

12/14/12

1:00 907 - Monday



ENTERED

CMG APPLICATION FOR EMPLOYMENT

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

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

Name Fadumo mohamed
Last First Middle Maiden

Present address 1533 9th Ave SE
Number Street
Rochester MN 55904
City State Zip

Social Security No. 260-95-5707

Telephone 507 358 5315 E-Mail _____

If under 18, please list age _____ Referred by Friend

Position applied for (1) Production Shift available to work
 and salary desired (2) 8.00-9.00
 (Be specific) 1st _____
 2nd _____
 3rd _____

How many hours can you work weekly? 40 Can you work nights? Yes

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? Right away

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 | Goldenthill H.S. | SE Rochester | 4 yrs | Diploma |
| College | | | | |
| Bus. or Trade School | | | | |
| Professional School | | | | |

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation.

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 MN

Operator Commercial (CDL) Chauffeur

Expiration date 2014

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>Abdella Mohamed</u> | Name <u>Ibrahim</u> |
| Position <u>PCA</u> | Position <u>student</u> |
| Company <u>Hianatha Homes</u> | Company <u>Golden Hill</u> |
| Address <u>Valkamp Dr.</u> | Address <u>Rochester, NY</u> |
| <u>Rochester MN</u> | |
| Telephone <u>507, 202 7517</u> | Telephone <u>507, 858 5315</u> |

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>Shiff home health care</u> | Supervisor name <u>Avelu</u> | |
| Position <u>PCA</u> | Employment dates | Pay or salary |
| Company _____ | From <u>Oct 2011</u> | Start <u>11.00</u> |
| Address <u>22 Ethon Mills dr</u> | To <u>Nov 2012</u> | Final <u>11.00</u> |
| Telephone <u>(507) 319 1198</u> | Your last job title _____ | |
| Reason for leaving (be specific) <u>Small hrs.</u> | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>take care of my patients needs.</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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|------------------------|---------------------------|---------------|
| Name _____ | Supervisor name _____ | |
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| 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:

12/12/12