

**CORPORATE MANAGEMENT GROUP**

**Employment Application**

Office Hours: 9am-4pm Mon-Thur 9am-3pm Fri  
Office Number: 320-281-5614 Office Cell: 320-250-4380  
Office Address: 245 Industrial Blvd, Sauk Rapids, MN 56379



Packer (F)

**Applicant Information**

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

Full Name: (Last Name, First Name) Savan SYLLa Date: 9-18-2024

Address: (Street Address) 2321 Troop Drive (Apt./Unit #) 213

(City) Sartata (State) MN (ZIP Code) 56377

Phone: 3204283928 Email: Kadebatantantabe@gmail.com

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

Social Security No. 184512299 Date Available: Now

Position Applied for: STAY Desired Wage: \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_ Referral Name: Dalija

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  No  Yes

Military Training (List dates and training received) NO

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference?  Yes  No