

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	Walter Jennings	1029 Hwy 92 Red Wing M.N. 55066	12	Diploma
College				
Bus. or Trade School				
Professional School				

**PLEASE COMPLETE PAGES 1-5**

Name: Walter Seth Richard

Present address: 402 33rd Ave. N  
Number Street St. Cloud City  
State MI zip 56303

Social Security No. 474 - 25 - 7310

Telephone (507) 405-7132 (5)

If under 18, please list age \_\_\_\_\_

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

Shift available to work  
 1st  
 2nd  
 3rd

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? 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 \_\_\_\_\_

DATE 2/23/15

Referred by Anna Hickman  
 E-mail seth.walker1992@gmail.com

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? Girlfriend works here also.

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 Nikita Olson \_\_\_\_\_  
Anna Hickman \_\_\_\_\_

Position ~~Asst~~ Road const. \_\_\_\_\_  
Support \_\_\_\_\_

Company Atter \_\_\_\_\_  
Hickman \_\_\_\_\_

Address Socell \_\_\_\_\_  
402 33rd Ave. Bld \_\_\_\_\_  
St Cloud \_\_\_\_\_

Telephone (320) \_\_\_\_\_  
(320) 492-4562 \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. **Package Handler, truck loader/unloader.**

Reason for leaving (be specific) **laid off**

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

Name: **URS**  
 Position: **Package Handler**  
 Company: **URS**  
 Address: **3057 Hwy 10. S**  
**St Cloud, MN 56304**  
 Telephone: **(800) 742-5877**

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

Reason for leaving (be specific) **Seasonal**

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

Name: **Electrolux**  
 Position: **Machine Press Oper**  
 Company: **Electrolux**  
 Address: **201 33rd Ave N**  
**St Cloud MN 56303**  
 Telephone: **(800) 553-1212**

**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 _____		Reason for leaving (be specific) _____			
From _____	To _____	List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.			
Start _____	Final _____				
Pay or salary _____	Your last job title _____				

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

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

*John Walker*

Date:

*02/23/15*