

2pm

CORPORATE MANAGEMENT GROUP



Employment Application

404 Broadway Ave.
St. Paul Park, MN 55071

2 Forms ID

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) Gonsales Becky Date: _____

Address: (Street Address) 1029 Atlantic St (Apt./Unit #) 102

(City) Saint Paul (State) MN (ZIP Code) 55106

Phone: (651) 313-2104 Email: _____

Social Security No. 458-55-1618 Date Available: as soon as possible

Position Applied for: production DELTA JAC Desired Salary: _____

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

What is your means of transportation to work? carpool

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

How did you hear about us? friend Referral Name: Jose Saul Aguilar

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				
College				
Bus. Or Trade School				
Professional School				

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Employment Application



Previous Employment

Company: National Polymers LLC Phone: (952) 469-4970

Address: 7920 215th Street W Lakeville, MN 55044 Supervisor: _____

Job Title: machine operator Starting Salary: \$ HOPEA Ending Salary: \$ HOPEA

Responsibilities: packaging cups of plastic

From: _____ To: _____ Reason for Leaving: They would give me three or more machines to operate.

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: _____