

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College	ST CLOUD STATE		3 YEARS	ELECTRICAL ENG
Bus. or Trade School				
Professional School				

PLEASE COMPLETE PAGES 1-5

Name: SAWARDGARD ARNOLD MOHAMED

Present address: 8608 GOETTENS WAY
 ST CLOUD MN 56301

City: ST CLOUD State: MN Zip: 56301

Social Security No. 016-39-6668

Telephone (320) 428-1815

E-Mail: sawardgardarnoldmohamed@yahoo.com

Referred by: ABDONKAYE

If under 18, please list age: _____

Position applied for (1): _____
 and salary desired (2): 10 + (Be specific)

Shift available to work: 1st 2nd 3rd

How many hours can you work weekly? 40 Can you work nights? DEPENDS ON DAY

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

When available for work? ASAP

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 04/16/15

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? My CAR

Driver's license number 5829163705019 State of issue MN

Operator Commercial (CDL) Chauffeur

Expiration date 08/09/2018

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 _____

Company _____

Address _____

Telephone (_____) _____
Telephone (_____) _____

APPLICATION FOR EMPLOYMENT

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

• Operate a cash register; receiving payments for merchandise sold
 • Registering sales payments and accounting for cash received.
 • Answer inquiries related to the location of books and return sundry
 items on sale in the bookstore. Dust and clean books, refill stock as needed.

Reason for leaving (be specific) SMALL AMOUNT OF HOURS

Your last job title		Telephone (900) 232-2140
To 04/13	From 03/11	Address 120 4th Ave S SE CLARK MN
Start 8	Final 9	Company HUSKY BOOK STORE
Employment dates	Pay or salary	Position CLERK
Supervisor name AITHUR SMITH		Name ANNOLD SAUADOGO

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Maintain and clean hospital areas to ensure complete building cleanliness and healthy condition. Support and implement patient safety procedures. Implement order by a patient service attendants.

Reason for leaving (be specific) STILL WORKING EVERY OTHER WEEKEND

Your last job title EYS ASSOCIATE		Telephone (900) 251-2300
To PRESENT	From 05/13	Address 1406 6th Ave N SE CLARK MN
Start 11	Final 12.03	Company SE CLARK HOSPITAL
Employment dates	Pay or salary	Position ENVIRONMENTAL SERVICES
Supervisor name MONICA SWANSON		Name ANNOLD SAUADOGO

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 _____		Employment dates _____		Pay or salary _____		From _____		To _____	
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 _____		Employment dates _____		Pay or salary _____		From _____		To _____	
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?

**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:

04/16/15