



Please return to  
 245 Industrial Blvd  
 Sauk Rapids  
 Any Questions 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 11.17.15

Name Morgan Kenneth Lewis  
Last First Middle Maiden

Present address 421 14<sup>th</sup> AVE N ST MN  
Number Street  
St. Cloud MN 56303  
City State Zip

Social Security No. 352-~~00~~-0258  
70

Telephone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

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

|   |  |
|---|--|
| Position applied for (1) <u>Sanitation</u><br>and salary desired (2) _____<br>(Be specific) | Shift available to work<br>1 <sup>st</sup> _____<br>2 <sup>nd</sup> _____<br>3 <sup>rd</sup> _____ |
|---|--|

How many hours can you work weekly? 40 Can you work nights? yes

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

When available for work? ASAP

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 \_\_\_\_\_

| TYPE OF SCHOOL       | NAME OF SCHOOL      | LOCATION<br>(Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|---------------------|--|---------------------------|----------------|
| High School          | <u>Proctor East</u> | <u>Proctor</u>                         | <u>3</u>                  | <u>G.E.D</u>   |
| College              |                     |  |                           |                |
| Bus. or Trade School |                     |  |                           |                |
| Professional School  |                     |  |                           |                |

**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 _____                    | Supervisor name <u>Stevan</u> |                      |
| Position <u>Shift Manager</u> | Employment dates              | Pay or salary        |
| Company <u>KFC</u>            | From <u>07/1/07</u>           | Start <u>\$8.95</u>  |
| Address <u>1301 Broadway</u>  | To <u>09/10/12</u>            | Final <u>\$11.00</u> |
| Telephone ( ) _____           | Your last job title _____     |                      |

Reason for leaving (be specific) Store closed down

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

|                                    |                             |                      |
|------------------------------------|-----------------------------|----------------------|
| Name _____                         | Supervisor name <u>Pete</u> |                      |
| Position <u>Box Production</u>     | Employment dates            | Pay or salary        |
| Company <u>Long Haul Packaging</u> | From <u>4/14/14</u>         | Start <u>\$11.05</u> |
| Address _____                      | To <u>1/9/15</u>            | Final <u>\$11.25</u> |
| Telephone ( ) _____                | Your last job title _____   |                      |

Reason for leaving (be specific) moving

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 _____<br>Position _____<br>Company _____<br>Address _____<br>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 _____<br>Position _____<br>Company _____<br>Address _____<br>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.

May we contact your present employer?  Yes  No

Did you complete this application yourself?  Yes  No

If not, who did? \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

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 Malissa Coe Name Bonnie Cecil

Position \_\_\_\_\_ Position \_\_\_\_\_

Company Blue Stearn Company \_\_\_\_\_

Address 421 14<sup>th</sup> AVE N Address \_\_\_\_\_

St. Cloud, MN \_\_\_\_\_

Telephone 612 330-3800 Telephone 320 428-4403

APPLICATION FOR EMPLOYMENT

**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:

11-17-15



your workforce management & staffing experts

**Criminal Background Check Acknowledgement**

Part of the selection process at Corporate Management Group includes a background check. The background check includes the applicant's criminal history. As part of this interview, we ask if the applicant has been convicted of any crime. Whether or not an applicant has been convicted of a crime does not determine applicant's eligibility for this position.

Applicant Name: Xen Morgan Date of Interview: 11-17-15

Recruiter Name: \_\_\_\_\_

Have you ever been convicted of any crime, felony, misdemeanor, not including expunged records?

Yes  No

If yes, when, where and what was the nature of this offense.

2003 - controlled substance/cocaine - Felony  
2006 - Domestic - Misdemeanor

You will not be denied employment solely because you answer "Yes" above or because you have been convicted of a crime, felony or misdemeanor. The company considers many individualized factors in evaluating a job candidate, including but not limited to, with respect to criminal history, the nature and date of any offense, the surrounding circumstances, and the nature of the position for which you apply.

By my signature below, I certify that the information provided above is true and complete that I have discussed the above with my interviewer as disclosed. I understand and agree that any misrepresentation by me will be sufficient cause to eliminate me from consideration for employment and/or terminate employment at any time if I have been employed.

Applicant Signature: Xen Morgan Date: 11-17-15

HR Manager Signature: [Signature] Eligible:  Ineligible:  Date: 11-17-15

MISSISSIPPI DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

MISSISSIPPI DRIVER'S LICENSE/INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: **032911987**

First Legal Name: **Kenneth** Birth Date (Month/Day/Year): **03/29/1987**

Current First Name: **Kenneth** Current Middle Name: **Michael** Current Last Name: **Morgan**

Permanent Legal Name (Only applies if you changed it since last MDN Driver's License, EDL, ID or IP (Adult Edition))

Current First Name: **[REDACTED]** Current Middle Name: **[REDACTED]** Current Last Name: **[REDACTED]**

Full (Residential) Address (Please use PO Box): **[REDACTED]** More: **Make sure this is your CURRENT and valid address. The post office will NOT forward your card.**

City: **421 14th Ave NW** State: **MS** Zip Code: **39203** Apt #: **513**

Department Mailing Address (see #1 on back of your card) (Please use this if you are moving): **[REDACTED]**

Number: **513** Street: **[REDACTED]** State: **MS** Zip Code: **39203** Apt #: **513**

Eye Color: **BLU** Height: **6'2"** Weight in Pounds: **190** Male:  Female:

Applicant's Physical Description: **[REDACTED]** State: **MS** Zip Code: **39203** Apt #: **513**

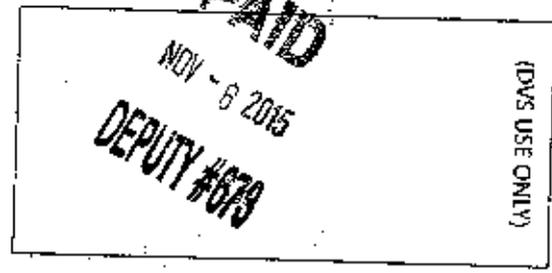
MDN Count: **STAR**

Visit [dvs.dps.ms.gov](http://dvs.dps.ms.gov) to:

- Check the status of your driving privileges
- Schedule a road test

Questions? Contact Us:

Driver's License questions: (651) 297-3298  
 Motor Vehicle questions: (651) 297-2126  
 License Status, available 24/7: (651) 284-2030  
 TDD/TTY: (651) 282-6555



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| TYPE                                   | EDL                          | TESTS PASSED                                 | RESTRICTIVE/ENDORSE                  | VISION                                |
|--|------------------------------|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> REG           | <input type="checkbox"/> EDL | <input type="checkbox"/> STATE DRAM USE ONLY | <input type="checkbox"/> MC ORIGINAL | <input type="checkbox"/> PASS NR      |
| <input type="checkbox"/> A             | <input type="checkbox"/> DUP | <input type="checkbox"/> D                   | <input type="checkbox"/> MC RENEWAL  | <input type="checkbox"/> PASS with CL |
| <input type="checkbox"/> B             | <input type="checkbox"/> DUP | <input type="checkbox"/> MC                  | <input type="checkbox"/> ADD/REMOVE  | <input type="checkbox"/> INCOMPLETE   |
| <input type="checkbox"/> C             | <input type="checkbox"/> DUP | <input type="checkbox"/> WHOP                |                                      | <input type="checkbox"/> ATTACHED     |
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| <input type="checkbox"/> CLP           | <input type="checkbox"/> DUP | <input type="checkbox"/> PASSENGER           |                                      |                                       |
| <input type="checkbox"/> REG JP        | <input type="checkbox"/> DUP | <input type="checkbox"/> SCHOOL BUS          |                                      |                                       |
|  |                              | <input type="checkbox"/> TANKER              |                                      |                                       |
|  |                              | <input type="checkbox"/> HAZMAT              |                                      |                                       |
|  |                              | <input type="checkbox"/> DWI                 |                                      |                                       |
|  |                              | <input type="checkbox"/> SENIOR              |                                      |                                       |
|  |                              | <input type="checkbox"/> LTD MOBILITY        |                                      |                                       |
|  |                              | <input type="checkbox"/> SNOWMOBILE          |                                      |                                       |
|  |                              | <input type="checkbox"/> FIREARM             |                                      |                                       |
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|  |                              | <input type="checkbox"/> S OF TC             |                                      |                                       |
|  |                              | <input type="checkbox"/> VETERAN             |                                      |                                       |
| INDICATORS:                            |                              |  |                                      |                                       |
| FEE PAID: 2025                         |                              |  |                                      |                                       |
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| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |
| REIN FEEL OTHER \$                     |                              |  |                                      |                                       |
| ORGAN DONATION \$                      |                              |  |                                      |                                       |
| Fees Paid: 2025                        |                              |  |                                      |                                       |
| OTHER FEES: SB FEES \$                 |                              |  |                                      |                                       |