

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

**PLEASE COMPLETE PAGES 1-5**

Name: Sophanie Diaz Pardo

Present address: 508 St Andrews Drive  
Number Street St Cloud City FL State 32307 Zip

Social Security No. 097-62-4942

Telephone (202) 281-83-40

Referred by: \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

Shift available to work: 1st  2nd  3rd

How many hours can you work weekly? \_\_\_\_\_  
 Can you work nights? OK

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

When available for work? Now

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 12-3-2015

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? NO

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 \_\_\_\_\_

Position Operator

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

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 ( ) _____ _____
To _____	From _____	
Start _____	Final _____	Address _____ _____
Employment dates _____	Pay or salary _____	Company _____ _____
Supervisor name _____		Position _____ _____
		Name _____

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 ( ) _____ _____
To _____	From _____	
Start _____	Final _____	Address _____ _____
Employment dates _____	Pay or salary _____	Company _____ _____
Supervisor name _____		Position _____ _____
		Name _____

**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.

Name _____		Position _____	Company _____	Address _____	Telephone ( ) _____
Supervisor name _____					
From _____	To _____	Employment dates _____	Pay or salary _____	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 _____		Position _____	Company _____	Address _____	Telephone ( ) _____
Supervisor name _____					
From _____	To _____	Employment dates _____	Pay or salary _____	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.					

May we contact your present employer? Yes \_\_\_ No \_\_\_

Did you complete this application yourself? Yes \_\_\_ No \_\_\_

If not, who did? \_\_\_\_\_

Signature of applicant *[Signature]* Date: *3-12-2015*

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.

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 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 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 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.

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 agree that:

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

**PLEASE READ CAREFULLY  
APPLICATION FORM WAIVER**