

CORPORATE MANAGEMENT GROUP
Employment Application



Orientation 9/9/16 at 10am

APPLICANT INFORMATION								
Last Name	HTEE		First	NAN		M.I.	Date	09/08/2016
Street Address	300 Johnson Park				Apartment/Unit #	203		
City	St Paul		State	MN		ZIP	55106	
Phone	612-8895061		E-mail Address	sawg1978@gmail.com				
Date Available	anytime		Social Security No.	076-41-3640		Desired Salary	10.50 9.50	
Position Applied for	2nd shift Commissary							
Are you authorized to work in the U.S.?	YES <input checked="" type="checkbox"/>		NO <input type="checkbox"/>					
How did you hear about us?	Referral Name:		myint paung					

PREVIOUS EMPLOYMENT						
Company	Healthside		Phone	952-8257716		
Address			Supervisor			
Job Title	Line worker		Starting Salary	\$ 10.75	Ending Salary	\$
Responsibilities						
From	09/16/15 To 09/8/16		Reason for Leaving	Inconsistent work		
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>		NO <input checked="" 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  Date 09/08/16