



LM on VM 6/19/15  
 LV Mon 10/13  
 LV Mon 10/27

## CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5		DATE <u>6/15/15</u>
Name <u>Floyd, Justin Thomas</u>		
<small>Last First Middle Maiden</small>		
Present address <u>1425 East St Germain St</u>		
<small>Number Street</small> <u>St Cloud</u>	<small>City</small>	<small>MN</small> <u>56304</u> <small>State Zip</small>
Social Security No. <u>475 - 35 - 5943</u>		
Telephone <u>(320) 472 7484</u>		E-Mail _____
If under 18, please list age _____		Referred by <u>Miles Gilbert</u>
Position applied for (1) <u>Any</u>	Shift available to work	
and salary desired (2) <u>10.00</u>	1 <sup>st</sup> _____	
(Be specific)	2 <sup>nd</sup> _____	
	3 <sup>rd</sup> _____	
How many hours can you work weekly? <u>40-50</u>		Can you work nights? <u>yes</u>
Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME		
When available for work? <u>Now</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input checked="" type="checkbox"/> No ___ Yes If so, please explain _____		
Do you anticipate any absences from work on a regular basis? <input checked="" type="checkbox"/> No ___ Yes If so, please explain _____		

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Dassel kokato H.S	Highway 12 kokato MN	12	Diploma
College	St cloud tech	St cloud MN	1	Automotive
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes \_\_\_ No

What is your means of transportation to work? car pool with Myles Gilbert

Driver's license number NO44198979800 State of issue MN

Operator  Commercial (CDL) \_\_\_ Chauffeur \_\_\_

Expiration date 9/18/18

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 Myles Gilbert Name ~~\_\_\_\_\_~~ Nate Prevost

Position operator Position welder

Company Hoskin Meats Company Millerburned

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Telephone (320) 444 5007 Telephone (320) 721-4117

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>Vision Processing</u>		Supervisor name <u>SVE poly Greg Olson</u>	
Position <u>operator</u>	Employment dates	Pay or salary <u>12.00</u>	
Company _____	From <u>2013</u>	Start <u>11.50</u>	
Address <u>125 E Commercial St Litchfield MN 55325</u>	To <u>2015</u>	Final <u>12.00</u>	
Telephone <u>(320) 593 1796</u>	Your last job title <u>Machine operator / Forklift</u>		
Reason for leaving (be specific) <u>Treatment</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>forklift operator / units of measure, safe handling food</u>			

Name <u>GVL poly</u>		Supervisor name _____	
Position <u>Case Molder</u>	Employment dates	Pay or salary	
Company _____	From <u>2013</u>	Start <u>11.50</u>	
Address <u>5711 US 12 Litchfield MN 55355</u>	To <u>2013</u>	Final <u>11.50</u>	
Telephone <u>(320) 693 8911</u>	Your last job title <u>case molder</u>		
Reason for leaving (be specific) <u>found better job</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>I operated machinery or worked with cleaning supplies / Drive forklift used measurement with food and did training in practice of handling food safety</u>			

**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 <u>Forsman Farms</u>	Supervisor name <u>Gary Forsman</u>	
Position <u>Barn Volder Maintenance</u>	Employment dates	Pay or salary
Company _____	From <u>2012</u>	Start <u>10.00</u>
Address <u>Hwy 12 Howard Lake MN</u>	To <u>2013</u>	Final <u>10.50</u>
<u>6339 Maury Ave</u>	Your last job title <u>Maintenance Barn Worker</u>	
Telephone <u>(320) 206 2629</u>		

Reason for leaving (be specific) lay off Due to No work

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Maintenance ON machinery cleaning Barns / Driving skid steer

Name <u>Bernadello's Pizzeria</u>	Supervisor name <u>Pat Schmidt</u>	
Position <u>Assembly</u>	Employment dates	Pay or salary
Company _____	From <u>2011</u>	Start <u>10.00</u>
Address <u>Maple Lake MN 200</u>	To <u>2012</u>	Final <u>10.00</u>
<u>Congress St 55358</u>	Your last job title <u>Assembly</u>	
Telephone <u>(320) 9636 811</u>		

Reason for leaving (be specific) Not enough hours

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. I learned to operate the wrapping machine to wrap the pizzas.

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.

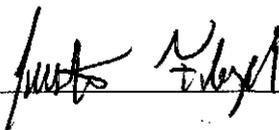
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by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

6/15/15