



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 11-11-16

Name Hart, Melissa, Marie
Last First Middle Maiden

Present address 899 Pearl View Drive
Number Street
Sauk Rapids MN 56379
City State Zip

Social Security No. 471-33-8558

Telephone 320 260-3180 E-Mail m.melissal5@yahoo.com

If under 18, please list age 3180 Referred by _____

Position applied for (1) <u>meat grinder</u> and salary desired (2) <u>\$10.00 +</u> <small>(Be specific)</small> <u>30-40</u>	Shift available to work 1 st <u>✓</u> 2 nd _____ 3 rd _____
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How many hours can you work weekly? 30-40 Can you work nights? _____

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

When available for work? 11-29-16

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 ___ No Yes If so, please explain have a part time job (will need to put in 2 weeks)

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	<u>Sauk Rapids Rice</u>	<u>1835 Davila Rd N2 Sauk Rapids, MN 56379</u>	<u>4</u>	<u>gen. education</u>
College				
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? Self driving

Driver's license number N684127398 State of issue MN
118

Operator ___ Commercial (CDL) Chauffeur ___

Expiration date 06-14-2018

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

If so, how many? 1

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 Taylor Willard Name Charlotte Lock

Position PCA Position Dietary

Company _____ Company St. Cloud Hospital

Address _____ Address _____

Telephone (320) 241-9725 Telephone 320 761-8701

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>Rochelle Victorias ^{Secret} PINK</u>	Supervisor name <u>Rochelle</u>	
Position <u>generalist</u>	Employment dates	Pay or salary
Company <u>PINK</u>	From <u>October 2016</u>	Start <u>\$ 9.50</u>
Address _____	To <u>Present</u>	Final <u>\$ 9.50</u>
Telephone <u>(310) 251-1407</u>	Your last job title <u>Generalist</u>	

Reason for leaving (be specific) still employed, but looking for a

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.
help assist customers with purchases +
keep store organized

more reliable company

Name _____	Supervisor name <u>Diane Dwenger</u>	
Position <u>centering asst.</u>	Employment dates	Pay or salary
Company <u>Good Shepherd</u>	From <u>April 2015</u>	Start <u>\$9.50</u>
Address <u>115 4th Ave N</u> <u>Sink Rapids, MN 56374</u>	To <u>April 2016</u>	Final <u>\$10.11</u>
Telephone <u>(310) 252-6525</u>	Your last job title <u>Centering Assistant</u>	

Reason for leaving (be specific) Needed a job with more hours

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.
Washed dishes, Prepped foods, cooked foods
to department standards, served meals
and met tenant dietary needs.

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 _____	Supervisor name <u>Tanya Neis</u>	
Position <u>Nanny</u>	Employment dates	Pay or salary
Company <u>@ home</u>	From <u>2013</u>	Start <u>\$5.00</u>
Address <u>899 Pearl View</u>	To <u>2016</u>	Final _____
Telephone <u>(370) 266-3180</u>	Your last job title _____	

Reason for leaving (be specific) currently still employed

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.
Cared for children, and tended to their needs. I learned to have a lot of patience

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? 1 Yes ___ No

Did you complete this application yourself 1 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:

