CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 10/29/2014

Name Panushka Ludmila V. Severin
Last First Middle Maiden

Present address 150 Pullman Ave
Number Street
St Paul Park MN 55071
City State Zip

Social Security No. 468 - 31 - 1273

Telephone (651) 242-1901 E-Mail mila1901@AOL.com

If under 18, please list age _____ Referred by walk-IN

Position applied for (1) Packaging
and salary desired (2) 10-12 in Faire
(Be specific)

Shift available to work
1st _____
2nd X
3rd _____

How many hours can you work weekly? 20-30 Can you work nights? _____

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

When available for work? Nov 5/2014 Full time

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

Do you anticipate any absences from work on a regular basis?
X No ___ Yes If so, please explain _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Armstrong HS	10635 N. 36th Ave Plymouth 55441	3	High School Diploma
College				
Bus. or Trade School	Aveda Inst-tute	400 Central Ave S.E Minneapolis	1	Cosmetology Lic.
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? X Yes ___ No

What is your means of transportation to work? Car

Driver's license number W36320026262 State of Issue MN

Operator X Commercial (CDL) ___ Chauffeur ___

Expiration date 01/23/2017

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

If so, how many? _____

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

If so, how many? 1

Please list two references other than relatives or previous employers.

Name Trina Kolonelets

Position client

Company Not sure

Address 4604 Dallas Ln N. Plymouth MN

Telephone (612) 310-7635

Name Jen Trenor

Position Worked together

Company Cost Cutters

Address NOt sure about the address

Telephone (612) 910-0385

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes X No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? __ Yes X 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 Sola Salon
Position Stylist
Company
Address 9100 Hudson Rd #100
Telephone 612 568-3771

Supervisor name Martin

Employment dates	Pay or salary
From Aug 2013	Start 10.00 hour
To Sep 2014	Final 10.75 hour

Your last job title Stylist

Reason for leaving (be specific) I don't want to do hair anymore

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Cutting Styling Coloring hair Selling products.

Name Cost Cutters Salon
Position Stylist
Company
Address 5116 Woodlane Dr Woodbury MN 55125
Telephone (651) 736-9744

Supervisor name Jim

Employment dates	Pay or salary
From June 2011	Start 10.50/hour
To June 2013	Final 10.50 hour.

Your last job title Stylist

Reason for leaving (be specific) Moved one to a bigger Salon

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.
Cutting coloring styling hair selling products, answering phones

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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 Flagship Salon	Supervisor name Gerry Parendo
Position	Employment dates / Pay or salary
Company	From Oct 2008 / Start 50% Commission
Address 8345 Crystal View Rd	To May 2011 / Final
Telephone (952) 944-6647	Your last job title

Reason for leaving (be specific) I moved to St Paul

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. cutting coloring styling hair
answering phone
selling product

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 X No

Did you complete this application yourself X 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 Ludmila - Date: 10/29/2014

Revised February 2012