

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) Diane Sacasa Date: 3-23-06

Address: (Street Address) 2076 11th Ave SE (Apt./Unit #) C

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

Phone: 271-9661 Email: NA

Social Security No. 477372064 Date Available: 70 days

Position Applied for: Line Desired Wage: max paid

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: NA

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

Previous Employment

Company: Metro Clinic Center Phone: 271-9661

Address: East Center SE Supervisor: Shon

Job Title: SEWR

Responsibilities: Some paper on invoices

From: _____ To: _____ Reason for Leaving: still working

May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No