To morrow 10:00,
N/S
TO orientatio

CORPORATE MANAGEMENT GROUP

CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 05/26/15

Name Silva Veronica
Last First Middle Maiden

Present address Angela ct #4
Number Street
maplewood MN 55119
City State Zip

Social Security No. 830 - 79 - 0573

Telephone (651) 285 9027 E-Mail

If under 18, please list age NO Referred by

Position applied for (1) Bakery
and salary desired (2)
(Be specific) $9:00 – $10:00

Shift available to work
1st ✓
2nd
3rd ✓
1st shift.

How many hours can you work weekly? 40 Can you work nights? ✓

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

When available for work? 05/27/15

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
X No ___ Yes If so, please explain

Do you anticipate any absences from work on a regular basis?
X No ___ Yes If so, please explain

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Benito Juarez	Mexico	12	yes
College				
Bus. or Trade School				
Professional School				

Revised February 2012

APPLICATION FOR EMPLOYMENT

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

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date _____

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

If so, how many? _____

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

If so, how many? _____

Please list two references other than relatives or previous employers.

Name Alicia gusman	Name Analilia arrieta
Position manager	Position Supervisor
Company apple bee	Company popeyes
Address Brooklin Park	Address Beam ave
Telephone (763) 202 6895	Telephone (612) 872 8236

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 _____
Position regular employee
Company K F.C.
Address 7037 10th st N Oakdale MN 55128
Telephone (651) 735 5407

Supervisor name Angie

Employment dates	Pay or salary
From 04/12/15	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 regular employee
Company K F C
Address university
Telephone (____)_____

Supervisor name Daniel

Employment dates	Pay or salary
From 08-22-04	Start
To 06-15-13	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.

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 From To	Pay or salary 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 _____ Position _____ Company _____ Address _____ _____ Telephone (____)_____	Supervisor name _____	
	Employment dates From To	Pay or salary 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: 05/26/15

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Class "B" COL

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Central states (Medical)