



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 9-28-16

Name Gilo Akwai  
Last First Middle Maiden

Present address 1215 14th Street N apt 207  
Number Street  
MN 56  
City State Zip

Social Security No. 474 - 31 - 3671

Telephone 210-705-5944 E-Mail giloakwai@gmail.com

If under 18, please list age \_\_\_\_\_ Referred by \_\_\_\_\_

Position applied for (1) <u>Sanitation</u> and salary desired (2) <u>16.00</u> <small>(Be specific)</small>	Shift available to work 1 <sup>st</sup> _____ 2 <sup>nd</sup> <input checked="" type="checkbox"/> <u>3:30-11:30/12:00</u> 3 <sup>rd</sup> _____
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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? 9-30-16

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	Apollo High School	1000 14th ave N St. Cloud MN	two years	
College				
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? \_\_\_\_\_

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 \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

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

\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

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>Marketlink</u>		Supervisor name _____	
Position <u>Sales rep</u>		Employment dates	Pay or salary
Company <u>1407 N Lake Ave</u>		From <u>5-1-13</u> To <u>8-1-13</u>	Start <u>9.00 \$</u>
Address <u>Storm lake IA 50588</u>			Final <u>9.00 \$</u>
Telephone ( ) _____		Your last job title _____	

Reason for leaving (be specific) My school hours and work hours didn't really work out.

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. We made phone calls to different people and would try to sell our cable products to them. We had to type a lot and it involves mostly computer stuff.

Name <u>QSI</u>		Supervisor name <u>Mark</u>	
Position <u>Sanitation</u>		Employment dates	Pay or salary
Company <u>315 Vilas RD Storm</u>		From <u>8-6-15</u> To <u>11-7-15</u>	Start <u>10.00 \$</u>
Address <u>lake IA 50588</u>			Final <u>10.00 \$</u>
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. When production was done with the turkeys we would come and clean the factory using high pressure hoses and we would spray the machines and use chemicals.

**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 _____	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.		

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.

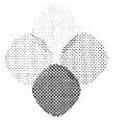
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by 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 Dile Kwesi Date: 9-28-16



# New Hire Application

**Personal Data-- PLEASE PRINT LEGIBLY IN INK**

Last Name AKwai First Name Gilo Middle Initial \_\_\_\_\_  
 Street Address 1215 14th street N Apt/Ste 207  
 City/State/Zip Saint cloud MN, 56303 Social Security Last Four XXX-XX-  
 Phone Number \_\_\_\_\_ Email Address gilakwai@gmail.com  
 Staffing Agency/Recruitment Partner CMG

**All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.**

Are you legally authorized to work in the United States of America?  YES  NO

**Applicant Certification and Authorization**

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. 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 ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

Gilo Akwai  
Name (Print or type)

Gilo Akwai  
Applicant's Signature

10-4-16  
Date

A copy or facsimile ("fax") will be considered the same as an original signature. Email will ONLY be used for employment correspondence

**For ESSG Office Use Only**

DOH _____	NHW _____	I-9 _____	8850 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Unemployment Letter (If applicable) _____	ESC Application _____

**For ESSG Client Use**

DOH _____	ROP _____	Work Site Loc. _____	WC Code _____
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your workforce management & staffing experts

**Criminal Background Check Acknowledgement**

Part of the selection process at Corporate Management Group includes a background check. The background check includes the applicant's criminal history. As part of this interview, we ask if the applicant has been convicted of any crime. Whether or not an applicant has been convicted of a crime does not determine applicant's eligibility for this position.

Applicant Name: Gilo Akwai Date of Interview: 10-4-16

Recruiter Name: CMG

Have you ever been convicted of any crime, felony, misdemeanor, not including expunged records?

Yes  No

Is yes, when, where and what was the nature of this offense.

Three years ago I got a felon in possession of a firearm charge. It was in the state of Iowa ~~state to be~~  
~~state.~~

You will not be denied employment solely because you answer "Yes" above or because you have been convicted of a crime, felony or misdemeanor. The company considers many individualized factors in evaluating a job candidate, including but not limited to, with respect to criminal history, the nature and date of any offense, the surrounding circumstances, and the nature of the position for which you apply.

**By my signature below, I certify that the information provided above is true and complete that I have discussed the above with my interviewer as disclosed. I understand and agree that any misrepresentation by me will be sufficient cause to eliminate me from consideration for employment and/or terminate employment at any time if I have been employed.**

Applicant Signature: Bile Akwai Date: 10-4-16

HR Manager Signature: \_\_\_\_\_ Eligible: \_\_\_ Ineligible: \_\_\_ Date: \_\_\_\_\_