



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5		DATE <u>2-22-16</u>
Name <u>Hassan Ayan ALI</u> <small>Last First Middle Maiden</small>		
Present address <u>1019 41st NW Apt 104</u> <small>Number Street</small> <u>Rochester MN 55904</u> <small>City State Zip</small>		
Social Security No. <u>470-47-4800</u>		
Telephone <u>(507) 202-6567</u>		E-Mail _____
If under 18, please list age _____		Referred by _____
Position applied for (1) <u>Assembly</u> and salary desired (2) _____ <small>(Be specific)</small>	Shift available to work 1 st _____ 2 nd <input checked="" type="checkbox"/> _____ 3 rd _____	
How many hours can you work weekly? <u>40 hrs</u> Can you work nights? <u>NO</u>		
Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME		
When available for work? <u>AS soon as possible</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? <input checked="" type="checkbox"/> No ___ Yes If so, please explain _____		
Do you anticipate any absences from work on a regular basis? <input checked="" type="checkbox"/> 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				
Bus. or Trade School				
Professional School				

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

What is your means of transportation to work? Drive my vehicle

Driver's license number 9299191382720 State of issue _____

Operator Commercial (CDL) ___ Chauffeur ___

Expiration date 12-30-19

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 Abdi Samatar Name Asha Hassan

Position Care taker Position Assembly

Company Sun Health homecare Company Seneca

Address N/A Address _____

Telephone (507) N/A 990-7060 Telephone (507) 536-4834

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>Sun Home Healthcare</u>		Supervisor name _____	
Position <u>PCA</u>		Employment dates	Pay or salary <u>9 hrs</u>
Company _____		From <u>2014</u>	Start <u>Aug</u>
Address _____		To <u>June</u>	Final <u>2015</u>
Telephone () _____		Your last job title _____	
Reason for leaving (be specific) <u>Laid off</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.			

Name <u>Seneca</u>		Supervisor name _____	
Position <u>Assembly line</u>		Employment dates	Pay or salary <u>10 hr</u>
Company _____		From <u>2015</u>	Start <u>2015</u>
Address _____		To <u>June</u>	Final <u>OCT</u>
Telephone () _____		Your last job title _____	
Reason for leaving (be specific) <u>Laid off</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.			