Alto Simpson</u>		Supervisor name <u>Tracy O'Connor</u>	
Position <u>TEMP - WARE</u>	Company _____	Employment dates	Pay or salary
Address _____	Telephone <u>320-257-0330</u>	From <u>05/2014</u>	Start <u>9.00</u>
		To <u>10/2014</u>	Final <u>9.00</u>
Reason for leaving (be specific) <u>I'm still on call</u>		Your last job title <u>TEMP</u>	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>I did all kind of odd jobs working in warehouse.</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>KEVIN GARRETT</u>	Supervisor name <u>Genny</u>	
Position _____	Employment dates	Pay or salary
Company _____	From <u>11/04/2015</u>	Start <u>12000</u>
Address <u>4150 2nd St Suite 425</u> <u>St Cloud, MN 56301</u>	To <u>12/18/2015</u>	Final <u>12000</u>
Telephone <u>320.253-7430</u>	Your last job title _____	

Reason for leaving (be specific) I'm still on call

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

Receiving Product on box

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



Date:

1/22/2015