



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5

Name Olethe Okwiler Chame
Last First Middle Maiden

Present address 2623 Clearwater
Number Street
5630159A3
City State Zip

Social Security No. 851-56-2194

Telephone 727 499 9882

E-Mail _____

Referred by _____

If under 18, please list age ✓

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

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 _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
<u>High School</u> <u>✓</u>				
College				
Bus. or Trade School				
Professional School				

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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 11/12/18

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 Myjimi Alvin O'Hall

Position packaging

Company Poultner

Address 347 Ken Street Foley

Telephone () _____
MN 56329

Telephone () _____

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>Charles Oletha</u>		Position <u>paye</u>		Company <u>Fresca Foods Inc</u>		Address <u>Louisville CO 80087</u>		Telephone <u>303 817 8653</u>	
Supervisor name <u>Louisa</u>		Employment dates		Pay or salary <u>11.50</u>		From <u>2010</u>		To <u>2014</u>	
Your last job title		Start		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.	

Name <u>Charles Oletha</u>		Position <u>paye</u>		Company <u>IN Home Care</u>		Address <u>66305 Hampden Ave</u>		Telephone <u>303 691 9999</u>	
Supervisor name <u>Olivia</u>		Employment dates		Pay or salary <u>10</u>		From <u>2013</u>		To <u>2014</u>	
Your last job title		Start		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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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>Chasue Olyfline</u>		Position <u>PA</u>		Company <u>Pouchard</u>		Address <u>247 Glen Street Foleyville</u>		Telephone <u>26329</u> <u>(63) 772-3693</u>	
Supervisor name _____		Employment dates		Pay or salary		From <u>2014</u>		To <u>2015</u>	
Your last job title _____		Start		Final		From _____		To _____	
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 _____		Position _____		Company _____		Address _____		Telephone () _____	
Supervisor name _____		Employment dates		Pay or salary		From _____		To _____	
Your last job title _____		Start		Final		From _____		To _____	
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:

2/6/15