



Please return to
245 Industrial Blvd
Sauk Rapids
Any Questions Call
320.281.5617

1st ~~Deqo~~ 2nd
Deqo Ahmed

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE: 28/04/2016

Name Ahmed deeqo osman
Last First Middle Maiden

Present address 430 Parkmedows # APT 108
Number Street
White Park mn 56387
City State Zip

Social Security No. 706 - 89 - 4814

Telephone (315) 94-99-122 315 E-Mail _____
949

If under 18, please list age 25 Referred by Abel's Shucul

Position applied for (1) blue line. ~~druggist~~ Shift available to work
 and salary desired (2) 9.50 1st
 (Be specific) 2nd 2nd shift
3rd

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

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

When available for work? any time.

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No Yes If so, please explain I am hard worker

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>Adult IRC</u>	<u>Ethiopia</u>	<u>2014</u>	
College				
Bus. or Trade School				
Professional School				

lots of issues
w/ drug test + Ramadan

APPLICATION FOR EMPLOYMENT

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

What is your means of transportation to work? _____

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 Abdukkadir dmile Name _____

Position blue line Position N/A

Company cmg Company _____

Address _____ Address _____

Telephone (320) 237-4977 Telephone (____) _____

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>Mogadishu meat and grocery</u>		Supervisor name <u>Mohamed Abdi</u>	
Position <u>Cutting meat with knife</u>		Employment dates	
Company <u>and packaging</u>		Pay or salary	
Address <u>1725 7th street south</u>		From <u>10/10/2010</u>	Start <u>98</u>
<u>St-cloud mn 56307</u>		To <u>01/20/2016</u>	Final <u>98</u>
Telephone <u>(612) 706 176</u>		Your last job title <u>Cutting meat with knife</u>	
Reason for leaving (be specific) <u>no much a pay</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.			

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

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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.		

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.		

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: _____