

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	High School	Munster, IN	2	Diploma
College	MTC / MSB	West St. Louis	2	MSB / MTC
Bus. or Trade School				
Professional School				

MSB / MTC

PLEASE COMPLETE PAGES 1-5

Name: Michael Lambert Last, First Middle Initial

Present address: 1560 Hwy 23 apt. 207 Number Street City State Zip St. Louis MO 6304

Social Security No. 472-17-2163

Telephone (320) 266-2356

E-Mail: Michael.Lambert@cmg.com

Referred by: Corey Purdy

Position applied for (1) Inventory / Shipping and salary desired (2) open to discuss (be specific) other offers.

Shift available to work: 1st 2nd 3rd

How many hours can you work weekly? 40 hrs Can you work nights? No

Employment desired: Full-time only Part-time only Full or part-time

When available for work? 10/20/14

Do you have responsibilities or commitments that will prevent you from meeting specified work schedule? No Yes If so, please explain

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



Entered 10/17/2014

Monday 10/20 10:00
 (1st) orientation

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No *for suspended*

What is your means of transportation to work? car

Driver's license number M631924514 State of issue MN

Operator Commercial (CDL) Chauffeur

Expiration date 10-11-17

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? ~~zero~~ Driving after verification*

Please list two references other than relatives or previous employers.

Name Nicole Rabe Position Resident assist. Company Leona Care Hospital

Address _____

Telephone (320) 630 0537

Name Nikki Cassin Position Resident assist. Company Leona Care Hospital

Address _____

Telephone (320) 630 0537

APPLICATION FOR EMPLOYMENT

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. *Conflict - Slack / untold / rearrange / organize project.*

Reason for leaving (be specific) *last off cause need busy was hospital*

Supervisor name <i>Chris</i>		Name <i>Performance Seed</i>	Position <i>Production</i>	Company _____	Address _____	Telephone (320) <i>259 9470</i>
Employment dates	From <i>Aug 2013</i>	From <i>Aug 2013</i>	Company _____	Address _____	Telephone (320) _____	Telephone (320) _____
Pay or salary	Start <i>9.00</i>	From <i>Aug 2013</i>	Company _____	Address _____	Telephone (320) _____	Telephone (320) _____
	Final <i>9.35</i>	To <i>Mar 2014</i>	Company _____	Address _____	Telephone (320) _____	Telephone (320) _____
Your last job title <i>Production / forklift.</i>		Your last job title _____				

and missed days

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. *I was truck helper I helped deliver turkeys and I helped with five turkeys, I worked them / cleaned and medicated.*

Reason for leaving (be specific) _____

Supervisor name <i>Tiffany</i>		Name <i>Personal Resources</i>	Position <i>General case house / truck help</i>	Company <i>Team Pro</i>	Address <i>South Lakes Ave</i>	Telephone (320) <i>292-9218</i>
Employment dates	From <i>Apr 14 / 14</i>	From _____	Company _____	Address _____	Telephone (320) _____	Telephone (320) _____
Pay or salary	Start <i>10.00</i>	From _____	Company _____	Address _____	Telephone (320) _____	Telephone (320) _____
	Final <i>10.00</i>	To <i>Shil Mack</i>	Company _____	Address _____	Telephone (320) _____	Telephone (320) _____
Your last job title _____		Your last job title _____				

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.

Name: <u>FAC</u>		Position: <u>Load</u>		Company: _____		Address: _____		Telephone: <u>(320) 565-8880</u>	
Reason for leaving (be specific): _____									
List the jobs you held, duties performed, skills used or earned, advancements or promotions while you worked at this company: <u>Spent load trucks</u>									
Supervisor name: <u>Ross/ Lind</u>		Employment dates: _____		Pay or salary: _____		From Oct 11		To Dec 12	
Your last job title: _____		Start & Inc:		Final & Inc:					

Name: _____		Position: _____		Company: _____		Address: _____		Telephone: _____	
Reason for leaving (be specific): _____									
List the jobs you held, duties performed, skills used or earned, advancements or promotions while you worked at this company: _____									
Supervisor name: _____		Employment dates: _____		Pay or salary: _____		From _____		To _____	
Your last job title: _____		Start		Final					

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.

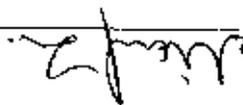
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission 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 regulation 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: 10.6.14