

| MAJOR & DEGREE | NUMBER OF YEARS COMPLETED | LOCATION (Complete mailing address) | NAME OF SCHOOL     | TYPE OF SCHOOL       |
|----------------|---------------------------|-------------------------------------|--------------------|----------------------|
|                | 12                        | Vietnam in Vietnam                  | Vietnam in Vietnam | High School          |
|                |                           |                                     |                    | College              |
|                |                           |                                     |                    | Bus. or Trade School |
|                |                           |                                     |                    | Professional School  |

**PLEASE COMPLETE PAGES 1-5**

Name: Phu Hoang  
 Last First Middle Maiden  
 Present address: 919 Brenda Lee Dr  
 Number Street 51303 MN 51303 City  
 Telephone: 820434-0955  
 Social Security No. 472-57-3723  
 If under 18, please list age 31  
 Referred by: Sgt. Terrence Lee  
 E-Mail: \_\_\_\_\_  
 Shift available to work: \_\_\_\_\_  
 1st \_\_\_\_\_  
 2nd \_\_\_\_\_  
 3rd \_\_\_\_\_  
 Can you work nights? yes  
 How many hours can you work weekly? 40 hrs  
 Employment desired:  FULL-TIME ONLY  PART-TIME ONLY  FULL-OR PART-TIME  
 When available for work? now  
 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 \_\_\_\_\_

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? Car

Driver's license number P16113369914 State of issue MN

Operator  Commercial (CDL)  Chauffeur

Expiration date 02-2018

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 DA QUANG

Position own restaurant leader

Company OK restaurant electronic

Address St cloud, MN

Telephone (320) 761-6054

~~Telephone (320) 237-2284~~

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) work

|  |                    |                                       |
|--|--------------------|---------------------------------------|
| Your last job title <u>Line Assembly</u> |                    | Telephone <u>(320) 240-6671</u>       |
| To <u>8-2014</u>                         | From <u>7-2011</u> | Address <u>Collingswood, MN 56320</u> |
| Final <u>13.90</u>                       | Start <u>10.63</u> | Company <u>Rockwell</u>               |
| Pay or salary                            | Employment dates   | Position <u>Rockwell 2</u>            |
| Supervisor name <u>Tommy</u>             |                    | Name <u>Gold N Jump Paddy</u>         |

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) Still there

|                                      |                   |                                 |
|--------------------------------------|-------------------|---------------------------------|
| Your last job title <u>help cook</u> |                   | Telephone <u>(902) 761-6054</u> |
| To                                   | From <u>6-13</u>  | Address <u>St. Charles, MA</u>  |
| Final <u>10.00</u>                   | Start <u>9.00</u> | Company <u>St. Charles</u>      |
| Pay or salary                        | Employment dates  | Position <u>help cook</u>       |
| Supervisor name <u>Dr. Quamr</u>     |                   | Name <u>DK Hoffmann</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 _____                |               | Position _____   | Company _____ | Address _____ | Telephone ( ) _____ |
| Supervisor name _____     |               |  |               |               |                     |
| Employment dates          | Pay or salary | Reason for leaving (be specific) _____   |               |               |                     |
| From _____                | Start _____   | List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. |               |               |                     |
| To _____                  | Final _____   | Company _____  |               |               |                     |
| Your last job title _____ |               | Address _____  |               |               |                     |
|                           |               | Telephone ( ) _____  |               |               |                     |

|                           |               |  |               |               |                     |
|---------------------------|---------------|--|---------------|---------------|---------------------|
| Name _____                |               | Position _____   | Company _____ | Address _____ | Telephone ( ) _____ |
| Supervisor name _____     |               |  |               |               |                     |
| Employment dates          | Pay or salary | Reason for leaving (be specific) _____   |               |               |                     |
| From _____                | Start _____   | List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |               |               |                     |
| To _____                  | Final _____   | Company _____  |               |               |                     |
| Your last job title _____ |               | Address _____  |               |               |                     |
|                           |               | Telephone ( ) _____  |               |               |                     |

May we contact your present employer? Yes  No

Did you complete this application yourself? Yes  No  If not, who did? HONG NGUYEN

320-296-0827

**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.

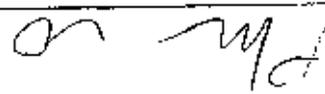
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by 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:

02-10-15