



Please return to
 245 Industrial Blvd
 Sauk Rapids
 Any Questions Call
 320.281.5617

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE _____

Name BARKHADLE BASHIR-KHALIF
Last First Middle Maiden

Present address 1515 6th ave south #23
Number Street
Saint Cloud MN 56301
City State Zip

Social Security No. 074-11-1750

Telephone (619)-471-4504 E-Mail xamarog@hotmail.com

If under 18, please list age 27 Referred by _____

Position applied for (1) _____ and salary desired (2) _____ (Be specific)	Shift available to work 1 st _____ 2 nd _____ 3 rd _____
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How many hours can you work weekly? 40 hours Can you work nights? yes

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

When available for work? ANY TIME

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				
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? _____

Driver's license number G607067919713 State of issue MN

Operator Commercial (CDL) Chauffeur

Expiration date 11-16-2017

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 Abdi Mahad Abdillahi Name Mohamud M. Ibrahim

Position worker Position worker

Company Electrolux Company Electrolux

Address 701.33rd Ave. North Address 701.33rd Ave N.
Saint cloud MN. 56303 Saint cloud MN 56303

Telephone (952)261.3025 Telephone (320)2230371

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>Said</u>	
Position <u>COOKER</u>		Employment dates	
Company <u>MOROCCHIAN GROCER</u>		Pay or salary	
Address <u>1725 7th ST S. ST. CLOUD</u>		From <u>2015/10/20</u>	Start <u>10</u>
<u>56301</u>		To <u>2016/4/6^{TO} NOW</u>	Final <u>11</u>
Telephone <u>(320) 217 4340</u>		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 _____		Supervisor name <u>Mahad Mursal</u>	
Position <u>worker</u>		Employment dates	
Company <u>GJM Adult Day Care</u>		Pay or salary	
Address <u>110 2nd ST South ste 138</u>		From <u>2015</u>	Start <u>10.00</u>
<u>Saint Cloud MN 56387</u>		To <u>2016-2-3-</u>	Final <u>10.00</u>
Telephone <u>(320) 2469 2565</u>		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.			

APPLICATION FOR EMPLOYMENT

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