

entered 01/20/15  
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## CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5		DATE <u>1-20-15</u>
Name <u>Burriss, Michael Jay</u>		
<small>Last First Middle Maiden</small>		
Present address <u>1460 115th St NW lot 231</u>		
<small>Number Street</small>		
<u>Rice</u> <u>MN</u> <u>56367</u>		
<small>City State Zip</small>		
Social Security No. <u>475 - 31 - 2855</u>		
Telephone <u>(320) 333-8278</u>		E-Mail <u>Mike.burriss6@gmail.com</u>
If under 18, please list age _____		Referred by _____
Position applied for (1) <u>Any</u>	Shift available to work	
and salary desired (2) <u>Any</u>	1 <sup>st</sup> <input checked="" type="checkbox"/>	
(Be specific)	2 <sup>nd</sup> _____	
	3 <sup>rd</sup> _____	
How many hours can you work weekly? <u>Any</u>		Can you work nights? <u>Yes</u>
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input checked="" type="checkbox"/> FULL- OR PART-TIME		
When available for work? <u>1-20-15</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		
Do you anticipate any absences from work on a regular basis?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____		

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Sauk Rapids	Sauk Rapids MN	3	
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? Friend or Parent

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 Toni Hammerding Name Michelle Rebers

Position House Keeping Position Production  
Camp Ripley

Company Camp Ripley Company FDC

Address Rice MN Address Rice MN

56367 56367

Telephone 320 333-8278 Telephone 320 224-7499

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>Allgood Homecare</u>		Supervisor name <u>Rand: Allgood</u>	
Position <u>PCA</u>		Employment dates	Pay or salary
Company <u>All good Homecare</u>		From <u>2012</u> To <u>2014</u>	Start <u>9.75</u>
Address <u>9250 Lakewood Shore Rd. NW</u> <u>Rice MN 56367</u>			Final <u>9.75</u>
Telephone <u>(320) 343-2406</u>		Your last job title _____	
Reason for leaving (be specific) <u>Current</u>			
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 _____ To _____	Start _____
Address _____			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 _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From _____</td> <td>Start _____</td> </tr> <tr> <td>To _____</td> <td>Final _____</td> </tr> <tr> <td colspan="2">Your last job title _____</td> </tr> </table>	Employment dates	Pay or salary	From _____	Start _____	To _____	Final _____	Your last job title _____	
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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.									

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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 Mike Burns Date: 1-20-15

entered 01/20/15  
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## CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 1-20-15

Name E/wood James Michael  
Last First Middle Maiden

Present address 2907 Crescent ridge trail  
Number Street  
St. Cloud MN 56301  
City State Zip

Social Security No. 472-19-7651

Telephone 320 252 6715 E-Mail thisguy07181989@yahoo.com

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

Position applied for (1) <u>Crew member</u> and salary desired (2) <u>11.00</u> <small>(Be specific)</small>	Shift available to work 1 <sup>st</sup> _____ 2 <sup>nd</sup> <u>X</u> 3 <sup>rd</sup> _____
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How many hours can you work weekly? 40 + Can you work nights? definitely

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

When available for work? 1-20-14

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  
 No  Yes If so, please explain treatment 9am-12noon +, w, t

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>Milaca</u>		<u>12th grade</u>	<u>diploma</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? Bus / room mates car

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 <u>Cheryl Foshaug</u>	Name <u><del>Katherine</del> Angela Totz</u>
Position _____	Position <u>old co-worker</u>
Company <u>Catholic Charities</u>	Company <u>pinnacle health systems</u>
Address <u>3</u>	Address _____
Telephone <u>(370) 441 7094</u>	Telephone <u>(370) 252 6715</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>Arnoldo</u>	Supervisor name _____	
Position <u>Manager</u>	Employment dates	Pay or salary
Company <u>Carlson Building Maint.</u>	From <u>07-14</u>	Start <u>10</u>
Address _____	To <u>09-14</u>	Final <u>10</u>
Telephone (____) _____	Your last job title _____	

Reason for leaving (be specific) Company was bought out of stock

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.  
Janitorial sweep, mop, buff, all floors & clean Bathrooms

Name <u>Brian</u>	Supervisor name _____	
Position <u>Sand Blaster</u>	Employment dates	Pay or salary
Company <u>Royal Fire</u>	From <u>03-14</u>	Start <u>10.08</u>
Address _____	To <u>07-14</u>	Final <u>10.08</u>
Telephone (____) _____	Your last job title _____	

Reason for leaving (be specific) assignment terminated due to physical health

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.  
Sand Blast Rims & paint them

**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 _____	
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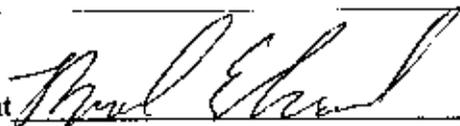
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by 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:

1-20-14