

# CORPORATE MANAGEMENT GROUP

Employment Application



your workforce management & staffing experts

APPLICANT INFORMATION										
Last Name	CALLAS			First	MARIO		M.I.	Date	10-13-2015	
Street Address	517 WINONA ST						Apartment/Unit #			
City	ST PAUL			State	MN		ZIP	55107		
Phone	612-990-8893			E-mail Address						
Date Available	NOW		Social Security No.	612-12-9053		Desired Salary	OPEN			
Position Applied for	OPEN									
Are you a citizen of the United States?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
How did you hear about us?	Friend		Referral Name:	JULIO GRANDE						

PREVIOUS EMPLOYMENT										
Company	Self. Employed.						Phone			
Address							Supervisor			
Job Title				Starting Salary	\$		Ending Salary	\$		
Responsibilities	fixing pallet's.									
From	To	Reason for Leaving								
May we contact your previous supervisor for a reference?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>						
Company							Phone			
Address							Supervisor			
Job Title				Starting Salary	\$		Ending Salary	\$		
Responsibilities										
From	To	Reason for Leaving								
May we contact your previous supervisor for a reference?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>						

DISCLAIMER AND SIGNATURE	
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	Mario Callas
Date	10-13-2015