

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

Applicant Information

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

Full Name: (Last Name, First Name) María del rosaria Lopez y Lopez Date: 7/19/2024

Address: (Street Address) _____ (Apt. /Unit #) _____

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

Phone: 507 735 2447 Email: _____

Social Security No. 411 88 3058 Date Available: 7/20/2024

Position Applied for: _____ Desired Salary: _____

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: 46 AND 25

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

Previous Employment

Company: _____ Phone: _____

Address: 81617th st se Rochester MN 55904 Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No