

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	High School	Medico	2	
College				
Bus. or Trade School				
Professional School				

PLEASE COMPLETE PAGES 1-5

Name: Christopher Grigo
Last First Middle Maiden

Present address: 309 Birch St Port 104
Number Street City State ZIP

Social Security No. 583-43-2415

Telephone 202 280-4733

E-Mail _____

Referred by Mateo

Position applied for (if Part)
 and salary desired (if 2811)
(Be specific)

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

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? _____

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 _____

DATE 5-4-15

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? Own car

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 Marko Salo Spencer

Position EMR

Company AMB

Address 501 Maple St Apt Rockville MD 20869

Telephone (702) 396-3603

APPLICATION FOR EMPLOYMENT

Packings, Sandtation,

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) they paid for little hours

Name Christopher Griesa
 Position on line
 Company Selec Food
 Address _____
 Telephone (321) 274-1081

Supervisor name <u>Rubia</u>	Employment dates	Pay or salary
From <u>H-25-14</u>	To <u>5-4-15</u>	Start <u>10:00</u> Final <u>10:00</u>
Your last job title _____		

Packings and Pallets

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) they paid for little hours

Name Christopher Griesa
 Position on line
 Company Selec Food
 Address _____
 Telephone (321) 274-1081

Supervisor name <u>Dennis</u>	Employment dates	Pay or salary
From <u>5-13-14</u>	To <u>10-21-14</u>	Start <u>10</u> Final <u>10</u>
Your last job title _____		

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.

Supervisor name <i>Alex</i>		Name <i>Christopher Giesse</i>	Position <i>Managing Trucks</i>	Company <i>Travis a Turkey</i>	Address <i>Melrose</i>	Telephone (Area) <i>3191</i>
Employment dates Pay or salary	From To	Reason for leaving (be specific)				
Start 13:50 Final 13:50	From 4-12-13 To 4-2-14	<i>got car accident and the driver was</i>				
Your last job title <i>Managing Trucks</i>		List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.				

Supervisor name		Name	Position	Company	Address	Telephone ()
Employment dates Pay or salary	From To	Reason for leaving (be specific)				
Start Final	From To	List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				
Your last job title		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

Mr. C. Mays

Date:

5-4-15