



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 6/27/15

Name Willetta Arden Marie Galchutt
Last First Middle Maiden

Present address 332 #4 Pullman Ave
Number Street St Paul Park MN 55071
City State Zip

Social Security No. 570 - 85 - 7543

Telephone (612) 304-6600 E-Mail _____

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

Position applied for (1) <u>Office Admin</u> and salary desired (2) <u>13⁰⁰ per hr.</u> <small>(Be specific)</small>	Shift available to work 1 st _____ 2 nd _____ 3 rd _____
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How many hours can you work weekly? 40 Can you work nights? If needed

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 I have a dr appt 1x a month

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Park High School</u>	<u>80th St Village Grove</u>	<u>3</u>	<u>Diploma</u>
College				
Bus. or Trade School	<u>Hastings Beauty School</u>	<u>Hastings MN</u>	<u>1</u>	<u>Licensed Cosmetologist</u>
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ___ Yes No - will by august

What is your means of transportation to work? walk / live just a couple
Driver's license number _____ State of issue Blacks
away.

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date _____

Have you had any accidents during the past three years? Yes ___ No
If so, how many? 1

Have you had any moving violations during the past three years? Yes ___ No
If so, how many? 5

Please list two references other than relatives or previous employers.

Name <u>Jean Bernardy</u>	Name <u>Jenaca Krienke</u>
Position <u>Insurance Agent</u>	Position <u>OAS1</u>
Company <u>Allstate</u>	Company <u>State of MN</u>
Address <u>Woodbury</u>	Address <u>540 Cedar St</u> <u>St Paul MN</u>
Telephone <u>612 247 3857</u>	Telephone <u>651 955 3157</u>

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>Adrien Willette</u>		Supervisor name <u>Danny Suggs</u>	
Position <u>Admin</u>	Employment dates	Pay or salary	
Company <u>Custard Insurance Ady</u>	From <u>3/17/14</u>	Start <u>1300</u>	Final <u>1300</u>
Address <u>3345 Rice Street</u> <u>Roseville MN</u>	To <u>Current</u>	Your last job title _____	
Telephone <u>(651) (63) 1800</u>	Reason for leaving (be specific) <u>to far from home.</u>		

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

Data entry, mail, ordering supplies, set up new claims, file type reports, dictations, billing/invoicing, phones,

Name <u>State of Minnesota</u>		Supervisor name <u>Sandy Tremert</u>	
Position <u>OAS1</u>	Employment dates	Pay or salary	
Company _____	From <u>6/2004</u>	Start <u>1260</u>	Final <u>1478</u>
Address <u>540 Cedar Street</u> <u>St Paul MN</u>	To <u>5/2000</u>	Your last job title _____	
Telephone () _____	Reason for leaving (be specific) <u>Statewide Layoffs</u>		

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

*Filing, MFDs, tech support, tech tester
MSEs, Claims, Data entry, phones, any projects
given to me*

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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 _____	
	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

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.

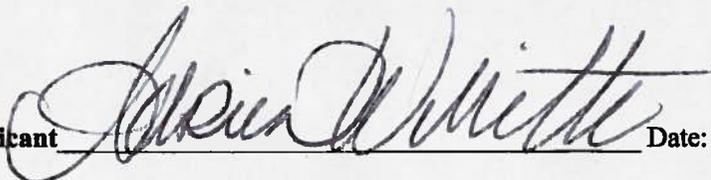
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by 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: 6/27/15

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