



Please return to
 245 Industrial Blvd
 Sauk Rapids, MN
 56379
 or call 320-281-5617

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 10/12/2016

Name Willemin, Eugene Scott
Last First Middle Maiden

Present address 944 1st St S Apt 9
Number Street
Sauk Rapids MN 56379
City State Zip

Social Security No. 601-22-2070

Telephone 320-217-8899 E-Mail ScottWillemin at gmail.com

If under 18, please list age _____ Referred by _____

Position applied for (1) <u>meat grinder</u> and salary desired (2) _____ (Be specific)	Shift available to work 1 st <input checked="" type="checkbox"/> 2 nd <input checked="" type="checkbox"/> 3 rd <input checked="" type="checkbox"/>
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How many hours can you work weekly? 40 Can you work nights? yes

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

When available for work? 10/12/16

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 (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Northwest Christian</u>	<u>Phoenix AR. Zone</u>	<u>4</u>	<u>General</u>
College				
Bus. or Trade School	<u>Mundas Institute</u>	<u>Phoenix AR. Zone</u>	<u>3 month Program</u>	<u>Hospitality Program</u>
Professional School				

APPLICATION FOR EMPLOYMENT

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

What is your means of transportation to work? Own car

Driver's license number S 51917129655 State of issue MA

Operator Commercial (CDL) ___ Chauffeur ___

Expiration date 03/05 / 2017

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 Lynn PAR Name Meghan Bartell

Position disabled Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (320) 453-2127 Telephone (651) 206-9309

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>MASKERSON Staffing</u>	Supervisor name <u>Lynette McColson</u>	
Position <u>Temporary</u>	Employment dates	Pay or salary <u>Varies</u>
Company <u>Staffing</u>	From <u>7/16</u>	Start <u>10-12</u>
Address <u>6010th AVE S</u>	To <u>Current</u>	Final <u>10-12</u>
<u>Wade Park, MN</u>	Your last job title _____	
Telephone <u>(620) 253-7850</u>		

Reason for leaving (be specific) NO ASSIGNMENTS

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

Name <u>Goodwill</u>	Supervisor name <u>Karen Johnson</u>	
Position <u>Sales Associate</u>	Employment dates	Pay or salary
Company <u>Goodwill</u>	From <u>3/12</u>	Start <u>7.50</u>
Address <u>557 Parkview AVE N</u>	To <u>2/5/12</u>	Final <u>7.50</u>
<u>St. Paul, MN 55104</u>	Your last job title <u>Sales Associate</u>	
Telephone <u>(651) 379-5617</u>		

Reason for leaving (be specific) position was temporary

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. stock merchandise / maintain a clean and orderly sales floor, help customers with questions, making them feel welcome

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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 <u>Walgreens</u>	Supervisor name <u>Jeremy Fritzsche</u>	
Position <u>ASST Manager</u>	Employment dates	Pay or salary
Company <u>Walgreens</u>	From <u>1/03</u>	Start <u>17.00 HR</u>
Address <u>4310 ABRAMS Road</u>	To <u>11/03</u>	Final <u>13.75</u>
<u>Dallas, TX</u>	Your last job title <u>ASST Manager</u>	
Telephone <u>(214) 503-6286</u>		

Reason for leaving (be specific) moved out of state

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

ASST Store manager with all aspects of store operation - stocking/pricing merchandise, inventory control, supervising a team of 7-10 on any given shift

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

Eugene S. Wilton

Date:

10/12/16