



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 3-7-16

Name Muse Shugri garane
Last First Middle Maiden

Present address 811 7th St S #206
Number Street
Waite Park MA 56387
City State Zip

Social Security No. 778-69-2047

Telephone (612) 612-8066957 E-Mail _____

If under 18, please list age _____ Referred by _____

Position applied for (1) <u>Production Line</u> and salary desired (2) <u>open</u> <small>(Be specific)</small>	Shift available to work 1 st <u>Shift</u> 2 nd <u>Shift</u> 3 rd <u>Shift</u>
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How many hours can you work weekly? _____ Can you work nights? _____

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

When available for work? any time

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 (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Kismay</u>	<u>General Somali</u>	<u>2011</u>	<u>general</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? _____

Driver's license number JSS0135819310 State of issue MN

Operator Commercial (CDL) ___ Chauffeur ___

Expiration date 11-25-2016

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 Abdulkarim Aden Name Abdi Ige

Position Leak tester Position production

Company electrolux Company Gmp

Address 701 33rd Ave N Address 815 Sauk river ^{Road} ~~Road~~

St. Cloud MN 56303 Cold Spring MN 56320

Telephone (320 ~~320 253 1212~~) Telephone (320 240 9574)

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>Midwest Home Healthy Care</u> Position <u>PCA</u> Company _____ Address <u>606 25th Ave South Suite 103</u> <u>St. Cloud MN 56301</u> Telephone <u>(320) 654-2552</u>	Supervisor name <u>Karli Rodahl Wilson</u>	
	Employment dates	Pay or salary
	From <u>DEC 2014</u>	Start <u>\$11</u>
	To <u>MARCH 2016</u>	Final <u>\$12</u>
Your last job title <u>PCA</u>		
Reason for leaving (be specific) <u>present & until now</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

Name <u>Halaal meat</u> Position <u>packaging production</u> Company <u>1725 7th St S Saint Cloud MN</u> Address _____ Telephone <u>(612) 245-4428</u>	Supervisor name <u>Ahmed Aden</u>	
	Employment dates	Pay or salary
	From <u>DEC 2013</u>	Start <u>\$8</u>
	To <u>AUG 2014</u>	Final <u>\$8.50</u>
Your last job title <u>production</u>		
Reason for leaving (be specific) <u>Summary Job</u>		
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> <td style="width: 50%;">Employment dates</td> <td style="width: 50%;">Pay or salary</td> </tr> <tr> <td>From</td> <td>Start</td> </tr> <tr> <td>To</td> <td>Final</td> </tr> </table> Your last job title _____	Employment dates	Pay or salary	From	Start	To	Final
Employment dates	Pay or salary						
From	Start						
To	Final						

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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Employment dates	Pay or salary						
From	Start						
To	Final						

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

Shugri

Date:

~~3-7-16~~ 3-7-16