

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	MOORE STATE PRISON		4 yrs	Gen. Studies
College				
Bus. or Trade School				
Professional School				

PLEASE COMPLETE PAGES 1-5

Name: Kingler Anthony Paul  
 Last First Middle Initial

Present address: 400 Hwy 10 South  
ST. CLOUD  
 City: MD State: MD ZIP: 20684

Social Security No. 578-02-0046

Telephone (Area) 301-354-2229

If under 18, please list age \_\_\_\_\_

Referred by WILLIE HLENK

E-Mail \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \$9.00  
 (Be specific)

Shift available to work:  
 1st 7am-5pm  
 2nd \_\_\_\_\_  
 3rd 11pm-7am

How many hours can you work weekly? 40+  
 Can you work nights? yes

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

When available for work? ASAP

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 \_\_\_\_\_

DATE 2/11/13

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

CMG APPLICATION FOR EMPLOYMENT



Rejected due to criminal lack of work of experience

2013 w/01/08

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes  No

What is your means of transportation to work? Bus, but if I get 1st shift will have a ride w/

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 Dawn Basswood

Name Janis Oosh

Position Home maker

Position Micro Graphics

Company \_\_\_\_\_

Company Superior Courts

Address \_\_\_\_\_

Address 1049 University Dr  
6300 Government Ct

Telephone (301) 774-2080

Telephone (301) 599-6197  
20772

Apt 202 Shiloh MD 56304

Upper Marlboro MD

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

Reason for leaving (be specific)

Your last job title		Telephone ( )
To	From	
Start	Final	Address
Employment dates	Pay or salary	Company
Supervisor name		Position
		Name

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

Reason for leaving (be specific)

Your last job title		Telephone ( )
To	From	
Start	Final	Address
Employment dates	Pay or salary	Company
Supervisor name		Position
		Name Atlas Staffing

**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 _____		Position _____		Company _____		Address _____		Telephone (____) _____	
Supervisor name _____		Employment dates _____		Pay or salary _____		From _____		To _____	
Your last job title _____		Start _____		Final _____		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 _____		Position _____		Company _____		Address _____		Telephone (____) _____	
Supervisor name _____		Employment dates _____		Pay or salary _____		From _____		To _____	
Your last job title _____		Start _____		Final _____		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

*Anthony [Signature]*

Date:

*2-24-15*