

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Charle de Gaulle	NLA Classroom	7	SCIENCE
College	St Cloud State	St Cloud	4	ELECTRICAL
Bus. or Trade School				
Professional School				

PLEASE COMPLETE PAGES 1-5

Name: Patrick Alimeta Last First Middle Initial

Present address: 391 8th Ave Apt 4 Number Street St Cloud City MN State 56301 Zip

Social Security No. 468-57-6810

Telephone (320) 344 8050

If under 18, please list age 33

Referred by Oummarou Bakariyouou E-Mail alimeta@stcloudstate.edu

Position applied for (1) Stacking and salary desired (2) \$9.00 or more (Be specific)

Shift available to work: 1st 2nd 3rd

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

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

When available for work: 02-16-2015

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 _____

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

CMG APPLICATION FOR EMPLOYMENT



APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVERS LICENSE? Yes No

What is your means of transportation to work?
By my car

Driver's license number: MN 3178811416 State of issue: 12-2013

Operator Commercial (CDL) Chauffeur

Expiration date: 02-03-2018

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: Abdoulaye Niampé Position: Packaging
Company: Hussein meat
Address: 845 Industrial Blvd
Sour Rapids, MN 56379
Telephone (320) 200-8540

Name: Oumarou Zakariyaou Position: Packaging
Company: CMG
Address: 245 Industrial Blvd
Sour Rapids, MN 56379
Telephone (320) 284-7599

APPLICATION FOR EMPLOYMENT

Name CentralCare

Position ST cloud hospital

Company ST cloud hospital

Address 1406 SIXTH AVENUE

Address HORSH ST cloud, TN56303

Telephone (320) 251 200

Your last job title	
From <u>2012</u>	To <u>2014</u>
Start <u>11.60</u>	Final <u>12.50</u>
Employment dates	
Pay or salary	
Supervisor name	

Reason for leaving (be specific) Grant time Job

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

Cleaning, mopping, taking trash out

Name Masterson Pets onl

Position Machine operator assistant

Company NATHAN Printing

Address 601 North Avenue, South

Address WATER PARK, MN 56383

Telephone (320) 253 8850

Your last job title	
From <u>2011</u>	To <u>2013</u>
Start <u>9.40</u>	Final <u>9.40</u>
Employment dates	
Pay or salary	
Supervisor name	

Reason for leaving (be specific) Temporary Job

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

packaging, pushing loading, operating on mailing machine

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 Y

Specialty Y

Date Entered Y Discharge Date Y

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.

Name _____		Position _____	Company _____	Address _____	Telephone () _____
Supervisor name _____					
Employment dates _____		Reason for leaving (be specific) _____			
Pay or salary _____	From _____	List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.			
Start _____	To _____				
Final _____	Your last job title _____				

Name _____		Position _____	Company _____	Address _____	Telephone () _____
Supervisor name _____					
Employment dates _____		Reason for leaving (be specific) _____			
Pay or salary _____	From _____	List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Start _____	To _____				
Final _____	Your last job title _____				

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: 02-16-2015