



# CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5

DATE 10-21-14

Name Williams, Mechelle  
Last First Middle Maiden

Present address 187052 nd St. E.  
Number Street  
Inver grove Heights MN 55077  
City State Zip

Social Security No. 360-54-5667

Telephone 646-808-4683 1st  
612-414-8386 2nd

E-Mail \_\_\_\_\_

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

Referred by walk in

Position applied for (1) Delta Hawk  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

Shift available to work  
 1st 600  
 2nd \_\_\_\_\_  
 3rd \_\_\_\_\_

How many hours can you work weekly? 32-40

Can you work nights? no

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

When available for work? immediately

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  
 No  Yes If so, please explain I can only work m-f no

Do you anticipate any absences from work on a regular basis?  
 No  Yes If so, please explain wkends caregiver for my

handicap family mem

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>near north</u>	<u>Chgo IL</u>	<u>12 yrs</u>	<u>all</u>
College	<u>DePaul</u>	<u>" "</u>	<u>4</u>	<u>none didnt</u>
Bus. or Trade School				
Professional School				

finish became full time money and care pld

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? my car

Driver's license number 6367005375716 State of issue MN

Operator  Commercial (CDL)  Chauffeur

Expiration date 9-28-2017

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 Schann Johnson Name Amesida Reese

Position PCA Position PCA

Company private Company private

Address Roseville Address St Paul

Telephone 763-360-6465

Telephone 651 762-9545

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                     

**D N A**

**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>Schann Johnson</u>		Supervisor name <u>Schann Johnson</u>	
Position <u>PCA</u>		Employment dates	Pay or salary
Company <u>private</u>		From <u>2000 APR</u>	Start <u>10.00</u>
Address <u>                    </u>		To <u>2006 APR</u>	Final <u>15.75</u>
Telephone <u>763-360-6465</u>		Your last job title <u>                    </u>	
Reason for leaving (be specific) <u>the family needs needed more 2000</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>medical help</u> <u>laundry, cooking, cleaning,</u> <u>transporting bathing etc.</u>			

back again from 2000 2001

Name <u>White Bear Lake Golf Course</u>		Supervisor name <u>Frank</u>	
Position <u>COOK</u>		Employment dates	Pay or salary
Company <u>WBL yacht club</u>		From <u>11.45 April</u>	Start <u>11.45</u>
Address <u>Deerwood</u>		To <u>NOV 14</u>	Final <u>12.75</u>
Telephone <u>(651) 429-8052</u>		Your last job title <u>2004</u>	
Reason for leaving (be specific) <u>Seasonal</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>cooking, prep.ing food, baking,</u> <u>meal prep menu scheduling.</u>			

April 2006 2006 Oct?

## 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 <u>Woodbury healthcare</u> Position <u>Dietary Aide</u> Company <u>Woodbury healthcare</u> Address <u>Woodland Lane</u> Telephone ( ) _____	Supervisor name <u>Debbie.</u> <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 <u>1996</u></td> <td>Start <u>8.50</u></td> </tr> <tr> <td>To <u>1997</u></td> <td>Final <u>9.70</u></td> </tr> <tr> <td colspan="2">Your last job title _____</td> </tr> </table>	Employment dates	Pay or salary	From <u>1996</u>	Start <u>8.50</u>	To <u>1997</u>	Final <u>9.70</u>	Your last job title _____	
Employment dates	Pay or salary								
From <u>1996</u>	Start <u>8.50</u>								
To <u>1997</u>	Final <u>9.70</u>								
Your last job title _____									
Reason for leaving (be specific) <u>Got a position close to home and love one became ill upon her death</u> 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 _____ <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.									

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:

10-21-14