



ENTERED

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5

DATE 8-27-14

Name Mota Sarai

Last First Middle Maiden

Present address 575 brainerd Ave
Number Street
West paul MN 55130
City State Zip

Social Security No. 675 - 09 - 8976

Telephone (612) 398-90-36

E-Mail _____

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? _____

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>Pasadena</u> High School	<u>P-H S</u>	<u>CALIFORNIA</u>	<u>TH 10</u>	
College				
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ☒ Yes ☐ No

What is your means of transportation to work? truck

Driver's license number E845048749517 State of Issue 8-2012 EXP-8-29-16
E845048749517

Operator ☐ Commercial (CDL) ☐ Chauffeur ☐

Expiration date 08-29-2016

Have you had any accidents during the past three years? ☒ Yes ☐ No

If so, how many? 2

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 Staff up America Name _____

Position operator-machine Position _____

Company AMG Resources Company _____

Address New - port Address _____

Telephone (651) 734-6080 Telephone () _____

APPLICATION FOR EMPLOYMENT

MILITARYHAVE 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>STAFF UP AMERICA</u>	Supervisor name <u>Mich bryan</u>	
Position <u>machine - operator</u>	Employment dates	Pay or salary <u>\$8.00</u>
Company <u>A.M.G.</u>	From <u>1998</u>	Start <u>\$8.00</u>
Address <u>Newport MN</u>	To <u>2008</u>	Final <u>\$11.75</u>
Telephone <u>(651) 739-6080</u>	Your last job title _____	
Reason for leaving (be specific) <u>lay-off</u>		
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	Pay or salary
Company _____	From	Start
Address _____	To	Final
Telephone (____) _____	Your last job title _____	
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 _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From	Start
Address _____	To	Final
Telephone (____) _____	Your last job title _____	
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 _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From	Start
Address _____	To	Final
Telephone (____) _____	Your last job title _____	
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

Laura Mata

Date:

8-27-14

MINNESOTA
DRIVER'S LICENSE



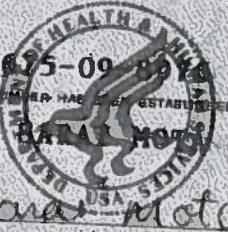
SARAH AGUILAR
1468 UPPER 65TH ST E APT 214
INVER GROVE HEIGHTS, MN 55077

Date of Birth 08-29-1978
Sex F Eyes BRN Class D
Height 4-10 Weight 230
ISSUED 08-2012 EXPIRED 08-29-2016

Sarah Aguilar

E845048749517

SOCIAL SECURITY



825-09-8014

THIS NUMBER HAS BEEN ESTABLISHED FOR
SARAH AGUILAR

Sarah Aguilar

SIGNATURE