

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	South High			
College	WHS High		1	
College	OSCC			
Bus. or Trade School	STCLOUD HO			
Professional School				

PLEASE COMPLETE PAGES 1-5

Name: Duncan Charmaine Felicia

Present address: 85 West Ash St
St. Joe IN 46784

Social Security No. 327-66-904

Telephone (616) 806-2909

E-Mail: Charmaine.duncan@chmm.com

Referred by: NAIR-INT

Position applied for (1): _____
 and salary desired (2): _____
 (Be specific)

Shift available to work: 1st 2nd 3rd

How many hours can you work weekly? 40

Can you work nights? Sometimes

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

When available for work? 4.10.15

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 _____

DATE: 4.9.15

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

CMG APPLICATION FOR EMPLOYMENT



APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? I have my own car

Driver's license number W59349102817 State of issue MN

Operator Commercial (CDL) Chauffeur

Expiration date 07-13-2018

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? 1

Please list two references other than relatives or previous employers.

Name Joshua Plummer Position C.M.A.
Raymond Griffin Home marker
 Company _____
 Address 101 Riverside Dr
St. Cloud MN 56301
 Telephone 320 828 4914
320 793 2004

APPLICATION FOR EMPLOYMENT

DURING

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

Reason for leaving (be specific) developed copper tunnel can't find job

Boarding → Kinky twist, Microbraids etc.

Name		Hour dresser	
Position		Hour dresser	
Company			
Address			
Telephone		(602) 800-2909	
From	To	Employment dates	Supervisor name
15 yrs			Self
Start	Final	Pay or salary	
Varies	Varies		
Your last job title		Hour dresser	

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

Reason for leaving (be specific) assignment was over

Filling school orders from holiday

Name		Chipp Shopp	
Position		Boxer	
Company			
Address		STICLAND MO	
Telephone			
From	To	Employment dates	Supervisor name
10/14	11/15		Linda
Start	Final	Pay or salary	
9.50	9.50		
Your last job title		Boxer	

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.

Name _____		Position _____		Company _____		Address _____		Telephone () _____	
Supervisor name _____		Employment dates _____		Pay or salary _____		From _____		To _____	
Your last job title _____		Start _____		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.									

Name _____		Position _____		Company _____		Address _____		Telephone () _____	
Supervisor name _____		Employment dates _____		Pay or salary _____		From _____		To _____	
Your last job title _____		Start _____		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

Charmaine Duncan

Date:

04.09.15