CORPORATE MANAGEMENT GROUP

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 5-6-15

Name Andersen Kenya Shonte Hall
Last First Middle Maiden

Present address 103 12th Ave North
Number Street

St. Cloud MN 56303
City State Zip

Social Security No. 315 - 84 - 7691

Telephone 320 828-7865 E-Mail

If under 18, please list age Referred by James Stamps

Position applied for (1) Open and salary desired (2) $9.00 hr (Be specific)	Shift available to work 1st 7:30 to 3:30pm 2nd 3rd X

How many hours can you work weekly? All hours Can you work nights? No

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

When available for work? Immediately

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	Humboldt	St. Paul	11	
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? Car pool with James

Driver's license number _____ State of Issue _____

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date _____

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 Martha Williams	Name Lindsay Zwirbes
Position Indian Child Welfare	Position Skills Worker
Company White Earth Nation	Company Independent lifestyles inc.
Address Box 83 Ogema, MN 56569	Address [redacted] 215 North Benton Dr. Sauk Rapids MN 56379
Telephone (218) 401-0433	Telephone (320) 529-9000

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 St. Cloud Hospital
Position PCA
Company Hospital
Address 1406th Ave North
St. Cloud MN
Telephone (320) 251-2700

Supervisor name Pat Rausch

Employment dates	Pay or salary
From Aug 2002	Start $9.75
To 2003	Final $10.00

Your last job title PCA

Reason for leaving (be specific) To take care of my two special needs boys

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

Name Target East
Position Cashier
Company
Address 125 Lincoln Ave SE
St. Cloud MN 56304
Telephone (320) 654-0016

Supervisor name

Employment dates	Pay or salary
From Sep 2001	Start 7.00
To Aug 2002	Final 7.75

Your last job title Cashier

Reason for leaving (be specific) To work at Hospital

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

Work on cash register

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 Goodwill	Supervisor name Dait knew
Position Donation Attendant	Employment dates: From 1999 To —
Company	Pay or salary: Start 7.00 Final 7.00
Address 100 19th Ave SW Willmar, MN	Your last job title Donation Attendant
Telephone (320) 214-9238	

Reason for leaving (be specific) moved to St. Cloud

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Collected Donations. Sort through them and perpare for Sales

Name	Supervisor name
Position	Employment dates: From To
Company	Pay or salary: Start 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.

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: 5-6-15