

| TYPE OF SCHOOL       | NAME OF SCHOOL      | LOCATION (Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|---------------------|-------------------------------------|---------------------------|----------------|
| High School          | Cambria High School | 1405 19th Ave #308                  | 4                         | ALA            |
| College              |                     |                                     |                           |                |
| Bus. or Trade School |                     |                                     |                           |                |
| Professional School  |                     |                                     |                           |                |

PLEASE COMPLETE PAGES 1-5

Name: CHRYSTAL QUINN CHAM Last First Middle Maiden

Present address: 1405 19th Ave #308 Number Street St Cloud City FL State 36503 Zip

Social Security No. 476-45-8582

Telephone (329) 883-5026 820-224-4319 If under 18, please list age

E-mail: \_\_\_\_\_ Referred by: Friend

Position applied for (1) Open and salary desired (2) open (Be specific)

Shift available to work:  Day  Night  Other

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

Employment desired:  Full-time only  Part-time only  Full- or part-time

When available for work? open

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 \_\_\_\_\_

DATE: 1/8/15

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

CMG APPLICATION FOR EMPLOYMENT



Grinder worked here before  
 1m  
 orientation 2-12-15

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes  No

What is your means of transportation to work? Bus

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      | <u>Del Quinn</u>      |
| Position  | <u>Lead Operator</u>  |
| Company   | <u>Tele-Built</u>     |
| Address   | <u>St. David, MD</u>  |
| Telephone | <u>(617) 67-9223</u>  |
| Name      | <u>Quinn Quinn</u>    |
| Position  | _____                 |
| Company   | <u>Lead Operator</u>  |
| Address   | <u>St. David, MD</u>  |
| Telephone | <u>(301) 223-5026</u> |

APPLICATION FOR EMPLOYMENT

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

Reason for leaving (be specific) lay off

Name Golden Durr  
 Position PACKAGING  
 Company \_\_\_\_\_  
 Address Cold Spring, NY  
 Telephone (\_\_\_\_) \_\_\_\_\_

Supervisor name Frank

|                           |  |
|---------------------------|--|
| Employment dates          | From <u>5/07</u><br>To <u>5/08</u>           |
| Pay or salary             | Start <u>\$11.50</u><br>Final <u>\$12.50</u> |
| Your last job title _____ |  |

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

Reason for leaving (be specific) leave ended

Name CM  
 Position PACKING  
 Company CM  
 Address 255 Industrial Blvd  
 Telephone 78354-4330

Supervisor name MART

|                                    |  |
|------------------------------------|--|
| Employment dates                   | From <u>6/06</u><br>To <u>10/07</u>        |
| Pay or salary                      | Start <u>\$9.50</u><br>Final <u>\$9.50</u> |
| Your last job title <u>PACKING</u> |  |

**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 \_\_\_\_\_

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 <u>Sarah</u>  |  | Employment dates                | From <u>9/51</u><br>To <u>4/10</u> | Final <u>18150</u> | Your last job title _____ | Reason for leaving (be specific) <u>Dead Job</u> | List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. |
| Pay or salary                 |  | Start <u>1150</u>               |                                    |                    |                           |  |  |
| Name <u>Sam</u>               |  | Position <u>Housewife - RIL</u> |                                    | Company _____      |                           | Address <u>Madrasse, MA</u>                      |  |
| Telephone <u>820-256-4245</u> |  |                                 |                                    |                    |                           |  |  |

|                       |  |                  |                        |               |                           |  |  |
|-----------------------|--|------------------|------------------------|---------------|---------------------------|--|--|
| Supervisor name _____ |  | Employment dates | From _____<br>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. |
| Pay or salary         |  | Start _____      |                        |               |                           |  |  |
| Name _____            |  | Position _____   |                        | Company _____ |                           | Address _____                          |  |
| Telephone ( ) _____   |  |                  |                        |               |                           |  |  |

May we contact your present employer?  Yes  No

Did you complete the 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 *[Handwritten Signature]*  
Date: *1-28-15*