

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
Professional School	Community College	College		
Bus. or Trade School	St. Cloud	Not finished		
College	St. Cloud	St. Cloud	2011 to 2011	DPL
High School	Apollonia High School	St. Cloud	2007	

PLEASE COMPLETE PAGES 1-5

Name: APOLLONIA Last First Middle Maiden

Present address: 4149 30th Ave NW Number Street ST. CLOUD City MN State 56303 Zip

Social Security No. 757-05-2371

Telephone (pop) - 801-9157

If under 18, please list age _____

Position applied for (1) Production

and salary desired (2) hour (Be specific)

How many hours can you work weekly? 60 hrs Can you work nights? _____

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

When available for work? Next week

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

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

Referred by _____

E-Mail Arbatah3366@gmail.com

DATE 03/30/15 Arbatah

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

CMG APPLICATION FOR EMPLOYMENT



APPLICATION FOR EMPLOYMENT

Please list two references other than relatives or previous employers.

Name Hyun James Position Production Company FDC Address St. Charles Telephone (301) 281-9114

Name Ormar Probst Position ~~Senior~~ CADRE Company ProQuest-Store Address St. Charles Telephone 602-427-2264

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? I have my own car to come to work

Driver's license number W21319082506 State of issue IA-2012

Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? Yes No 2 times If so, how many?

Have you had any moving violations during the past three years? Yes No 1 If so, how many?

APPLICATION FOR EMPLOYMENT

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

truck leading, putting BOXES in the truck, and leads -

Reason for leaving (be specific) got into accident

Name: FDC Position: truck leading Company: St. Cloud MN 56303 Address: St. Cloud MN 56303 Telephone: _____

Your last job title	
From <u>7/15/2011</u>	To <u>12/1/2011</u>
Start <u>\$1.30</u>	Final <u>\$1.30</u>
Employment dates	Pay or salary

Supervisor name Lisa

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

production, shipping meat and picking boxes up and helping others

Reason for leaving (be specific) went back to school

Name: Greg Estor meat producer Position: production Company: portville Iowa Address: _____ Telephone: (563) 664-6000

Your last job title	
From <u>03/1/13</u>	To <u>1/25/2014</u>
Start <u>\$1.50</u>	Final <u>1.00</u>
Employment dates	Pay or salary

Supervisor name David

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.

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 _____

NA

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.

Supervisor name _____		Employment dates Pay or salary	From Start	To Final	Your last job title _____	Name _____ Position _____ Company _____ Address _____ Telephone (____) _____
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.						

Supervisor name _____		Employment dates Pay or salary	From Start	To Final	Your last job title _____	Name _____ Position _____ Company _____ Address _____ Telephone (____) _____
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? _____

Signature of applicant: *[Handwritten Signature]*
Date: *02/20/2015*

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.

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 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 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 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.

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the form of 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 changes may include reduction in benefits.

I agree that:

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**