Please return to
245 Industrial Blvd
Sauk Rapids, MN
56379
or call 320-281-5617

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 8-2-16

Name Lewis Antonio
Last First Middle Maiden

Present address 429 5th Ave NorthEAST
Number Street
ST. Cloud MN 56304
City State Zip

Social Security No. 337 - 84 - 5180

Telephone (312) 937-6829 E-Mail

If under 18, please list age Referred by Antoine Fair/Shila Robinson

Position applied for (1) ANY
and salary desired (2)
(Be specific)

Shift available to work
1st OPEN
2nd OPEN
3rd OPEN

How many hours can you work weekly? OPEN Can you work nights? YES

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

When available for work? A.SAP

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	Bowen	8356 s Marquette	3	
College	Y.P York	1515 Main St	2	GED
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? Bus or family members

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 Shila Robinson	Name Jamilla Massie
Position Cashier	Position Cook
Company Dollar Tree	Company Red Lobster
Address Sauk Rapids	Address _____
_____	_____
Telephone (612) 475-9928	Telephone (706) 765-3658

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 KEN DUNKIN office	Supervisor name Kenneth DUNKIN
Position Phone BANKING	Employment dates 11/8/15 / Pay or salary $11.50
Company State Repersetive	From 11-8-15 / Start NEG
Address 2509 S Wabash	To 5-10-16 / Final
Telephone (312) 683-6374	Your last job title Phone BANKER

Reason for leaving (be specific) It was temporary work

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. I took calls and I also went door to door, I use my People SKills working with the employments.

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.

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 / Start To / Final 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 _____ Position _____ Company _____ Address _____ _____ Telephone (____)_____	Supervisor name _____ Employment dates / Pay or salary From / Start To / Final 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 Antonio Lewis Date: 8-2-16