



CMG APPLICATION FOR EMPLOYMENT

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

| | | |
|---|---|--|
| PLEASE COMPLETE PAGES 1-5 | | DATE <u>01/21/2015</u> |
| Name <u>KOUROU MA FANTA NABE</u> | | |
| <small>Last First Middle Maiden</small> | | |
| Present address <u>2321 Troop Dr, Apt 316</u> | | |
| <small>Number Street</small> | <small>City</small> | <small>State</small> <u>MN</u> <small>Zip</small> <u>56377</u> |
| Social Security No. <u>002 - 99 - 7204</u> | | |
| Telephone <u>(320) 455-2578</u> | E-Mail _____ | |
| If under 18, please list age <u>No</u> | Referred by <u>Friends</u> | |
| Position applied for (1) <u>Any Rank</u> | Shift available to work | |
| and salary desired (2) <u>negotiable</u> | 1 st _____ | |
| (Be specific) | 2 nd <input checked="" type="checkbox"/> _____ | |
| | 3 rd _____ | |
| How many hours can you work weekly? <u>40+</u> | Can you work nights? <u>yes</u> | |
| Employment desired <input checked="" type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME | | |
| When available for work? <u>Now</u> | | |
| Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____ | | |
| Do you anticipate any absences from work on a regular basis? | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If so, please explain _____ | | |

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|------------------|--|---------------------------|------------------------|
| High School | <u>2 octobre</u> | <u>GUINEA</u> | <u>4</u> | <u>General Studies</u> |
| College | | | | |
| Bus. or Trade School | | | | |
| Professional School | | | | |

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? My car

Driver's license number 2126224942909 State of issue MD

Operator Commercial (CDL) Chauffeur

Expiration date 11/09/2016

Have you had any accidents during the past three years? Yes No

If so, how many? _____

Have you had any moving violations during the past three years? Yes No

If so, how many? _____

Please list two references other than relatives or previous employers.

Name Almany Janké Name Abdoulaye

Position Data Manager Position _____

Company United Health Company Atlas

Address _____ Address _____

Telephone (301) 4200983 Telephone (301) 200 8540

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes Y No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? __ Yes X No

Branch _____ Specialty _____

Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

| | | |
|---------------------------------|---|-------------------|
| Name <u>ATLAS STAFFING</u> | Supervisor name <u>Michelle</u> | |
| Position <u>General Laborer</u> | Employment dates | Pay or salary |
| Company _____ | From <u>06/2014</u> | Start <u>9.00</u> |
| Address _____ | To <u>09/2014</u> | Final <u>9.50</u> |
| Telephone () _____ | Your last job title <u>forking, palletizing</u> | |

Reason for leaving (be specific) they were slow. I needed more hours

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.
I worked on the line forking, palletizing, boxing meat & meat product

| | | |
|---|-----------------------------|--------------------|
| Name <u>ADVERT FOOD</u> | Supervisor name <u>MIKE</u> | |
| Position <u>Packaging, forking, quality control</u> | Employment dates | Pay or salary |
| Company <u>ADVERT FOOD</u> | From <u>09/29/2014</u> | Start <u>12.50</u> |
| Address <u>900 Highway 10 South</u> | To <u>11/29/2014</u> | Final <u>12.50</u> |
| Telephone <u>(320) 257-3219</u> | Your last job title _____ | |

Reason for leaving (be specific) slow time. They didn't need me b/c they r slow.

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

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WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

| | | |
|--|-----------------------|---------------|
| Name _____ Position _____ Company _____ Address _____ Telephone (____) _____ | Supervisor name _____ | |
| | Employment dates | Pay or salary |
| | From | Start |
| | To | Final |
| Your last job title _____ | | |
| Reason for leaving (be specific) _____ | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. | | |

| | | |
|--|-----------------------|---------------|
| Name _____ Position _____ Company _____ Address _____ Telephone (____) _____ | Supervisor name _____ | |
| | Employment dates | Pay or salary |
| | From | Start |
| | To | Final |
| Your last job title _____ | | |
| Reason for leaving (be specific) _____ | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | |

May we contact your present employer? ___ Yes ___ No

Did you complete this application yourself ___ Yes ___ No

If not, who did? _____

