

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: 9am-4pm Mon-Fri

Office Number: 651-666-3883

Office Address: 404 Broadway Ave St. Paul Park, MN 55071

Interested in
7pm start time
2nd shift - wapping
Bakery Help SM
Delta



Applicant Information

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

Please fully complete pages 1-2

Full Name: (Last Name, First Name) Maria Bauhsta Date: 11-03-16

Address: (Street Address) 1112 1st st (Apt./Unit #) 1112

(City) st Paul Park (State) MD (ZIP Code) 55071

Phone: (651) 322-0802 Email: _____

Social Security No. 137-69-0069 Date Available: Now

Position Applied for: Delta o wapping 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? Sister Referral Name: Maria Teresa Dopez

If under 18, please list age: _____

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	<u>9</u>	<u>Mexico</u>		
College				
Bus. Or Trade School				
Professional School				

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: 9am-4pm Mon-Fri

Office Number: 651-666-3883

Office Address: 404 Broadway Ave St. Paul Park, MN 55071



Previous Employment

Company: Up North Plastics Phone: (651) 734-6000

Address: _____ Supervisor: _____

Job Title: Struccion Starting Salary: \$ 12.75 Ending Salary: \$ _____

Responsibilities: _____

From: 01-23-12 To: 03-18-16 Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

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: _____ Date: _____