

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Parkville High	123 W Main St	5	Basic
College				
Bus. or Trade School				
Professional School				

PLEASE COMPLETE PAGES 1-5

Name: Floyd Demaris H Last First Middle Initial

Present address: 4530 40 St SMITH St. Cloud MN 56301 59
Number Street City State Zip

Social Security No. 425 - 51 - 3688

Telephone (320) 330-3376

E-Mail Demaris.floyd@gmail.com

Referred by _____

Position applied for (1) Any and salary desired (2) \$ 10.50
(Be specific)

Shift available to work: 1st _____ 2nd X 3rd _____

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? Today

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: 4/27/2015

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? Car

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 Tanasha Brunelle Joseph Schneider

Position Super Visitor

Company _____

Address St. Cloud

Telephone (330) 330-3377 Telephone (763) 360-0348

APPLICATION FOR EMPLOYMENT

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)

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

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. For Lift Operators, lock-out tag out and I'm a quick learner

Reason for leaving (be specific) for ready

Your last job title		Telephone (763) 360-0346
To	From	
Final 13.89	Start 13.19	Address St. Cloud
Employment dates		Company
Pay or salary		Position P.M.O
Supervisor name Joseph Schneider		Name Electrical

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.

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

Supervisor name _____		Employment dates _____		Pay or salary _____	
From _____		Start _____		Final _____	
To _____		Your last job title _____		Telephone () _____	
Name _____		Position _____		Company _____	
Address _____		Company _____		Address _____	
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), referees 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: Brown, Kelly
Date: 2/24/2015