

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri

Office Number: 507-923-4955

Office Address: 3707 Commercial Dr. SW Rochester, MN 55902

9/12



Applicant Information

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

Please fully complete pages 1-3

Full Name: (Last Name, First Name) DWI RIAK Date: 07-08-2021

Address: (Street Address) 3610 19th Ave NW (Apt./Unit #) _____

(City) Rochester (State) MN (ZIP Code) 55901

Phone: 507-993-3134 Email: _____

Social Security No. 473-378-785 Date Available: ANY TIME

Position Applied for: _____ Desired Salary: \$15

Shift Available to work: __ 1st 2nd __ 3rd Employment desired: Full-Time __ Part-Time

Are you authorized to work in the U.S.? Yes __ No

How did you hear about us? _____ Referral Name: _____

If under 18, please list age: _____

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? __ No Yes

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
<input checked="" type="checkbox"/> High School	<u>John Marshall</u>	<u>12</u>	<u>9</u>	
College				
Bus. Or Trade School				
Professional School				