

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
<input checked="" type="checkbox"/>	High School			
<input type="checkbox"/>	College			
<input type="checkbox"/>	Bus. or Trade School			
<input type="checkbox"/>	Professional School			

PLEASE COMPLETE PAGES 1-5

Name: Debra Okunier Chavne Last First Middle Maiden

Present address: 2623 Clear Water 563015923 563015923 563015923
Number Street City State Zip

Social Security No: 851-56-2194

Telephone: 720 499 9882

E-Mail: _____

Referred by: _____

If under 18, please list age: _____

Position applied for (1): _____
 and salary desired (2): 10 (Be specific)

Shift available to work: 1st 2nd 3rd

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

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

When available for work? _____

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: 8/6/15

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

CMG APPLICATION FOR EMPLOYMENT



APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number 10-007-0389 State of issue _____

Operator Commercial (CDL) Chauffeur _____

Expiration date 11/2018

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 Wahiba _____

Position part time _____

Company Painter _____

Address 547 Glen Street Foley _____

Telephone () _____

Telephone () MN 56329 _____

APPLICATION FOR EMPLOYMENT

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

Reason for leaving (be specific)

Your last job title		Telephone
Final	To	303 691-9999
Start	From	DENVER, CO 80234
Employment dates	Pay or salary	6630 E HAMMILL AVE
		Company
		Position
Supervisor name		Name

Name: Charles Oltorb
 Position: Care
 Company: W Home Care
 Address: 6630 E HAMMILL AVE
 Telephone: 303 691-9999
 From: 2013
 To: 2.0114
 Pay or salary: 10
 Supervisor name: OLTORB

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

Reason for leaving (be specific)

Your last job title		Telephone
Final	To	303 817 8653
Start	From	LOUISVILLE, CO 80037
Employment dates	Pay or salary	Fresco Foods LLC
		Company
		Position
Supervisor name		Name

Name: Charles Oltorb
 Position: Patge
 Company: Fresco Foods LLC
 Address: LOUISVILLE, CO 80037
 Telephone: 303 817 8653
 From: 2010
 To: 2014
 Pay or salary: 11.50
 Supervisor name: Laura

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		Charme Oltine	
Employment dates		Position DART	
From 2014	To 2015	Company Police	
Start	Final	Address 27 Glen Street Foxboro MA 06389	
Your last job title		Telephone () 663-272-3693	
Reason for leaving (be specific)			
List the job you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.			

Supervisor name			
Employment dates		Position	
From	To	Company	
Start	Final	Address	
Your last job title		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?

**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:

2/16/12