

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: Monday-Friday 9am-3pm

Office Number: 507-838-5994

Office Address: 1232 Valley High Dr NW Rochester, Mn 55901



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) LEE LONNIE Date: 10-19-21

Address: (Street Address) P.O. BOX 682 (Apt. /Unit #) _____

(City) ROCHESTER (State) MN (ZIP Code) 55904

Phone: 720-809-1998 Email: _____

Social Security No. 206-50-9632 Date Available: 10-21-21

Position Applied for: CUTTING OR SANITATION Desired Wage: _____

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? WALK IN 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
High School	T. A. EDISON	8 LEHIGH AVE PHIA. PA	3	DIPLOMA
College				
Bus. Or Trade School	RCTC	ROCHESTER 851-30 AVE ROCHESTER MN	1 YEAR	CERTIFICATE
Professional School				

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Previous Employment

Company: DAVID AUTO REPAIR Phone: 507 280-4933
Address: 1245 MARION RD. Supervisor: MIKE
Job Title: MECHANIC Starting Wage: \$ 11.00 Ending Wage: \$ 15.00
Responsibilities: REPAIR OF AUTO'S BRAKES
From: 8-06 To: 8-21 Reason for Leaving: LAY OFF
May we contact your previous supervisor for reference? Yes No

Previous Employment

Company: CRENIO Phone: 280 8833
Address: 1600 4 AVE Supervisor: MARK
Job Title: WEIDER Starting Wage: \$ 14.00 Ending Wage: \$ 17.00
Responsibilities: WORKING ON ASSEMBLY LINE
From: 8-96 To: 6-06 Reason for Leaving: LAY OFF
May we contact your previous supervisor for reference? Yes No

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Wage: \$ _____ Ending Wage: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for reference? Yes No

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Wage: \$ _____ Ending Wage: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for reference? Yes No

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
Signature: Louise Lee Date: 10-19-21