CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 12/26/14

Name Meath Samantha Josephine
Last First Middle Maiden

Present address 1116 5th St Apt #6
Number Street
St. Paul Park MN 55071
City State Zip

Social Security No. 675 - 25 - 1704

Telephone (651) 231-6764 E-Mail S_Meath22@yahoo.com

If under 18, please list age _____ Referred by Alex Galchutt

Position applied for (1) open
and salary desired (2) $8.00
(Be specific)

Shift available to work
1st _____
2nd X
3rd _____
after 5pm - open

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

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

When available for work? Jan 5th 2015

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
X No ___ Yes If so, please explain _____

Do you anticipate any absences from work on a regular basis?
X No ___ Yes If so, please explain _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Park High School	Cottage Grove MN	4	
College				
Bus. or Trade School	Minneapolis Business College	Roseville MN	2	Medical Assisting
Professional School				

DO YOU HAVE A DRIVER'S LICENSE? X Yes ___ No

What is your means of transportation to work? Volkswagon Jetta

Driver's license number F776086464720 State of issue MN

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date 09/22/2017

Have you had any accidents during the past three years? ___ Yes X No

If so, how many? _____

Have you had any moving violations during the past three years? ___ Yes X No

If so, how many? _____

Please list two references other than relatives or previous employers.

Name Alex Galchutt	Name Jennifer Jones
Position _____	Position Manager
Company Supermoms	Company Climb Theater
Address _____	Address _____
_____	_____
Telephone (651) 398-3051	Telephone (651) 270-8181

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 Station 200
Position Sold pull tabs
Company Climb Theater
Address 2354 Cano ave. St. Paul MN.
Telephone (651) 653-9275

Supervisor name Jennifer Janes

Employment dates	Pay or salary
From Nov. '13	Start 7.25
To Dec. '14	Final 9.00

Your last job title Manager

Reason for leaving (be specific) Bar came under New management, pulled Booth out.

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Managed a pull tab Booth, kept Records of all gambling games, money, paddle tickets. Ran Bingo, meat raffles. Handled all deposits. Took care of pay roll.

Name Cottage Grove Davita
Position Patient Care Technician
Company Davita Dialysis
Address 5000 E. point Douglas Cottage Grove MN.
Telephone (612) 544-6741

Supervisor name Beth Clemens

Employment dates	Pay or salary
From Aug '12	Start 12.70
To Oct. '13	Final 12.70

Your last job title Patient Care Technician

Reason for leaving (be specific) Dangerous pregnancy conditions.

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Maintained a sterile environment while Patients Recieved dialysis. I worked with patients preforming invasive Procedures, hooked them up to machines, Cleaning their blood. kept track of inventory. cleaned + Sterilized artificial kidneys.

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 _____ Position _____ Company _____ Address _____ _____ Telephone (____)_____	Supervisor name _____ Employment dates / Pay or salary From / Start To / Final 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 To / Final 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 NO current employer.

Did you complete this application yourself? X 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: 12/26/14