

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: 9am-4pm Mon-Fri

Office Number: 651-666-3883

Office Address: 404 Broadway Ave St. Paul Park, MN 55071



Applicant Information

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

Please fully complete pages 1-3

Full Name: (Last Name, First Name) Simssi Hainga Date: 12-07-17

Address: (Street Address) 1833 90th St S (Apt./Unit #) _____

(City) Cottage Grove (State) MN (ZIP Code) 55016

Phone: (515) 661 0752 Email: yrene57@gmail.com

Social Security No. 515 350-04-3670 Date Available: _____

Position Applied for: _____ Desired Salary: _____

Shift Available to work: __ 1st __ 2nd __ 3rd Employment desired: __ Full-Time __ Part-Time

What is your means of transportation to work? _____

Are you authorized to work in the U.S? Yes __ No

How did you hear about us? Employee Referral Name: AJULU ABALLA

If under 18, please list age: 42

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	CEG	lome Agel TOGO	12	High school
College	CNPP	lome TOGO	3 yrs	Certificate
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: KD Medical Phone: 214-475-9735

Address: Dallas TX Supervisor: Joseph

Job Title: Medicaid Driver Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: Driving Patient to Doctor Appointments

From: 7/17 To: 11/17 Reason for Leaving: Moved to Minnesota

May we contact your previous supervisor for reference? Yes No

Company: Legacy Assist. Living Phone: _____

Address: 1020 S Scott Blvd Iowa City IA Supervisor: Jenny

Job Title: Dementia Specialist Starting Salary: \$ 16.50 Ending Salary: \$ 17.80

Responsibilities: Provide support and care for Residents

From: 3/17 To: 7/11 Reason for Leaving: Left to Dallas to care for family member

May we contact your previous supervisor for reference? Yes No

Company: ARIEP Iowa City Phone: (319) 3430-2258

Address: 407 Highland Ct, Iowa City IA Supervisor: Bobbie

Job Title: Direct care Support Starting Salary: \$ 10.50 Ending Salary: \$ 18.00

Responsibilities: Asst, Companion, Med Reminders, Doc App

From: 6/12 To: 6/17 Reason for Leaving: lack of work

May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

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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: 12-07-17