



## CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5

Name Thao Sai  
Last First Middle Maiden

DATE 10-19-14

Present address 1041 Rose Ave E  
Number Street

St. Paul MN 55106  
City State Zip

Social Security No. 468 - 47 - 2287

Telephone (651) 200-0240

E-Mail sthao112@hotmail.com

If under 18, please list age \_\_\_\_\_

Referred by Shoua Thao

Position applied for (1) QA

and salary desired (2) \$12/hr  
(Be specific)

Shift available to work

1<sup>st</sup> \_\_\_\_\_  
 2<sup>nd</sup>  \_\_\_\_\_  
 3<sup>rd</sup> \_\_\_\_\_

How many hours can you work weekly? 8 hours up

Can you work nights? Yes

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	<u>Hmong Academy</u>	<u>1515 Brewster St St. Paul, MN 55108</u>	<u>General</u>	<u>Diploma</u>
College				
Bus. or Trade School	<u>Minneapolis Business College</u>	<u>1711 W. County Rd. B Roseville, MN 55113</u>	<u>1 Year</u>	<u>Diploma</u>
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes \_\_\_ No

What is your means of transportation to work? I have my own car.

Driver's license number Q847155567919 State of issue MN

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

Expiration date 4-24-15

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 Dr. Peter Ladd Name Mai Houa Thao

Position Chiropractic Physical Position Payroll Specialist

Company Premier Health W. St. Paul Chiropractic Company St. Jude Medical Inc.

Address 1089 S. Robert St. Address One Lillehei Plaza

W. St. Paul, MN 55118 St. Paul, MN 55117

Telephone (651) 457-5435 Telephone (651) 756-4366

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>Sai Thao</u>	Supervisor name <u>Nichole Wood</u>	
Position <u>Medical Assembly</u>	Employment dates	Pay or salary
Company <u>Pentair Inc.</u>	From <u>October 2013</u>	Start <u>\$10/hr</u>
Address <u>White Bear Lake, MN</u>	To <u>October 2014</u>	Final <u>\$10/hr</u>
Telephone <u>(651) 239-4452</u>	Your last job title _____	
Reason for leaving (be specific) <u>Present</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>See Resume</u>		

Name <u>Sai Thao</u>	Supervisor name <u>Gao Lee</u>	
Position <u>Assembly</u>	Employment dates	Pay or salary
Company <u>A Plus Bindery Inc.</u>	From <u>January 2013</u>	Start <u>\$8.50/hr</u>
Address <u>Roseville, MN</u>	To <u>February 2014</u>	Final <u>\$9/hr</u>
Telephone <u>(651) 633-0050</u>	Your last job title _____	
Reason for leaving (be specific) <u>Slow</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>See Resume</u>		

**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 <u>Sai Thao</u>		Supervisor name <u>Dr. Peter Ladd</u>	
Position <u>Medical Assembly</u>		Employment dates	
Company <u>Premier Health W. St. Paul Chiropractic</u>		From <u>April 2011</u>	Pay or salary
Address <u>1089 N. County Rd. D</u>		To <u>June 2011</u>	Start <u>\$0</u>
Address <u>Rosville, MN 55113</u>		Final	
Telephone <u>(651) 457-5435</u>		Your last job title _____	
Reason for leaving (be specific) <u>Finish my externship</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
<u>See Resume</u>			

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

10-19-14