

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	TECH	ST. CLOUD	12	
College	VO TECH	ST. CLOUD	2	
Bus. or Trade School				
Professional School				

PLEASE COMPLETE PAGES 1-5

DATE 4-22-15

Name Hoffman, Jeremiah, John

Present address 515 5th Street NE
Number Street St. Cloud City
State MN zip 56304

Social Security No. 470-92-1692

Telephone 320 291-7362

If under 18, please list age NO

Referred by _____

Position applied for (1) open
 and salary desired (2) open
 (Be specific)

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

How many hours can you work weekly? open
 Can you work nights? Some

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL-OR PART-TIME
 When available for work? 4-25-15

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No Yes If so, please explain first three of every month of 1st

Do you anticipate any absences from work on a regular basis?
 No Yes If so, please explain _____

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 or school

 Driver's license number 263008629411 State of issue _____

Operator Commercial (CDL) Chauffeur

Expiration date 2-5-2017

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? 1

Please list two references other than relatives or previous employers.

 Name John Schwietz Position ~~Michelle Peck~~

 Company _____
 Address 1581 120 St. Louis Mn # 14

 Telephone 320 241 7593 Telephone ~~320 310 5413~~ Mn # 13

APPLICATION FOR EMPLOYMENT

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) _____					
Telephone (____) _____ _____ _____	Your last job title _____				
Address _____ Company _____ Position _____	<table border="1"> <tr> <td>From</td> <td>To</td> </tr> <tr> <td>Start</td> <td>Final</td> </tr> </table>	From	To	Start	Final
From	To				
Start	Final				
Name _____	Employment dates _____ Pay or salary _____				
Supervisor name _____					

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) _____					
Telephone (____) _____ _____ _____	Your last job title _____				
Address _____ Company _____ Position _____	<table border="1"> <tr> <td>From</td> <td>To</td> </tr> <tr> <td>Start</td> <td>Final</td> </tr> </table>	From	To	Start	Final
From	To				
Start	Final				
Name <u>Self employed Surgeon</u>	Employment dates _____ Pay or salary _____				
Supervisor name _____					

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	From Start	To Final	Your last job title _____	Name _____ Position _____ Company _____ Address _____ Telephone (____) _____
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	From Start	To Final	Your last job title _____	Name _____ Position _____ Company _____ Address _____ Telephone (____) _____
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.

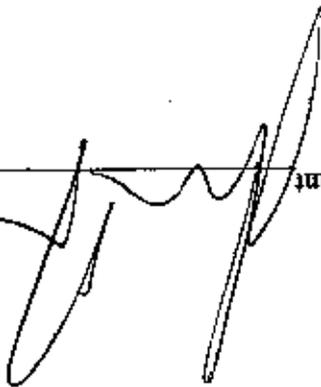
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by 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:

4-22-15