

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	West High School	115 N. Larkin Street, IL	3	Diploma
College	St. Cloud Technical School	St. Cloud, MN	1	Shil Pursuing
Bus. or Trade School	and Comm. Coll. St. Cloud	St. Cloud, MN		
Professional School				

PLEASE COMPLETE PAGES 1-5

Name: Strickland, Maria Ann

Present address: P.O. Box 2084
St. Cloud
MN
56302

City: St. Cloud State: MN Zip: 56302

Social Security No. 429-35-8211

Telephone 320 203-7881

If under 18, please list age: —

Referred by: —

E-Mail: 2shannev@gmail.com

Position applied for (1) Production / hr
 and salary desired (2) 10.00 / hr
 (Be specific)

Shift available to work:
 1st —
 2nd —
 3rd —

How many hours can you work weekly? 20-40
 Can you work nights? yes

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

When available for work? 5-13-15

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 5-12-15

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? Public Transportation / Walk

Driver's license number J810163408609 State of issue MN

Operator Commercial (CDL) Chauffeur

Expiration date 8-7-2017

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	<u>Tim Willie</u>	Name	<u>Mandy Herman</u>
Position	<u>Protection Officer</u>	Position	<u>Counselor</u>
Company	<u>Stearns City</u>	Company	<u>Caritas</u>
Address	<u>3301 Cheryl Rd. 138</u>	Address	<u>911 18th Ave</u>
Telephone	<u>820, 650-6000</u>	Telephone	<u>320 650-1660</u>

APPLICATION FOR EMPLOYMENT

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

I worked for this company on three different occasions. I worked on assembly lines assembling doors. I learned skills from many departments.

Reason for leaving (be specific): Assignment Ended Unknown

Your last job title: <u>Production Worker</u>		Telephone: <u>620 253-1212</u>
From: <u>7-12</u>	To: <u>2-14</u>	Address: <u>St. Cloud, MN</u>
Employment dates	Pay or salary	Company: <u>Applied Company</u>
Supervisor name: <u>Bob Peterson</u>		Position: <u>General Production</u>
		Name: <u>Electricity</u>

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

My duties consisted of janitorial and outdoor work.

Reason for leaving (be specific): Summer job

Your last job title: <u>Maintenance Helper</u>		Telephone: <u>(320) 308-5000</u>
From: <u>8-14</u>	To: <u>8-14</u>	Address: <u>1510 Northway Dr</u>
Employment dates	Pay or salary	Company: <u>School</u>
Supervisor name: <u>Don K.</u>		Position: <u>Maintenance Helper</u>
		Name: <u>St. Cloud Tech. and Comm.</u>

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: N/A 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.

Supervisor name _____		Employment dates Pay or salary	From Start To Final	Your last job title _____	Name _____ Position _____ Company _____ Address _____ Telephone (____) _____
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.					

Supervisor name _____		Employment dates Pay or salary	From Start To Final	Your last job title _____	Name _____ Position _____ Company _____ Address _____ Telephone (____) _____
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:

5-13-15