



Please return to
245 Industrial Blvd
Sauk Rapids
Any Questions 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 <u>03-03-16</u>
Name <u>GRAHAM MICHAEL E.</u> Last First Middle Maiden		
Present address <u>476 13TH AVE S. APT 9</u> Number Street <u>SAUK RAPIDS</u> <u>MN.</u> <u>56379</u> City State Zip		
Social Security No. <u>546 - 25 - 2297</u>		
Telephone <u>(320) 241-0295</u>		E-Mail <u>gerserf@yahoo.com</u>
If under 18, please list age _____		Referred by <u>SELF</u>
Position applied for (1) _____ and salary desired (2) _____ (Be specific)		Shift available to work 1 st ☒ 2 nd ☒ 3 rd ☒
How many hours can you work weekly? _____ Can you work nights? _____		
Employment desired ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☒ FULL- OR PART-TIME		
When available for work? <u>03-07-16</u>		
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	RINCON HS	TULSON, AZ	4	GENERAL
College				
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ☒ Yes ☒ No <u>WILL BE ELIGIBLE FOR DL WHEN EMPLOYED</u>	
What is your means of transportation to work? <u>DRIVE, BUS, BIKE</u>	
Driver's license number <u>LG993295025421</u>	State of issue <u>MN</u>
Operator ☒ Commercial (CDL) ☐ Chauffeur ☐	
Expiration date <u>05-01-2019</u>	
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? <u>1</u>	
Please list two references other than relatives or previous employers.	
Name <u>AMANDA LEMER</u>	Name _____
Position <u>NURSE</u>	Position _____
Company <u>ST. CLOUD HOSPITAL</u>	Company _____
Address _____	Address _____
<u>SAND RAPIDS, MN</u>	_____
Telephone <u>(320) 241-0298</u>	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 US NAVY Specialty RADIO MAN

Date Entered 06-1978 Discharge Date 10-15-1981

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.		

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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: 03-03-16