



CMG APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED

DATE 2-27-17

PLEASE COMPLETE PAGES 1-5

Name Said Ali Mustar
Last First Middle Maiden

Present address 1505 Marion Rd SE/2014
Number Street
Rochester MS 55904
City State Zip

Social Security No. _____

Telephone (507) 202-9859 E-Mail _____

If under 18, please list age _____ Referred by _____

Position applied for (1) _____ and salary desired (2) _____ (Be specific)	Shift available to work 1 st _____ 2 nd _____ 3 rd <input checked="" type="checkbox"/>
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How many hours can you work weekly? 40hr/ Can you work nights? yes

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? as soon as possible

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No Yes If so, please explain _____

Do you anticipate any absences from work on a regular basis?
 No 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				