



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>6-15-16</u>
Name <u>Aden. Istahil. A</u>		
Last First Middle Maiden		
Present address <u>1430. 4th ave. SE</u>		
Number Street	City	State
<u>Rochester.</u>	<u>MIN</u>	<u>55904.</u>
Social Security No. <u>699 - 27 - 6493</u>		
Telephone <u>(623) 414 8149.</u>	E-Mail <u>NA</u>	
If under 18, please list age _____	Referred by <u>Friend</u>	
Position applied for (1) <u>Package-</u>	Shift available to work	
and salary desired (2) _____	1 st _____	2 nd _____
(Be specific)	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 ___ PART-TIME ONLY ___ FULL- OR PART-TIME		
When available for work? <u>anytime</u>		
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?		
<input checked="" type="checkbox"/> No ___ Yes If so, please explain _____		
Do you anticipate any absences from work on a regular basis?		
<input checked="" type="checkbox"/> No ___ Yes If so, please explain _____		

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School			1	
College				
Bus. or Trade School				
Professional School				

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

What is your means of transportation to work? _____

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 Abili Sirad Name Abdi Aden

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (____) _____ Telephone (____) _____

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 _____ 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.		

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____



Preliminary Questions

For CMG use only

Name: _____

Date: _____

1. If hired are you willing to take a drug test? Y
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? N
3. Are you able to work with pork? N
4. Which plant do you prefer? S
5. What shift do you prefer? 2

To be completed during interview only

Date of interview _____

Have you ever been convicted of a crime? Yes _____ No _____

Explain

Incident _____

Employee Signature _____

Interviewer Signature _____