



## 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>1-27-17</u>
Name <u>Javier Reyes Flores</u>		
<small>Last First Middle Maiden</small>		
Present address <u>600 Stryker Ave</u>		
<small>Number Street</small>		
<u>St. Paul</u> <u>MA</u> <u>55107</u>		
<small>City State Zip</small>		
Social Security No. <u>552 - 93 - 8105</u>		
Telephone <u>(651) 983-6133</u>		E-Mail <u>JR52886@yahoo.com</u>
If under 18, please list age _____		Referred by <u>Humberto buencastro</u>
Position applied for (1) <u>Super enemas</u>	Shift available to work	
and salary desired (2) _____	1 <sup>st</sup> _____	
(Be specific)	2 <sup>nd</sup> _____	
	3 <sup>rd</sup> <input checked="" type="checkbox"/> _____	
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>1-27-17</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>John Adams High school</u>			<u>Diploma</u>
College	<u>Saint Paul tech.</u>	<u>St. Paul</u>	<u>3 1/2</u>	<u>not completed</u>
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? Car

Driver's license number Y555255222215 State of issue MD

Operator  Commercial (CDL)  Chauffeur

Expiration date 5-28-17

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 Olafira Name Jsreal M.

Position Medical Assistant Position owner

Company \_\_\_\_\_ Company Monarch Landscaping

Address \_\_\_\_\_ Address Hill Norton Ave.  
St. Paul MD 55109

Telephone (651) 307-9037 Telephone (651) 707-4460

**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>Monarch Landscaping</u>		Supervisor name <u>Isreal</u>	
Position <u>Crew</u>		Employment dates	Pay or salary
Company _____		From <u>08-15</u>	Start <u>15.00/hr</u>
Address <u>211 Norton Ave</u>		To <u>09-16</u>	Final <u>16.25/hrs.</u>
<u>St. Paul MN 55114</u>		Your last job title _____	
Telephone <u>(612) 702-4860</u>		Reason for leaving (be specific) <u>1 Seasonal only</u>	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Driver, help with the projects, such as moving rocks, gravel, mulch.</u>			

Name <u>Peter Dorn</u>		Supervisor name <u>Peter</u>	
Position <u>Crew</u>		Employment dates	Pay or salary
Company <u>Peter Dorn</u>		From <u>08-15</u>	Start <u>11.50/hr</u>
Address _____		To <u>09-16</u>	Final <u>16.00/hr</u>
Telephone <u>(763) 315-0052</u>		Your last job title <u>Crew/Landscaper</u>	
Reason for leaving (be specific) <u>Seasonal</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Cut grass, snow plowed, equipment mechanic.</u>			

**APPLICATION FOR EMPLOYMENT**

**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? \_\_\_\_\_