



Friday  
10.00

### CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5

Name Bentley, Amanda Maye DATE 03/17/2015  
Last First Middle Maiden

Present address 1001 2nd Street East  
Number Street  
Hastings MIN 55033  
City State Zip

Social Security No. 502 - 02 - 4554

Telephone (651) 347-5456 E-Mail amanda.bentley213@yaho

If under 18, please list age N/A Referred by N/A

Position applied for (1) Baker Shift available to work  
 and salary desired (2) 10<sup>00</sup> pr/hr 1st  
 (Be specific) \$10.00 2nd  
3rd

How many hours can you work weekly? 40 Can you work nights? open

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

When available for work? 03/20/2015

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 \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Des Lacs High School</u>			
College	<u>Globe University</u>	<u>ND Woodbury</u>	<u>6</u>	<u>Diploma</u>
Bus. or Trade School			<u>3</u>	<u>A.A.S (Healthcare)</u>
Professional School				

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 K0411152165805 State of issue MN

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

Expiration date 07/15/2018

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>Diane Young</u>	Name <u>Kimberly Muffenbier</u>
Position <u>admin./office</u>	Position <u>accounting</u>
Company <u>Creative Labs</u>	Company _____
Address <u>Henslow Ave</u> <u>Cottage Grove, MN</u>	Address <u>Minneapolis, MN</u>
Telephone <u>(651) 325-7873</u>	Telephone <u>(651) 497-5663</u>

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 <u>Smart Ride</u>	Supervisor name <u>Alice Norwig</u>	
Position <u>Dispatcher</u>	Employment dates	Pay or salary
Company <u>Shuttle Service</u>	From <u>Jan. 2015</u>	Start <u>10.<sup>00</sup> hr</u>
Address <u>Hastings MN</u>	To <u>Current</u>	Final <u>10.<sup>00</sup> hr</u>
Telephone <u>(763) 668-9238</u>	Your last job title <u>Dispatcher</u>	
Reason for leaving (be specific) <u>currently employ Fri &amp; Sat</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Answer customer calls, dispatch requests for transportation, delegate responsibilities to appropriate drivers.</u>		

Name <u>A-I Automotive</u>	Supervisor name <u>Walter Froliche</u>	
Position <u>Bookkeeper</u>	Employment dates	Pay or salary
Company <u>Automotive repair shop</u>	From <u>Sep 2013</u>	Start <u>\$10.00 hr</u>
Address <u>50 N. Napa St. Spokane, WA 99202</u>	To <u>Aug 2014</u>	Final <u>\$10.00 hr.</u>
Telephone <u>(509) 535-4700</u>	Your last job title <u>Bookkeeper</u>	
Reason for leaving (be specific) <u>help no longer required / moved to MN</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>microsoft office / quick books; payroll; file logs and requisitions</u>		

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Name <u>Quynh My Xome</u>		Supervisor name <u>Mike Gonzalez, MD</u>	
Position <u>CMA</u>		Employment dates	
Company <u>endocrinology clinic</u>		From <u>2010 (Oct)</u>	Pay or salary
Address <u>1185 Town Centre Dr</u>		To <u>2013 (July)</u>	Start <u>14.00</u>
Address <u>Suite # 220 Eagan, MN</u>		Your last job title <u>CMA</u>	Final <u>14.00</u>
Telephone <u>(651) 379-1600</u>			

Reason for leaving (be specific) relocated to WA

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

vitals, hematology, specimen collection/testing medication administration, patient care

Name <u>Oxynate</u>		Supervisor name <u>Sherrine Privat</u>	
Position <u>cust. service</u>		Employment dates	
Company <u>Oz Bar</u>		From <u>2008</u>	Pay or salary
Address <u>Mall of America</u>		To <u>2010</u>	Start <u>10.00</u>
Telephone ( )		Your last job title <u>Cust. Service</u>	Final <u>10.00</u>

Reason for leaving (be specific) graduated and began healthcare emp.

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

explained oz benefits, set up customers for 20min of session, open/close store - customer service

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.

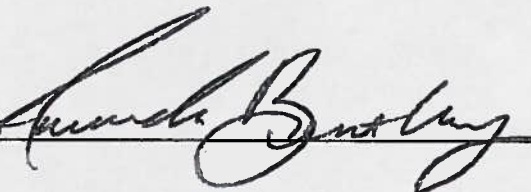
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by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

03/17/15