



## CMG APPLICATION FOR EMPLOYMENT

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

<b>PLEASE COMPLETE PAGES 1-5</b>		DATE _____
Name <u>Scott Jonathan Jr.</u> <small>Last First Middle Maiden</small>		
Present address <u>230 Santa Cecilia apt. C1</u> <small>Number Street</small> <u>St Paul</u> <u>Ind</u> <u>55119</u> <small>City State Zip</small>		
Social Security No. <u>476 - 37 - 6679</u>		
Telephone <u>(631) 997-8740</u>		E-Mail _____
If under 18, please list age <u>19</u>		Referred by _____
Position applied for (1) <u>customer</u> and salary desired (2) <u>20-30</u> <small>(Be specific)</small>	Shift available to work 1 <sup>st</sup> <input checked="" type="checkbox"/> 2 <sup>nd</sup> <input checked="" type="checkbox"/> 3 <sup>rd</sup> <input checked="" type="checkbox"/>	
How many hours can you work weekly? _____ Can you work nights? _____		
Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY <input checked="" type="checkbox"/> FULL- OR PART-TIME		
When available for work? <u>only Thurs</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input checked="" type="checkbox"/> No ___ Yes If so, please explain _____		
Do you anticipate any absences from work on a regular basis? <input checked="" type="checkbox"/> 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>Walter deHarshall S. Paul</u>		<u>4</u>	<u>GED</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? car

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 Janny

Name Samantha ~~Rutter~~

Position nurse

Position nurse

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone (81) 775 0894

Telephone (651) 621 0562

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>Ymca</u>		Supervisor name _____	
Position <u>congregation stand member service</u>		Employment dates	Pay or salary
Company <u>Ymca</u>		From	Start
Address <u>west St. Paul pool</u>		To	Final
Telephone <u>(651) 552 9650</u>		Your last job title _____	
Reason for leaving (be specific) <u>transportation</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>working on customers, working in the kitchen</u> <u>working on a team of workers</u>			

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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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.

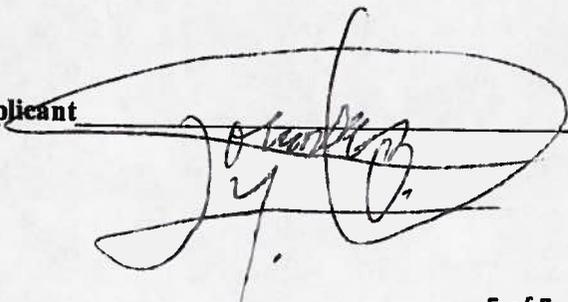
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by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

6/16/15

Applicant Name: Oscar Johnson

Date: 6/16/2015

Interviewer: Katie

1. How did you hear about Corporate Management Group? Ad? Referral?

Friend

2. Is that a mobile / Cell phone or lan line? Do you accept text messages?

How about email? text

3. (+/-) What are your pay expectations? ( Make sure to explain our pay structure )

10<sup>th</sup>

4. (+/-) What shift(s) do you prefer to work?

3rd

5. (+/-) Are you available to work weekends?

Weekends

6. (+/-) How do you plan to get to and from work?

Drive

7. (+/-) Tell me about what you did at ( Pick a previous position listed on application )?

• Why did you leave that position?

• Transportation

• If relevant – Why were you terminated?

8. (+/-) Have you ever made a mistake while at work?

How did you handle it?

9. (+/-) Has there been a time when there wasn't any or enough work to do at one of your previous positions?

What did you do?

10. (+/-) Do you currently have any limitations or restrictions that we should be aware when considering you for a position? If so, What? ( It does not eliminate them from opportunity we want to make the right match )

No

11. Preparation \_\_\_\_\_

12. Comprehension \_\_\_\_\_