

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5

DATE March 23-11

Name Chanthee Somvang "Cindy"
Last First Middle Maiden

Present address 922 4th St SE
Number Street

Rochester
City

MN
State

55904
Zip

How long 10 1/2 years

Social Security No. 553 - 99 - 3487

Telephone 504 291-0172

If under 18, please list age _____

Referred by _____

Position applied for (1) Checking-Pooling
 and salary desired (2) 7.50-8.50
 (Be specific)

Days/hours available to work
 No Pref _____ Thur 6-2 If you work do 11:30 PM
 Mon 6-2 Fri 6-2 I can do that to
 Tue 6-2 Sat 6-2
 Wed 6-2 Sun _____ NO daycare.

How many hours can you work weekly? 35-40. Can you work nights? NO

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

When available for work? A.S.A.P

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	<u>Mayo High</u>		<u>12</u>	
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) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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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	Textile Care Service		
Position	CROCKER		
Company	EAS WOODLAK DR		
Address	SE DENVER ST INGLEWOOD		
Telephone	1507-252-7500		
Supervisor name	KATHY KATHMY		
Employment dates	From 2001	Start 8.50	Final 9.84
	To 2003		
Your last job title	CROCKER		

Reason for leaving (be specific) DID NOT WANT TO WORK

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. PACK BAGS, BLANKETS, HAND TOWEL, BATH TOWEL, AND THEN I CHECK THEM TO SEE IF THEY WEIGH THE SAME AS IT SAY ON THE BAGGEE AND THEN I SAY OUT IN TO THE TRUCK.

Name	MICHAEL - PIZZA HUT		
Position	CREW - SHIFTE LEADER		
Company	EAST WOOD PIZZA TO		
Address	MORTON PLACE DRIVE BLD		
Telephone	507-292-8623		
Supervisor name	MARTHA SANDER		
Employment dates	From 1997	Start 6.00	Final 9.95
	To 2001		
Your last job title	SHIFTE LEADER		

Reason for leaving (be specific) MATERNITY LEAVE.

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. I WAS A CREW AND THEN A SHIFTE LEADER. I HELP CUSTOMER AND LOOK INVENTORY TRUCK ORDER I OPEN THE STORE AND SOMETHING CLOSE BUT YES MOST OF ALL I MAKE SURE MY CUSTOMER ARE HAPPY

Who were you referred by? NO BODY

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., (hereinafter called "the Company"),

I agree that:

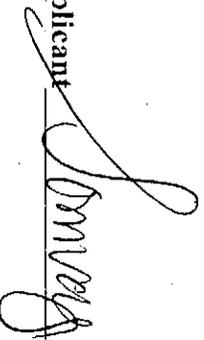
Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist 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., 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 the Owner/Managing Member of the Company. Both the undersigned and Corporate Management Group, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company 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 called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company 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, the Company, 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 the Company 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 the Company is terminable at will for any reason by either party.

Signature of applicant



Date:

March 23, 04