

## MINORITY GROUPS OF COMPANIES

2511 S 73<sup>rd</sup> St

Philadelphia, PA 19142

Tel: 610-604-8349

Email: info@minoritygroupofcompanies.com

## **APPLICATION**

Last Name		First Name:	Middle:
Address:	-00	DUPS OF	
City:		ate:Zip Code:	9,
Phone Number:			- 1 <sub>2</sub>
Job applying for  Current position  Country of Birth  Driver license N	:	Date of Birth:  Country of Citiz	enship:
	-		
Level of Education	High School Graduate	Associate degree	College
	College Student	High School Dropou	ut College Dropout
	High school student		

Please answer your questions accurately and if you need help, please ask for assistance

Use t	he si	nace 1	below	to	list all	education	comi	oletions.	schools	attended.	vears.	and	degrees:
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Education (School Name)	Years attended (From, To & Present)	Degrees and Diplomat
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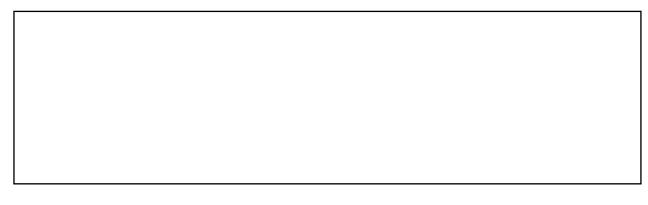
Use the space below to list your last three areas of employment including company name, type of

job, positions, locations, and phone numbers.

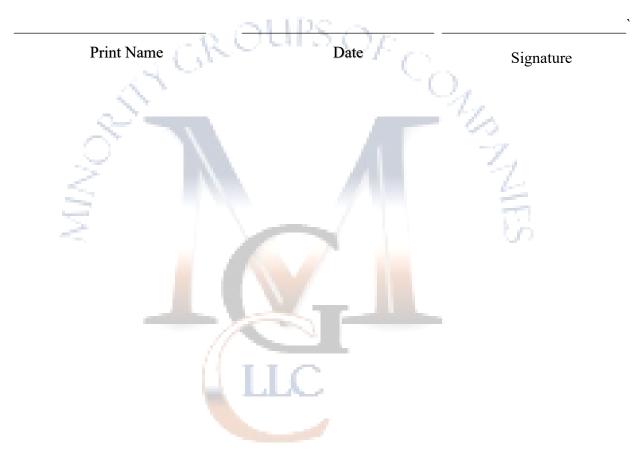
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Name of Employer:		
From:	То:	
Duties:		
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Name of Employer:		
From:	To:	
Duties:		

**Minority Groups of Companies** 



I do attest that all information provided is true and can be counterchecked by the Minority Staffing administration.



Date