

**CORPORATE MANAGEMENT GROUP**

Employment Application

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

Office Number: 320-281-5614 Office Cell: 320-250-4380

Office Address: 245 Industrial Blvd, Sauk Rapids, MN 56379



**Applicant Information**

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

Full Name: Eugene Freiberg Date: 1-3-25

Address: (Street Address) 1075 24th St. SE (Apt. /Unit #) 316

(City) Saint Cloud (State) MN (ZIP Code) 56304

Phone: 612-562-7429 Email: jarhead0329@yahoo.com

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

Social Security No. 469-84-7349 Date Available: 1-6-25

Position Applied for: Shipping And Forklift operator Desired Wage: \_\_\_\_\_

Shift Available to work:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> Employment desired:  Full-Time  Part-Time

How did you hear about us? Indeed Referral Name: \_\_\_\_\_

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  No  Yes Feb 7<sup>th</sup>

Military Training (List dates and training received) Feb 26<sup>th</sup> USMC Feb 2, 1981 - Aug 27, 1984

**Previous Employment**

PLEASE LIST DETAILS FOR YOUR 2 LATEST EMPLOYMENTS, STARTING WITH THE MOST RECENT.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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