

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	Hubbs Center			

PLEASE COMPLETE PAGES 1-5

Name: Rings Luvin

Last First Middle Maiden

Present address: 175 WILKINSON AVE # 3
 Number Street: ST PAUL MN
 City: ST PAUL State: MN Zip: 55113

Social Security No. 468-53-9300

Telephone (651) 329 1600

If under 18, please list age _____

Referred by _____

Position applied for (1) Product ~~Commissionary~~
 and salary desired (2) \$8.00
 (Be specific)

How many hours can you work weekly? _____
 Can you work nights? _____

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

When available for work? 6.23.14

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 _____

DATE 6.16.14

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

CMG APPLICATION FOR EMPLOYMENT

ENTERED 6/16/14



CHIT WIN

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? Alus Lu'u

Driver's license number Y645284158415 State of issue _____

Operator Commercial (CDL) Chauffeur

Expiration date 6.23.14

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 Jakota Premium Foods

Position Produce

Company Jemite-O

Address 125 South Concord St Address 116 NW 4th Ave

Telephone (651) 455-6611 #2133 Telephone (507) 334-5555

APPLICATION FOR EMPLOYMENT

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

Reason for leaving (be specific) _____

Your last job title _____		Telephone <u>(507) 334-5555</u>
From _____	To <u>6.16.14</u>	Address <u>116 New 4th Ave</u>
Start <u>5.10.2014</u>	Final _____	Company <u>Denise-O</u>
Employment dates	Pay or salary _____	Position <u>Produce</u>
Supervisor name _____		Name <u>Hang Levin</u>

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

Reason for leaving (be specific) _____

Your last job title _____		Telephone <u>(571) 455-6611</u>
From _____	To <u>6.10.2013</u>	Address <u>125 South Concord St</u>
Start <u>9.10.2009</u>	Final _____	Company <u>American Foods</u>
Employment dates	Pay or salary _____	Position <u>Produce</u>
Supervisor name <u>Dovic</u>		Name <u>Hang Levin</u>

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 _____

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.**

Supervisor name _____		Employment dates	Pay or salary
From		Start	Final
To		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	Final
To		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 (_____) _____		_____	

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 *RMS*

Date:

8.16.14