

Dropped off 12/15/15
 Entered CMS 12/16

Orientation
 12/21/15



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 ^{last} ^{1st} DATE 12.14.15

Name Guire Mohamed MUHAMMED
Last First Middle Maiden

Present address 72014th ST S APT 21
Number Street
ST CLOUD MN 56301
City State Zip

Social Security No. 470 - 55 - 0821

Telephone (320) 2985948 E-Mail Guire123456@CMG.com

If under 18, please list age 1 Referred by Spencer Moon

| | |
|--|--|
| Position applied for (1) <u>Associate</u> and salary desired (2) _____ (Be specific) | Shift available to work 1 st _____ 2 nd <u>X X</u> <u>2nd</u> 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? Immediately

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>Apollo high</u> | | <u>3</u> | |
| 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? Personal Car

Driver's license number K691101 303716 State of issue MN

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? 1

Have you had any moving violations during the past three years? Yes ___ No

If so, how many? 1

Please list two references other than relatives or previous employers.

Name Asad Ahmed Name Abdi Abukar

Position Truck Driver Position Business Owner

Company Akal Express Company Somali Café

Address 304 Laudenbach Ct Address 119 E St Germain St
St Cloud, MN 56301 St Cloud MN 56302

Telephone (320) 224-3500 Telephone (320) 224-3757

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>blue stem</u> | Supervisor name <u>Gabriya</u> | |
| Position <u>shipping</u> | Employment dates | Pay or salary <u>12.00</u> |
| Company _____ | From <u>09/15</u> | Start <u>12/2015</u> |
| Address <u>6250 Bridgewood Rd</u> | To _____ | Final <u>12.00</u> |
| <u>St cloud, Mn</u> | Your last job title <u>shipping</u> | |
| Telephone <u>(320) 654 3800</u> | | |

Reason for leaving (be specific) lid off

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. I learned how to pick and work with others and I become fast learned.

| | | |
|--------------------------------------|---------------------------------------|----------------------------|
| Name <u>Midwest Home health care</u> | Supervisor name <u>Cynthia Moreno</u> | |
| Position <u>home care</u> | Employment dates | Pay or salary <u>11.50</u> |
| Company _____ | From <u>7/2013</u> | Start <u>11.50</u> |
| Address <u>600 2th ave south</u> | To <u>7/2015</u> | Final <u>11.50</u> |
| <u>St cloud, Mn</u> | Your last job title <u>home care</u> | |
| Telephone <u>(320) 654 2552</u> | | |

Reason for leaving (be specific) Job end

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. I learned how to help people and work hard with other. I am fast learned.

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 _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Employment dates</td> <td style="width: 50%;">Pay or salary</td> </tr> <tr> <td>From</td> <td>Start</td> </tr> <tr> <td>To</td> <td>Final</td> </tr> </table> Your last job title _____ | Employment dates | Pay or salary | From | Start | To | Final |
| Employment dates | Pay or salary | | | | | | |
| From | Start | | | | | | |
| To | Final | | | | | | |

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 _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Employment dates</td> <td style="width: 50%;">Pay or salary</td> </tr> <tr> <td>From</td> <td>Start</td> </tr> <tr> <td>To</td> <td>Final</td> </tr> </table> Your last job title _____ | Employment dates | Pay or salary | From | Start | To | Final |
| Employment dates | Pay or salary | | | | | | |
| From | Start | | | | | | |
| To | Final | | | | | | |

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: _____

12-14-15