



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5
DATE 5-18-2015

Name: Nana Sylvia Silla
Last First Middle Initial

Present address: 1814 2nd Street North
Number Street City State Zip
St Cloud MN 56303

Social Security No. 821-82-6299

Telephone (201) 224-5673

E-mail nana.sylvia.silla@cmg.com
Referred by Fonta Kourouma

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

How many hours can you work weekly? _____
Can you work nights? _____

Shift available to work
 1st
 2nd
 3rd

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
High School	General			
College	General			
Bus. or Trade School				
Professional School				

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? Bus

Driver's license number _____ State of issue _____

Operator Commercial (CDL) Chauffeur

Expiration date _____

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 () _____

Name _____ Position _____ Company _____ Address _____ Telephone () _____

APPLICATION FOR EMPLOYMENT

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

Reason for leaving (be specific) _____

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

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

Reason for leaving (be specific) _____

Your last job title _____		Telephone () _____
To _____	From _____	
Final _____	Start _____	Address _____
Employment dates _____	Pay or salary _____	Company _____
Supervisor name _____		Position <u>Accounting</u>
		Name <u>West Africa</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 _____

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 _____		Telephone (____) _____ _____ Address _____ _____ Company _____ _____ Position _____ _____
Supervisor name _____		
Employment dates	Pay or salary	
From	To	
Start	Final	
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 _____		Telephone (____) _____ _____ Address _____ _____ Company _____ _____ Position _____ _____
Supervisor name _____		
Employment dates	Pay or salary	
From	To	
Start	Final	
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



Date: 5-18-2015