

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Gambella	St. Charles	2 yrs	N/A
College				
Bus. or Trade School				
Professional School				

PLEASE COMPLETE PAGES 1-5

DATE 4-28-15

Name: Gail Chamberlain

Present address: 413 2nd AVE N
St. Cloud MN 56303
Number Street City State Zip

Social Security No. 003-92-2809

Telephone (202) 227-2206 or 320-224-0041

If under 18, please list age _____

Referred by a friend

E-Mail _____

Position applied for (1) Analyst
 and salary desired (2) \$9.50
(Be specific)

How many hours can you work weekly? 40

Can you work nights? NO

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

When available for work? _____

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

Do you anticipate any absences from work on a regular basis?
 Yes _____ No If so, please explain _____

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

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? carpooling or driving my own car
Driver's license number A141099580108 State of issue MI

Operator Commercial (CDL) Chauffeur

Expiration date 01-01-2016

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 Wigzell Miquora Pal

Position Nursing Home

Company Opportunity Muttie

Address St Cloud MN

Telephone 320-230-4413

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		

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) Wanted to find work closer to home.

an assembly line.
Cutting liver out of turkey, worked in

Your last job title		Telephone <u>(620) 225-9295</u>
To	From	
Final <u>13.00</u>	Start <u>9/29/2011</u>	Address <u>Metro, MN 55392</u>
Employment dates		Company <u>Jennie-O Turkey Store</u>
Pay or salary		Position
Supervisor name <u>Sara Rolfsen</u>		

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 _____		Telephone (____) _____ _____ _____ _____ _____ _____										
Position _____												
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.												
<table border="1"> <tr> <td colspan="2">Supervisor name _____</td> </tr> <tr> <td>Employment dates</td> <td>Pay or salary</td> </tr> <tr> <td>From</td> <td>Start</td> </tr> <tr> <td>To</td> <td>Final</td> </tr> <tr> <td colspan="2">Your last job title _____</td> </tr> </table>			Supervisor name _____		Employment dates	Pay or salary	From	Start	To	Final	Your last job title _____	
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To	Final											
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Name _____		Telephone (____) _____ _____ _____ _____ _____ _____										
Position _____												
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Employment dates	Pay or salary											
From	Start											
To	Final											
Your last job title _____												

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? My daughter Nyakuma Prof

**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

William Paul Gruch

Date:

4-28-15