



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>Moham-O. Istahik Osman.</u>		
<small>Last First Middle Maiden</small>		
Present address <u>1430 4th Ave SE</u>		
<small>Number Street</small>		
<u>Rochester.</u>		<u>MN.</u>
<small>City</small>	<small>State</small>	<u>55904.</u>
<small>Zip</small>		
Social Security No. <u>897 - 21 - 0397</u>		
Telephone <u>(623) 414 8199.</u>		E-Mail _____
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) _____		<u>2nd</u>
(Be specific)		_____
		3 rd _____
How many hours can you work weekly? _____		Can you work nights? _____
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>any time</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				
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 Abdi Said Name Abdi Aden

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (____) _____ Telephone (____) _____