



## CMG APPLICATION FOR EMPLOYMENT

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

**PLEASE COMPLETE PAGES 1-5**

DATE 4/29/15

Name Campbell D. Tyrone  
Last First Middle Initial

Present address 509 8th Ave North  
Number Street St. Cloud MN 56303  
City State ZIP

Social Security No. 514 - 92 - 2130

Telephone (Area) 974-7712

E-Mail \_\_\_\_\_

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

Position applied for (1) Sanitation  
 and salary desired (2) Discuss with Employer  
(Be specific)

How many hours can you work weekly? 40 or more  
 Can you work nights? Yes

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

When available for work? ASAP

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<br>(Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE    |
|----------------------|-----------------------|--|---------------------------|-------------------|
| High School          | Cooper High School    | 1 New Hope                             | 9-12                      | Graduated         |
| College              | University of Phoenix | online                                 | 1 year                    | not completed yet |
| Bus. or Trade School |                       |  |                           |                   |
| Professional School  |                       |  |                           |                   |

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes  No

What is your means of transportation to work? Our car my wife will take me & pick me up

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_

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

Expiration date \_\_\_\_\_

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 Bill Delevy \_\_\_\_\_  
Name Phil O Donohue \_\_\_\_\_

Position Construction \_\_\_\_\_  
Position Construction \_\_\_\_\_

Company Self Employed \_\_\_\_\_  
Company Self Employed \_\_\_\_\_

Address \_\_\_\_\_  
Address \_\_\_\_\_

Telephone (380) 260 5830 \_\_\_\_\_  
Telephone (380) 260 5830 \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

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

Labor Work

Reason for leaving (be specific) Moved to St. Cloud

|                     |      |                           |  |
|---------------------|------|---------------------------|--|
| Your last job title |      | Telephone ( )             |  |
| From                | To   | Address                   |  |
| 2011                | 2013 | <u>Duluth, MN</u>         |  |
| Employment dates    |      | Company                   |  |
| Pay or salary       |      | <u>Express Employment</u> |  |
| Supervisor name     |      | Position                  |  |
|                     |      | <u>Temp Agencies</u>      |  |
|                     |      | Name                      |  |
|                     |      | <u>Jessica Erickson</u>   |  |

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

cut down & move trees, dry wall, plumbing

Reason for leaving (be specific) Bill work with when available

|                                 |      |                      |  |
|---------------------------------|------|----------------------|--|
| Your last job title             |      | Telephone ( )        |  |
| From                            | To   | Address              |  |
| 2014                            | 2015 |                      |  |
| Employment dates                |      | Company              |  |
| Pay or salary <u>\$12.00 hr</u> |      | <u>Self Employed</u> |  |
| Supervisor name                 |      | Position             |  |
|                                 |      | <u>Bill Delvelly</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 _____  |                            | Name _____<br>Position _____<br>Company _____<br>Address _____<br>Telephone (____) _____ |
| Employment dates   | From _____<br>To _____     |  |
| Pay or salary  | Start _____<br>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. |                            |  |

|  |                            |  |
|--|----------------------------|--|
| Supervisor name _____  |                            | Name _____<br>Position _____<br>Company _____<br>Address _____<br>Telephone (____) _____ |
| Employment dates   | From _____<br>To _____     |  |
| Pay or salary  | Start _____<br>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

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: Therese Campbell Date: 4/29/15