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ENTERED
1-10-14

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 10/9/14

Name CHAM ACHALA Amaia
Last First Middle Maiden

Present address 860 Stillwater Rd #216
Number Street
Mantomdie MN 55115
City State Zip

Social Security No. 489 - 11 - 3819

Telephone (651) 308-5854 E-Mail achalacham@yahoo.com

If under 18, please list age _____ Referred by Ruth OChalla

Position applied for (1) _____ Shift available to work
 and salary desired (2) \$ 8.00 pm
 (Be specific) 1st _____
 2nd _____
 3rd _____

How many hours can you work weekly? any available Can you work nights? NO

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

When available for work? as 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 _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Gambella, E.S	In Africa	5 year	
	GED	Harmony, Ind	not yet	
College	Century College	Whitebear	Not yet	nursing
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No ___ Yes

If yes, explain number of conviction(s), nature of offense(s), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation. _____

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 Q717160750415 State of issue MN

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date 06-19-2015

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 ~~Abang Gouff~~ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (____) _____ Telephone (____) _____

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 _____		Supervisor name <u>Round</u>	
Position <u>Nursing Assistant</u>		Employment dates	Pay or salary
Company <u>Golden Living Center</u>		From <u>per se</u>	Start
Address <u>313 S. Greely St</u>		To	Final
Address <u>Stillwater, MN</u>		Your last job title _____	
Telephone <u>(651) 439-5775</u>		Reason for leaving (be specific) <u>per se</u>	

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
Address _____		Your last job title _____	
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.

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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 _____ Position _____ Company _____ Address _____ _____ Telephone (____) _____	Supervisor name _____	
	Employment dates	Pay or salary
	From	Start
	To	Final
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 _____ Position _____ Company _____ Address _____ _____ Telephone (____) _____	Supervisor name _____	
	Employment dates	Pay or salary
	From	Start
	To	Final
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.

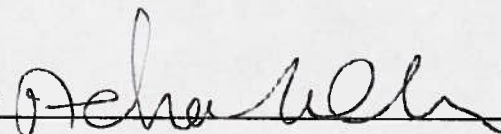
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by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

10/9/14