



5pm Start
Sat.

entered 01/12/15
ST

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 1-12-15

Name Stanley Glenn Jonathan
Last First Middle Maiden

Present address 121 Park Ave South
Number Street
St. Cloud MN 56301
City State Zip

Social Security No. 477 - 27 - 0074

Telephone 320 330-3358 E-Mail JonathanStanley911120@gmail.com

If under 18, please list age _____ Referred by online

Position applied for (1) <u>2nd shift part time</u> and salary desired (2) <u>10.00 an hour</u> (Be specific)	Shift available to work 1 st _____ 2 nd <u>part time</u> 3 rd _____
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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? 5 to when ever every day

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No Yes If so, please explain I have a daughter I watch and I am in a half way house

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>St. Cloud</u>		<u>4 years</u>	<u>Diploma</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? wife and dad

Driver's license number L912177966012 State of issue mn

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date 3/12/15

Have you had any accidents during the past three years? Yes ___ No

If so, how many? one

Have you had any moving violations during the past three years? Yes ___ No

If so, how many? no insurance

Please list two references other than relatives or previous employers.

Name Dink holler Name Lisa Albrecht

Position owner Position receptionist

Company Hollers body shop Company temp agency

Address no longer open Address _____

Telephone (218) 249-9344 Telephone (320) 290-1929

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>electrolux</u>		Supervisor name <u>Bobh</u>	
Position <u>assembly line</u>		Employment dates	Pay or salary
Company <u>electrolux</u>		From <u>3/10/14</u>	Start <u>12.50</u>
Address _____		To <u>6/10/14</u>	Final <u>13.00</u>
Telephone <u>(320) 253-1212</u>		Your last job title <u>assembly</u>	
Reason for leaving (be specific) <u>not what i wanted, didnt like there business</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Just gave work fixing machines, can learn any job very quickly</u>			

Name <u>Hollers</u>		Supervisor name <u>dick</u>	
Position <u>painter/assembly</u>		Employment dates	Pay or salary
Company <u>Hollers Body Shop</u>		From <u>1/1/10</u>	Start <u>10.00</u>
Address _____		To <u>1/1/14</u>	Final <u>18.00</u>
Telephone <u>(218) 249-9344</u>		Your last job title <u>painter</u>	
Reason for leaving (be specific) <u>the business closed down</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>assembled cars, painted cars and learn to be a friendly sales man and good hard worker history car a first place by myself.</u>			

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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 _____	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.

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.

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.

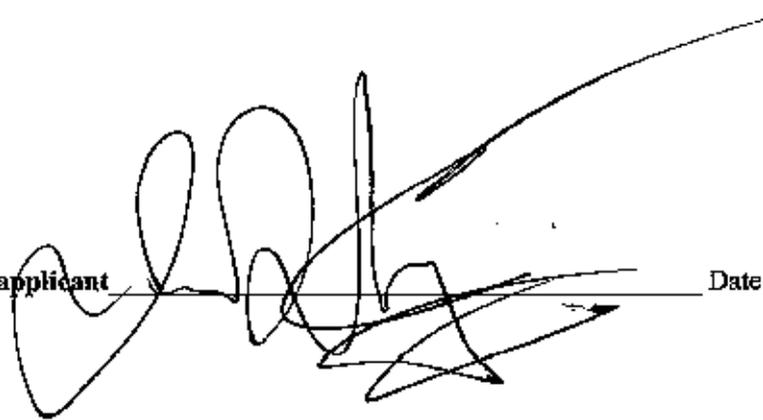
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by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

1/12/15