



## 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>8/24/15</u>
Name <u>Allen Clifford Anthony</u> <small>Last First Middle Maiden</small>		
Present address <u>52 Claremont Street</u> <small>Number Street</small>		
<u>St. Cloud</u> <small>City</small>	<u>MN</u> <small>State</small>	<u>56301</u> <small>Zip</small>
Social Security No. <u>578 - 21 - 7719</u>		
Telephone <u>(320) 316 5082</u>	E-Mail _____	
If under 18, please list age _____	Referred by <u>Mike Jones</u>	
Position applied for (1) _____ and salary desired (2) _____ (Be specific)	Shift available to work 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> <u>yes</u>	
How many hours can you work weekly? <u>40</u>	Can you work nights? <u>yes</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>8/24/15</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	Rossville HS	<u>1240 City Road Rossville, MN 55113</u>	<u>2 yrs</u>	<u>High School Diploma</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? I have a vehicle

Driver's license number 6907006761216 State of issue MN

Operator \_\_\_ Commercial (CDL) \_\_\_ Chauffeur \_\_\_

Expiration date 3-5-19

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 Ralph Jackson Jr Name Angeolic Saldana

Position Pool Plaster / pool demo Position Lint Picker

Company Jackson's Pool and Spa Company FDC

Address \_\_\_\_\_ Address 720 Anderson Ave, St Cloud

\_\_\_\_\_ MN 56303

Telephone (816) 8783775 Telephone (320) <sup>316</sup> 65 5083

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. *collect product off the line and put them in the correct tray.*

Reason for leaving (be specific) *Found new employer in another state*

Your last job title <i>cmly p.c.l.u</i>		Telephone <i>(320) 626 8880</i>
From <i>Oct 30 2014</i>	To <i>April 18 2015</i>	Address <i>MW 56302</i>
Start <i>8:30</i>	Final <i>8:30</i>	Company <i>The Anderson Auto St. Land</i>
Employment dates	Pay or salary	Position <i>FDC</i>
Supervisor name <i>Justin</i>		Name <i>cmly p.c.l.u</i>

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. *T.I.T.I.Growth making plaster, chipping out pools,*

Reason for leaving (be specific) *I was having my baby in my home state.*

Your last job title <i>laborer</i>		Telephone <i>(816) 215 1355</i>
From <i>April 19 2015</i>	To <i>Aug 13 2015</i>	Address
Start <i>10:00 daily</i>	Final <i>same</i>	Company <i>Jacksons Pools</i>
Employment dates	Pay or salary	Position <i>laborer</i>
Supervisor name <i>Ralph Jackson</i>		Name <i>Jacksons Pools Clifford Allen</i>

**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 \_\_\_\_\_

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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.

Supervisor name <u>Jessy</u>		Employment dates		Position <u>machine operator</u>		Name _____	
Pay or salary <u>10.00</u>		From <u>May 8 2013</u>		Company <u>Art. Cold Storage</u>		Address <u>4139 Roosevelt RD St. Cloud</u>	
Final <u>10.00</u>		To <u>Aug 19 2014</u>		Telephone <u>Mr 56301</u>		Telephone <u>(320) 253 9979</u>	
Reason for leaving (be specific) <u>Temp Job</u>							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company: <u>operate the pasteurization machine for the turkey product</u>							

Supervisor name _____		Employment dates		Position _____		Name _____	
Pay or salary _____		From _____		Company _____		Address _____	
Final _____		To _____		Telephone _____		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 *William H. H. H.*

Date: *8/24/15*