

LM 12/14
LM 12/17
LM 12/19



1/20
ENTERED

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5

DATE 12/11/2012

Name LAY THAN NGAI
Last First Middle Maiden

Present address 1820 37th Street
Number Street
City Rochester State NY Zip 55901

Social Security No. 877 - 23 - 2323

Telephone () 607-990-8304

E-Mail suyakami.block@gmail.com

If under 18, please list age _____

Referred by Friend

Position applied for (1) General worker
and salary desired (2) \$9.50
(Be specific)

Shift available to work
1st
2nd _____
3rd _____

How many hours can you work weekly? Full time Can you work nights? No

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

When available for work? Immediately

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 | | | | |
| College | <u>LMTC - Refugee camp</u> | <u>Refugee camp</u> | <u>2010</u> | <u>English</u> |
| Bus. or Trade School | <u>Free school</u> | | | |
| Professional School | | | | |

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation. _____

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? CAR

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 MARY ALESSIO Name KRISTINA H

Position DIRECTOR Position CASE MANAGER

Company CATHOLIC CHARITIES Company CATHOLIC CHARITIES

Address 903 W center ST Address 903 W. Center ST Suite 220

Suite 220 ROCHESTER MN 55902 ROCHESTER MN 55902

Telephone (507) 287-2047 ext-24 Telephone (507) 287-2047 ext. 22

APPLICATION FOR EMPLOYMENT

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 _____

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 <u>THAN NGAI LAY</u> | Supervisor name <u>MR. EEL</u> | |
| Position <u>General worker</u> | Employment dates | Pay or salary |
| Company <u>ASIAN FOOD STORE INC.</u> | From <u>09/06/12</u> | Start <u>\$7.25</u> |
| Address <u>1010 7th ST. NW</u> | To _____ | Final _____ |
| <u>ROCHESTER MN 55901</u> | Your last job title _____ | |
| Telephone <u>(507)-990-8304</u> | Reason for leaving (be specific) <u>To search full time job.</u> | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>unloading goods from the truck, Arranging goods in the godown, Arranging goods in the shelves of the store.</u> | | |

| | | |
|--|---------------------------|---------------|
| Name _____ | Supervisor name _____ | |
| Position _____ | Employment dates | Pay or salary |
| Company _____ | From _____ | Start _____ |
| Address _____ | To _____ | Final _____ |
| Telephone (_____) _____ | 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. | | |

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|--|---|------------------|---------------|------------|-------------|----------|-------------|---------------------------|--|
| Name _____ Position _____ Company _____ Address _____ Telephone (____) _____ | Supervisor name _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Employment dates</td> <td style="width:50%;">Pay or salary</td> </tr> <tr> <td>From _____</td> <td>Start _____</td> </tr> <tr> <td>To _____</td> <td>Final _____</td> </tr> <tr> <td colspan="2">Your last job title _____</td> </tr> </table> | Employment dates | Pay or salary | From _____ | Start _____ | To _____ | Final _____ | Your last job title _____ | |
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| Your last job title _____ | | | | | | | | | |
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May we contact your present employer? Yes ___ No

Did you complete this application yourself ___ Yes No

If not, who did? THANG LIANA LABYA, a friend 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



Signature of

Date:

12/11/12