

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: 9am-4pm Mon-Fri

Office Number: 651-666-3883

Office Address: 404 Broadway Ave St. Paul Park, MN 55071



1st shift comm

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) Lopez Carmen Date: 11-10-16

Address: (Street Address) 766 Robert H St (Apt. /Unit #) 2

(City) Saint Paul (State) MN (ZIP Code) 55107

Phone: 763 3336900 Email: _____

Social Security No. 605-95-6143 Date Available: _____

Position Applied for: Production Desired Salary: 11.50

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

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

How did you hear about us? No Referral Name: Angelis Rivera

If under 18, please list age: No 612 655 86 28

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	México	Xalapa Ver.	3 years	No.
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

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

Previous Employment

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

Previous Employment

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

Previous Employment

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: 11-10-16