



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5

DATE 12-28-2016

Name Kay Gaw
Last First Middle Maiden

Present address 970 6th St E Apt 2
Number Street
St. Paul MN 55106
City State Zip

Social Security No. 873-77-1412

Telephone 832 988 5863

E-Mail _____

If under 18, please list age _____

Referred by Saw Ah Bin

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

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

How many hours can you work weekly? _____ Can you work nights? Yes

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

When available for work? Monday to Friday

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>GAP</u>	<u>387 Robie</u>	<u>2017</u>	
College		<u>71 E St Paul</u>		
Bus. or Trade School				
Professional School				

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number R278165658017 State of issue 11-2015

Operator Commercial (CDL) Chauffeur

Expiration date 01,01,2019

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 Amada Haslum

Name Jeremy parker

Position Teacher

Position Teacher

Company GIAP School

Company GIAP School

Address 381 Robie St. E

Address 381 Robie St. E

St. Paul MN 55107

St. Paul MN 55107

Telephone (715) 410-1498

Telephone (651) 222-0757

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>Tyson Graw Hay</u>	Supervisor name <u>Danel Cooper</u>	
Position <u>Slicing operator</u>	Employment dates	Pay or salary
Company <u>Tyson Foods Inc</u>	From	Start
Address <u>300 Portman Tx. Houston 77029</u>	To	Final
Telephone () _____	Your last job title _____	

Reason for leaving (be specific) moved to other states.

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

Name <u>Graw Hay</u>	Supervisor name <u>Ku Hood</u>	
Position <u>Produce</u>	Employment dates	Pay or salary
Company <u>StarFoods Inc</u>	From	Start
Address <u>544 University Ave W St. Paul MN 55103</u>	To	Final
Telephone (651) <u>209 3710</u>	Your last job title _____	

Reason for leaving (be specific) back to school

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

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	Start
	To	Final
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.

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____	
	Employment dates	Pay or salary
	From	Start
	To	Final
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



Date:

12-28-16