



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5		DATE <u>6-15-15</u>
Name <u>AUSEN LEE DUSTIN</u> <small>Last First Middle Maiden</small>		
Present address <u>1352 4th St.</u> <small>Number Street</small>		
<u>SAINT PAUL PARK</u> <small>City</small>	<u>MN</u> <small>State</small>	<u>55071</u> <small>Zip</small>
Social Security No. <u>473 - 86 - 7627</u>		
Telephone <u>651 328-7870</u>		E-Mail _____
If under 18, please list age _____		Referred by <u>John Kreck</u>
Position applied for (1) <u>OPEN</u>	Shift available to work	
and salary desired (2) <u>\$10.00 to \$12.00</u> <small>(Be specific)</small>	1 st <u>Yes</u>	
	2 nd <u>NO</u>	
	3 rd <u>MAYBE</u>	
How many hours can you work weekly? <u>40</u>		Can you work nights? <u>OPEN</u>
Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME		
When available for work? <u>ASAP</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		
Do you anticipate any absences from work on a regular basis? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If so, please explain <u>CANT WORK ON JULY 6-7 (DUE TO DOCTOR APPT. I CAN EXPLAIN WHY.. BESIDES THAT NO</u>		

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Harding High</u>			<u>Diploma</u>
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? I Live About 5 Blocks AWAY

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 LAURA HOWARD Name LEON VIG

Position Deli Position MANAGER

Company JERRY'S Company Coca-Cola

Address Woodbury Address 1758 Lexington Ave.
Mendota Heights

Telephone (651) 328-7855 Telephone (651) 485-5975

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>Rick's Floors Covering</u>		Supervisor name <u>Rick or Eric</u>	
Position <u>Cap Carpet & Vinyl installer</u>		Employment dates	Pay or salary
Company <u>Rick's Floors</u>		From <u>6-15-00</u>	Start <u>\$10.00</u>
Address <u>3655 Upper 73rd St.</u>		To <u>5-7-15</u>	Final <u>\$15.00</u>
<u>Inver Grove Heights</u>		Your last job title _____	
Telephone <u>(651) 206-4364</u>			

Reason for leaving (be specific) Company Closed its Doors

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Installed Carpet & Vinyl was Very good At my Job. Did Everything from tearin out to Full Install. Got to be Really good At talking to People AND Im A Really Hard Worker.

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.

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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 _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Employment dates</th> <th style="width:50%;">Pay or salary</th> </tr> <tr> <td>From _____</td> <td>Start _____</td> </tr> <tr> <td>To _____</td> <td>Final _____</td> </tr> </table> Your last job title _____	Employment dates	Pay or salary	From _____	Start _____	To _____	Final _____
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From _____	Start _____						
To _____	Final _____						
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:

6-15-15