

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 Elwood James Michael  
Last First Middle Maiden

Present address 2907 Crescent ridge trail  
Number Street  
St. Cloud MN 56501  
City State Zip

Social Security No. 472-19-7051

Telephone 370 252 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> (Be specific)	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-12/noon +, 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 Cheryl Foshaug

Name ~~Stephanie~~ Angela totz

Position \_\_\_\_\_

Position old co-worker

Company Catholic Charities

Company Pinnacle health systems

Address 3

Address \_\_\_\_\_

Telephone (320) 441 7084

Telephone (320) 252 6715

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 _____ <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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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.

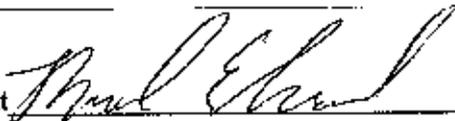
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by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



Date:

1-20-14