

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

**PLEASE COMPLETE PAGES 1-5**

Name: *John Adam*  
 Last First Middle Maiden

Present address: *534 7th St SW*  
 Number Street  
*PINE ISLAND*  
 City  
*MI*  
 State  
*55963*  
 zip

Social Security No. *483 25 529U*

Telephone *601 202 0145*

If under 18, please list age \_\_\_\_\_

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? *40*  
 Can you work nights? *yes*

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

When available for work? *any time*

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 *7/31/13*

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

**CMG APPLICATION FOR EMPLOYMENT**



*appears out of  
 BMT-UST.*

**APPROVED**  
*was employed/US 9/18/12*

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? my car

Driver's license number D6744078516317 State of issue MN

Operator  Commercial (CDL)  Chauffeur

Expiration date 1-1-2015

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 Shifflom car

Position COMCAR

Company MARPAVAN

Address 3443 22ND AVENUE

City ROCHESTER, MN

Telephone (\_\_\_\_) 507.285.0710

APPLICATION FOR EMPLOYMENT

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.

**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 <b>Don M. Sub. assembly</b>		Supervisor name <b>ad</b>	
Position <b>sub. assembly</b>		Employment dates <b>From 11/1/99 To 2/13</b>	
Company _____		Pay or salary <b>9:5</b>	
Address _____		Start _____	
Telephone ( ) _____		Final _____	
Reason for leaving (be specific) <b>red ad</b>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.			

Name <b>Don M. Sub. assembly</b>		Supervisor name _____	
Position <b>NO COPY</b>		Employment dates _____	
Company _____		Pay or salary _____	
Address _____		Start _____	
Telephone ( ) _____		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.			

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

Name _____		Telephone (____) _____ _____ _____ _____ _____
Supervisor name _____		
Employment dates	Pay or salary	
From	Start	
To	Final	
Your last job title _____		Company _____
Reason for leaving (be specific) _____		Address _____
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: SADIA RAZAN Date: 7/31

### Preliminary Questions

Name: Sarah Allen

Date: 8/01/2013

- 1. If hired, can we run a national background study? *yes*
- 2. If hired are you willing to take a drug test? *yes*

3. Are you able to work with soy, wheat, peanuts & milk? *yes*

4. Are you able to work with pork? *no*

5. Which plant do you prefer? *soy*

6. What shift do you prefer? *3rd*

If called for an interview please bring two forms of identification.

(Social Security Card, Birth Certificate, passport and license or permanent resident card)