

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	McClintock	Waite	3	General
College		Training Center Park		
Bus. or Trade School				
Professional School				

PLEASE COMPLETE PAGES 1-5

Name: Osman Aming H.

Present address: 525 and rhes Waite Park
 Number Street: St Cloud City: Mn State: Mn Zip: 56301

Social Security No. 687-18-5303
 Telephone 620 237-6957

If under 18, please list age _____

E-Mail AmingOsman63@gmail.com Referred by _____

Position applied for (1) Assembly
 and salary desired (2) Any (Be specific)

How many hours can you work weekly? 35
 Can you work nights? Yes

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

When available for work? Immediately

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 _____

Shift available to work: 1st 2nd 3rd

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

CMG APPLICATION FOR EMPLOYMENT



OK w/ fork
 Orientation @ 10:00

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 Nastha Dini Radio rose

Position Cashier home-made

Company _____

Address Rosewood Rd. West Point

Telephone (612) 707-3818 Telephone (320) 741-1582

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.

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 _____

Name: Chip shape scanning
 Position: Chip shape scanning
 Company: Chip Shoppe
 Address: St Cloud mn 56301
 Telephone: (320) 327-1120

Reason for leaving (be specific): Seasonal

Supervisor name: _____
 Employment dates: From 10/1/15 To 12/1/15
 Pay or salary: _____
 Start: 9:50 Final: 9:50
 Your last job title: production/scanning

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.
I was scanning items on the computer

Name: Fulfillment distribution
 Position: production
 Company: Walt Parks
 Address: FDC
 Telephone: (320) 451-8880

Reason for leaving (be specific): relocated

Supervisor name: Mary
 Employment dates: From 9/20/14 To 11/1/15
 Pay or salary: _____
 Start: 7:55 Final: 7:55
 Your last job title: production

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.
I was packing packaging and shipping

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.

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 _____

! items on the computer

I was scanning items on the computer

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 _____		Supervisor name _____	
Position _____		Employment dates _____	
Company _____		Pay or salary _____	
Address _____		From _____	
Telephone (____) _____		To _____	
		Final _____	
Reason for leaving (be specific) _____		Your last job title _____	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.			

Name _____		Supervisor name _____	
Position _____		Employment dates _____	
Company _____		Pay or salary _____	
Address _____		From _____	
Telephone (____) _____		To _____	
		Final _____	
Reason for leaving (be specific) _____		Your last job title _____	
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.

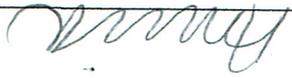
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by 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:

4/18/15