



CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 1/14/15

Name Haley, Isaiah, Thomas
Last First Middle Maiden

Present address 532 6th Ave. NE.
Number Street City State Zip
St. Cloud MN 56304

Social Security No. Given - upon hiring

Telephone 329 260-5624 E-Mail cadderry69@yahoo.com

If under 18, please list age _____ Referred by Josiah Jackson

Position applied for (1) <u>Entry level package/any</u> and salary desired (2) _____ (Be specific)	Shift available to work 1 st _____ 2 nd <input checked="" type="checkbox"/> _____ 3 rd _____
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How many hours can you work weekly? 24-30 HOURS Can you work nights?

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? AS SOON AS POSSIBLE

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No Yes If so, please explain _____

Do you anticipate any absences from work on a regular basis?
 No Yes If so, please explain _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	AIC McKinley	White Park	3	
	Apollo Senior High	St. Cloud	3	
College				
Bus. or Trade School				
Professional School				

I Attend Both schools

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DO YOU HAVE A DRIVER'S LICENSE? ___ Yes No

What is your means of transportation to work? Grandparents, Car Pool, Bike

Driver's license number _____ State of issue _____

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date _____

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 Dense Stuber Name Becca Howe

Work exp: teacher Position Assistant At retirement home

Company Apollo Highschool Company ~~N/A~~ N/A

Address 1000 N 44th Ave,
St. Cloud, MN 56303 Address N/A

Telephone (320) 253-7600 Telephone (320) 293-9764

Ask operator for extension.

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ___ Yes No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? ___ Yes 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>Spee-dee delivery</u>	Supervisor name <u>Jody Mehr</u>	
Position <u>Truck loader/unloader</u>	Employment dates	Pay or salary
Company _____	From <u>9/22/14</u>	Start <u>\$9.00</u>
Address <u>4101 Clear Water Road, St Cloud, MN 56301</u>	To <u>11/23/14</u>	Final <u>\$9.00</u>
Telephone <u>(320) 251-6697</u>	Your last job title <u>TRUCK loader</u>	

Reason for leaving (be specific) job ended

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

loading/unloading trucks. scanning boxes.
Sorting boxes by zipcode. Washing trucks.

Name _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From _____	Start _____
Address _____	To _____	Final _____
Telephone () _____	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.

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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.

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May we contact your present employer? Yes No (unemployed)

Did you complete this application yourself? Yes No

If not, who did? _____