



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>5/29/13</u>
Name <u>DAGANE HALIMO MOHAMED</u>		
<small>Last First Middle Maiden</small>		
Present address <u>1455 MAYLOR RD ST APT 204</u>		
<small>Number Street</small>	<small>City</small>	<small>State</small> <u>MN</u> <small>Zip</small> <u>55904</u>
Social Security No. <u>472 47 88 68</u>		
Telephone <u>(816) 473 9287</u>		E-Mail _____
If under 18, please list age <u>YES</u>		Referred by <u>AMINO ELMI</u>
Position applied for (1) <u>PRODUCTION</u>		Shift available to work
and salary desired (2) <u>open</u>		1 st <input checked="" type="checkbox"/> <u>open</u>
(Be specific)		2 nd <input checked="" type="checkbox"/> <u>yes</u>
		3 rd <input checked="" type="checkbox"/> <u>open</u>
How many hours can you work weekly? <u>open</u>		Can you work nights? <u>open</u>
Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY <input checked="" type="checkbox"/> PART-TIME ONLY <input checked="" type="checkbox"/> FULL- OR PART-TIME		
When available for work? <u>any time</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		
Do you anticipate any absences from work on a regular basis? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Mwaka High</u>	<u>Kenya</u>	<u>2009</u>	<u>DIPLOMA</u>
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation. _____

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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 S 20 3356027 State of issue MO

Operator Commercial (CDL) Chauffeur

Expiration date 01-01-2016

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 AMINO ELMI Name KUUR ISMICAL

Position Richel food Position SCHOOL BUS

Company C.M.G Company BUS SCHOOL

Address _____ Address _____

Telephone 507 - 244 1809 Telephone 507 319 4095

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 FOODS INC</u>	Supervisor name <u>LASRO</u>	
Position <u>PRODUCTION</u>	Employment dates	Pay or salary <u>11.00</u>
Company <u>TYSON AVE MOLE MO</u>	From <u>2009</u>	Start
Address <u>64854</u>	To <u>2010</u>	Final
Telephone <u>(417) 475</u>	Your last job title <u>NO</u>	
Reason for leaving (be specific) <u>LAY OFF</u>		

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

I USULLY DOING MY JOB AND THEN I HELP OTHER PEOPLE WORKING WITH ME.

Name <u>PEAVEY CORPORATION</u>	Supervisor name <u>LAREY</u>	
Position <u>PRODUCTION LAND</u>	Employment dates	Pay or salary <u>90.00</u>
Company _____	From <u>2007</u>	Start
Address <u>10749 W 84th Terrace</u>	To <u>2008</u>	Final
Telephone <u>Lenexa KS 66214</u>	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.

I USULLY COME ON TIME MY WORK AND THEN I DO MY JOB.

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> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From _____</td> <td>Start _____</td> </tr> <tr> <td>To _____</td> <td>Final _____</td> </tr> <tr> <td colspan="2">Your last job title _____</td> </tr> </table>	Employment dates	Pay or salary	From _____	Start _____	To _____	Final _____	Your last job title _____	
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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

Harro Pagan

Date:

5/28/13