

MAJOR & DEGREE	NUMBER OF YEARS COMPLETED	LOCATION (Complete mailing address)	NAME OF SCHOOL	TYPE OF SCHOOL
	9	10100 Avenida	9	High School
				College
				Bus. or Trade School
				Professional School

PLEASE COMPLETE PAGES 1-5

Name: Aracely Hernandez

Present address: 1700 Kings Way
Number Street
St Cloud
City
FL 34783
State

Social Security No. 462-33-0933

Telephone (Area Code) 841 9483

Referred by Susan Sose Rivera

Position applied for (1) Open
 and salary desired (2) \$10.
(Be specific)

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? now

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 2-23-15

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? car

Driver's license number TS70298822412 State of issue MN

Operator Commercial (CDL) Chauffeur

Expiration date 11-12-2015

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 Doherty ~~Blair Stamp~~

Position packing

Company Blue Stamp

Address St Cloud

Telephone (990) 2534473

APPLICATION FOR EMPLOYMENT

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

only packing.

Reason for leaving (be specific) finish production

Your last job title		Telephone (area) <u>253 47 73</u>
From <u>10-27-14</u>	To <u>12-18-14</u>	Address <u>St Cloud</u>
Start <u>\$ 12</u>	Final <u>\$ 12</u>	Company <u>Blue Steam</u>
Employment dates		Position <u>packing</u>
Pay or salary		Name <u>Dorothy - Temporary</u>
Supervisor name <u>Jose</u>		

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

production line - production + dinner backup load; pallet work
utility line - lock up

Reason for leaving (be specific) personal in my country

Your last job title		Telephone (area) <u>041 86 20</u>
From <u>1998</u>	To <u>2014</u>	Address <u>Gold's Pump</u>
Start <u>\$ 7</u>	Final <u>\$ 13.51</u>	Company <u>Gold's Pump</u>
Employment dates		Position <u>production line</u>
Pay or salary		Name <u>Gold's Pump</u>
Supervisor name <u>Doc Court</u>		

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 _____		Employment dates _____		Pay or salary _____	Name _____	Position _____	Company _____	Address _____	Telephone () _____
From _____	To _____	Your last job title _____							
Start _____	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.									

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

Signature of applicant Shirley H. Smith
Date: 8-23-15

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.

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 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 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 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.

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 agree that

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**