



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5

DATE 09/02/15

Name Darius Marling

Last First Middle Maiden

Present address 826 Clara Dr

Number Street St. Cloud

City MN

State 56301

Zip

Social Security No. 598-05-5525

Telephone (320) 267-0834

If under 18, please list age

Position applied for (1) Sanitation

and salary desired (2) open

(Be specific)

Shift available to work 1st

2nd

3rd

How many hours can you work weekly? 40 or more

Can you work nights? yes

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

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Hillside South Rapid	South Rapid	12	
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☒ No ☐ Yes
If yes, explain number of conviction(s), nature of offense(s), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation.

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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 _____ 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 Jakeline Bocio Position Passing
Company Glass cleaning
Address St Cloud
Telephone () _____
Name Kinda Thet Position Supervisor
Company Golden plump
Address Cold Spring
Telephone (320) 241-4088 Durand

APPLICATION FOR EMPLOYMENT

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>Margaret</u>		Position <u>Control Process</u>		Company <u>Cold Spring Pump</u>		Address <u>Cold Spring NY</u>		Telephone <u>(320) 241-4088</u>	
Supervisor name <u>hinda falk</u>		Employment dates		Pay or salary		Start <u>11.37</u>		Final <u>13.75</u>	
From <u>2006</u>		To <u>2013</u>		Your last job title <u>Control process</u>		Reason for leaving (be specific) <u>Moved</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.									

Name <u>Margaret</u>		Position <u>Passing</u>		Company <u>Glass Clearing</u>		Address <u>Down town St cloud</u>		Telephone <u>()</u>	
Supervisor name <u>hinsley</u>		Employment dates		Pay or salary		Start <u>11.00</u>		Final <u>11.00</u>	
From <u>2003/2014</u>		To		Your last job title		Reason for leaving (be specific) <u>They Give to me only 4 hrs every day</u>			
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 _____		Supervisor name _____	
Position _____		Employment dates _____	
Company _____		Pay or salary _____	
Address _____		From _____	
Telephone () _____		To _____	
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 _____	
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

William J. Jones
Date: 09/02/15.