



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 1-14-15

Name Beals Harold Eugene

Present address 849 14th Ave S
Number Street
ST CLOUD MN 56301
City State Zip

Social Security No. 339-54-4337

Telephone 320-260-1375 E-Mail beals.harold@Yahoo.com

If under 18, please list age _____ Referred by Michael Laidlaw

| | |
|---|--|
| Position applied for (1) _____ and salary desired (2) _____ (Be specific) | Shift available to work 1 st _____ 2 nd <input checked="" type="checkbox"/> 3 rd <input checked="" type="checkbox"/> |
|---|--|

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? IMMEDIATE

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>Stown Kinsley</u> | <u>Ottawa, Ill</u> | <u>9</u> | <u>Ged - US NAVY</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? Olds Intrigue

Driver's license number D576199064018 State of issue MN

Operator Commercial (CDL) ___ Chauffeur ___

Expiration date 2017

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? _____

Please list two references other than relatives or previous employers.

Name Cindy Anderson Name Michael Laidlaw

Position Tray Stocker Position Pastor

Company Coborn's Inc Company Dream Center

Address 114 Hwy 10, St Cloud Address 526 16th Ave
MN St Cloud MN

Telephone 320 217-3857 Telephone 320 656-1550

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 Yeoman/Clerical

Date Entered JUN 1975 Discharge Date JUN 1979

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>Coburns</u> | Supervisor name <u>JOHN</u> | |
| Position <u>BAKER</u> | Employment dates | Pay or salary |
| Company <u>COBURNS INC</u> | From <u>MARCH 2010</u> | Start <u>9⁰⁰</u> |
| Address <u>144 S HWY 10</u> | To <u>2014</u> | Final <u>15⁰⁰</u> |
| <u>ST CLOUD MN</u> | Your last job title | |
| Telephone <u>(320) 203-6350</u> | | |

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.
MIXED AND POUR VARIOUS CAKES, COOKIES - and BAKED AND WRAPPED THEM

| | | |
|---------------------|-----------------------|---------------|
| Name _____ | Supervisor name _____ | |
| Position _____ | Employment dates | Pay or salary |
| Company _____ | From _____ | Start _____ |
| Address _____ | To _____ | Final _____ |
| Telephone () _____ | Your last job title | |

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| | | |
|--|-----------------------|---------------|
| Name _____ Position _____ Company _____ Address _____ Telephone (____) _____ | Supervisor name _____ | |
| | Employment dates | Pay or salary |
| | From | Start |
| | To | Final |
| 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 _____ Position _____ Company _____ Address _____ Telephone (____) _____ | Supervisor name _____ | |
| | Employment dates | Pay or salary |
| | From | Start |
| | To | Final |
| 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 _____ Date: _____