CMG
CORPORATE MANAGEMENT GROUP

CMG APPLICATION FOR EMPLOYMENT

2-6-17
1036 am

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

PLEASE COMPLETE PAGES 1-5   DATE 2·2·15

Name Kennedy THomas Raymond
Last First Middle Maiden

Present address 280 6TH ST NW LoT 38
Number Street
Pine Island   mn   55963
City   State   Zip

Social Security No. 476 - 76 - 7036

Telephone (507) 261 7928   E-Mail Kennedy7036@gmail.com

If under 18, please list age _____   Referred by _____

Position applied for (1) Ware House Back up SALDr job   Shift available to work
and salary desired (2) 15.00   1st _____
(Be specific)   2nd ☒
                                                         3rd _____

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

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	Pine Island	Pine Island	11	NO
College				
Bus. or Trade School				
Professional School				

DO YOU HAVE A DRIVER'S LICENSE? _X_ Yes ___ No

What is your means of transportation to work? PicKup

Driver's license number F186085296315 State of issue Mn

Operator ___ Commercial (CDL) _X_ Chauffeur ___

Expiration date 2-24-17

Have you had any accidents during the past three years? _X_ Yes ___ No

If so, how many? _____

Have you had any moving violations during the past three years? _X_ Yes ___ No

If so, how many? _____

Please list two references other than relatives or previous employers.

Name Carisa HamershAll   Name Dob GepHarT

Position Nurse AD   Position Self implode

Company PineHaven   Company Cleaning

Address Pine Island   Address _____

_____   _____

Telephone (507) 259 9977   Telephone (507) 923 7700

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 _Army National Guard_ Specialty _Parts & Supply_

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 _Total Auto & Tirer_	Supervisor name _Shawn Verochek_	
Position _Service Tec_	Employment dates	Pay or salary _12.50 per Hour_
Company _____	From _8-10-15_	Start _10. Per Her_
Address _____	To _1730 117_	Final _12.50 Per Her_
Telephone (_503_) _732 5886_	Your last job title _Service Tecl_	

Reason for leaving (be specific) _Lay off_

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

Name _Arcom Distributing_	Supervisor name _Paul Commers_	
Position _Ware House & Dilivery_	Employment dates	Pay or salary
Company _2956 Center Court_	From _Aug 8 2007_	Start _10_
Address _Eagan Mn 55121_	To _Jun 2015_	Final _15_
Telephone (_651_) _895 4662_	Your last job title _Sam_	

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. _Receive Product Store Load Truck Set up UPS & Fed Pickups_

Revised February 2012

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 _____

Position _____

Company _____

Address _____

_____

Telephone (_____) _____

Supervisor name _____

Employment dates	Pay or salary
From	Start
To	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 _____

Position _____

Company _____

Address _____

_____

Telephone (_____) _____

Supervisor name _____

Employment dates	Pay or salary
From	Start
To	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? X Yes ___ No

Did you complete this application yourself ⊠ Yes ___ No

If not, who did? _____

Revised February 2012

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 _Thomas E Kennedy_ Date: _2-2-17_

Revised February 2012