



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5

DATE 12-15-14

Name Seinab Jama
Last First Middle Maiden

Present address 3953 15th Ave S
Number Street
Minneapolis MN 55103
City State Zip

Social Security No. 476-47-0827

Telephone (612) 483-4167

E-Mail _____

If under 18, please list age _____

Referred by _____

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

Shift available to work
 1st ☒
 2nd ☒
 3rd _____

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? 12-19-14

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				
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? <u>my sister is my transportation</u>	
Driver's license number _____	State of issue _____
Operator ☐ Commercial (CDL) ☐ Chauffeur ☐	
Expiration date _____	
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 <u>Wise Home Health Care</u>	Name _____
Position <u>P.S.A</u>	Position _____
Company _____	Company _____
Address <u>1305 East 24th St</u>	Address _____
<u>Minneapolis, MN, 55404</u>	_____
Telephone (<u>612</u>) <u>721-4003</u>	Telephone (____) _____

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>Wise Home Health Care</u>	Supervisor name _____	
Position <u>PSA</u>	Employment dates	Pay or salary
Company _____	From	Start
Address <u>1305 East 24th St</u>	To	Final
Telephone <u>(612) 721-4003</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.

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

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WORK EXPERIENCE

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May we contact your present employer? ☒ Yes ☐ No

Did you complete this application yourself ☐ Yes ☒ No

If not, who did? my younger brother filled it for me

**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 Seimab J. J. J. Date: 12-15-14