**Application**

**For Employment**

**Solicitud de Empleo**

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| We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran sta­tus, or any other legally protected status.  Consideramos a todos los solicitantes para todos los puestos, sin diferenciación de raza, color, religión, credo, género, origen nacional, edad, incapacidad física o mental, estado civil, condición de veterano de guerra, orientación sexual o alguna otra condición protegida por la ley. | | | | | | | | | | | | | |
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|  | Position(s) Applied For / Puesto(s) que solicita | | | | | | Date of Application / Fecha de la Solicitud | | | | | |  |
|  | How Did You Learn About Us? / ¿Cómo se enteró sobre nosotros? | | | | | |  | | | | | |  |
|  | Advertisement / Anuncio | | Relative / Pariente | | | Inquiry / Vino por su cuenta | | | | | | |  |
|  | Employment Agency / Agencia de Empleo | | Friend / Amigo | | | Other / Otro | | | | | | |  |
|  |  | |  | | |  | | | | | | |  |
|  | Last Name / Apellido(s) | | First Name / Nombre(s) | | | | | | | Middle Name | | |  |
|  | Address / Dirección | Number / Número | | Street / Calle | City / Ciudad | | | State / Estado | | | Zip Code / Código Postal | |  |
|  |  |  | |  |  | | |  | | |  | |  |
|  | Telephone Number(s) / Numero(s) de Teléfono | | | | Social Security Number / Número de Seguro Social | | | | | | | |  |
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| Best time to contact you at home is: La mejor hora para comunicarse con usted en casa es: | | | | | | | | | | | | | |  | | | | | |  | : | AM | |
|  | | | | | | | | | | | | | |  | | | | | |  |  | PM | |
| If you are under 18 years of age, can you provide required proof of your eligibility to work? | | | | | | | | | | | | |  | | | | | | |  | Yes / Sí | | No |
| Si es menor de 18 años, ¿puede proveer las pruebas requeridas sobre su elegibilidad para trabajar? | | | | | | | | | | | | | | | | |  | | |  |  | |  |
| Have you ever filed an application with us before? / ¿Ha solicitado empleo en esta empresa anteriormente? | | | | | | | | | | | | | | | | | | | |  | Yes / Sí | | No |
|  | If Yes, give date |  | | En caso afirmativo, indique la fecha | | | | | | | |  | | | | | |  | | | | |  |
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| Have you ever been employed with us before? / ¿Ha trabajado en esta empresa anteriormente? | | | | | | | | | | | | | | | |  | | | |  | Yes / Sí | | No |
|  | If Yes, give date |  | | En caso afirmativo, indique la fecha | | | | | | | |  | | | | | |  | | | | |  |
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| Do any of your friends or relatives, other than spouse, work here? | | | | | | | |  | | | | | | | | | | | |  | Yes / Sí | | No |
| ¿Trabaja en esta empresa algún amigo o familiar? | | | | |  | | | | | | | | | | | | | | |  |  | |  |
| Are you currently employed? / ¿Trabaja actualmente? | | | | | |  | | | | | | | | | | | | | |  | Yes / Sí | | No |
|  | | | | | | | | | | | | | | | | | | | |  | | |  |
| May we contact your present employer? / ¿Nos autoriza a ponernos en contacto con su empleador actual? | | | | | | | | | | | | | | | | | | | |  | Yes / Sí | | No |
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| Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment | | | | | | | | | | | | | | | | | | |  |  | Yes / Sí | | No |
| ¿Tiene prohibido trabajar legalmente en este país a causa de su situación de inmigración o visa?  Si se le contrata se le pedirá prueba de ciudadanía o situación de inmigración | | | | | | | | | | | | | | | | | | |  |  |  | |  |
| What is your desired salary range? / ¿Cual es el alcance de su salario deseado? | | | | | | | | | | |  | | | | | | |  | | | | | |
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| Date available for work? / ¿En qué fecha estará disponible para trabajar? | | | | | | | | | / / | | | | | |  | | | | | | | | |
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| Are you available to work: / ¿Está disponible para trabajar: | | | | | | | | |  | | | | | |  | | | | | | | | |
| Full-Time / Tiempo Completo | | | Part-Time / Tiempo Parcial | | | | | | | Temporary / Temporario | | | | | | | | | | | | | |
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| Are you currently on “lay-off” status and subject to recall? | | | | | | |  | | | | | | | | | | | | |  | Yes / Sí | | No |
| ¿Está actualmente en suspensión temporal y sujeto a que lo vuelvan a emplear? | | | | | | | | | | |  | | | | | | | | |  |  | |  |

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| EDUCATION / EDUCACIÓN | | |  | |  |  |  | |
|  | | Name and Address of School  Nombre y Dirección de Escuela | | | Course of Study  Curso de Estudios | Years Completed  Años que Completo | | Diploma / Degree  Titulo / Diploma |
| High School  Escuela Secundaria | |  | | |  |  | |  |
| Undergraduate College  Universidad de Pregrado | |  | | |  |  | |  |
| Graduate / Professional  Posgrado / Profesional | |  | | |  |  | |  |
| Other (Specify)  Otro / (Especifique) | |  | | |  |  | |  |
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| ADDITIONAL INFORMATION / INFORMACIÓN ADICIONAL | | | |  |  |  |  | |
|  | State any additional information you feel may be helpful to us in considering your application, including any job related training in the U.S. Military. Indique cualquier información adicional que considere nos sería útil para evaluar su solicitud, incluyendo cualquier entrenamiento en el servicio militar de EEUU. | | | | | | | |
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| **Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**  Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  YES  NO  **Nota para el solicitante: NO CONTESTE ESTA PREGUNTA A MENOS QUE LE HAYAN INFORMADO SOBRE LOS REQUISITOS DEL EMPLEO QUE SOLICITA.**  ¿Puede ejecutar de manera razonable las actividades que deberá realizar en el empleo u ocupación que solicita? Se adjunta una descripción de las actividades a realizarse en dicho empleo u ocupación.  SI  NO  WE ARE AN EQUAL OPPORTUNITY EMPLOYER / ESTA FIRMA OFRECE IGULDAD DE OPORTUNIDAD DE EMPLEO | | | | | | | | |

EMPLOYMENT EXPERIENCE / EXPERIENCIA LABORAL

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| Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Indique primero su empleo actual o su ultimo empleo Incluya las actividades de servicio militar relacionadas con su empleo y las actividades como voluntario. Está autorizado a excluir las organizaciones que indiquen su raza, color, religión, género, origen nacional, sus incapacidades físicas o mentales o cualquier otra condición protegida por la ley. | | | | | | | | | |
|  | | | | | | | | | |
| 1. | Employer / Empleador | | | Dates Employed  Fechas de Empleo | | | | Work Performed / Trabajo Realizado | |
|  |  | | | From / Desde | | | To / Hasta |
|  | Address / Dirección | | |  | | |  |  | |
|  |  | | |  | |  | |  | |
|  | Telephone Number(s) / Número(s) de Teléfono(s) | | |  | | | |  | |
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|  | Job Title / Titulo del Empleo | Supervisor / Supervisor | |  | | |  |  | |
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|  | Reason for Leaving / Motivo por el Cual Dejó su Empleo | | |  | | |  |  | |
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| 2. | Employer / Empleador | | | Dates Employed  Fechas de Empleo | | | | Work Performed / Trabajo Realizado | |
|  |  | | | From / Desde | | | To / Hasta |
|  | Address / Dirección | | |  | | |  |  | |
|  |  | | |  | |  | |  | |
|  | Telephone Number(s) / Número(s) de Teléfono(s) | | |  | | | |  | |
|  |  | | |  | | |  |  | |
|  | Job Title / Titulo del Empleo | Supervisor / Supervisor | |  | | |  |  | |
|  |  |  | |  | | |  |  | |
|  | Reason for Leaving / Motivo por el Cual Dejó su Empleo | | |  | | |  |  | |
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| 3. | Employer / Empleador | | | Dates Employed  Fechas de Empleo | | | | Work Performed / Trabajo Realizado | |
|  |  | | | From / Desde | | | To / Hasta |
|  | Address / Dirección | | |  | | |  |  | |
|  |  | | |  | |  | |  | |
|  | Telephone Number(s) / Número(s) de Teléfono(s) | | |  | | | |  | |
|  |  | | |  | | |  |  | |
|  | Job Title / Titulo del Empleo | Supervisor / Supervisor | |  | | |  |  | |
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|  | Reason for Leaving / Motivo por el Cual Dejó su Empleo | | |  | | |  |  | |
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| REFERENCES / REFERENCIAS | | | |  | | |  |  | |
| Name / Nombre | | | Telephone Number  Número de Teléfono | | Best Time to Call  Mejor Hora de Llamar | | | | Occupation / Ocupación |
| 1. | | |  | |  | | | |  |
| 2. | | |  | |  | | | |  |
| 3. | | |  | |  | | | |  |
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| APPLICANT’S STATEMENT / DECLARACIÓN DEL EMPLEADO | | | | |  | | | |  |
| I certify that answers given herein are true and complete. / Certifico que las respuestas dadas en la presente son completas y verdaderas.  I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.  This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.  I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.  In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.  Autorizo la investigación de todas las declaraciones que aparecen en esta solicitud de empleo que sean necesarias para tomar una decisión sobre el puesto de trabajo que solicito.  Esta solicitud de empleo se considerará activa durante un periodo que no excederá los 45 días. Los solicitantes que deseen que se les considere para puestos de trabajo después de este periodo de tiempo, deberán preguntar si se aceptan o no solicitudes en ese momento.  Por la presente entiendo y acepto que, a menos que lo definan de otra manera las leyes aplicables, todas las relaciones de trabajo con esta organización serán de tipo “a voluntad”, lo que significa que el Empleado podrá renunciar en cualquier momento y que el Empleador podrá despedir al Empleado en cualquier momento, con o sin causa. Además, se entiende que la relación de trabajo “a voluntad” no se podrá cambiar mediante ningún documento escrito ni por ninguna conducta, a menos que un ejecutivo autorizado de esta organización haya aceptado dicho cambio por escrito.  En caso que se me contrate, entiendo que toda información falsa o engañosa que haya dado en mi solicitud o en mi(s) entrevista(s) puede resultar en mi despido. Entiendo, además, que deberé cumplir con todas las regulaciones y reglamentos de mi empleador. | | | | | | | | | |

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| Signature of Applicant / Firma del Solicitante |  |  | Date / Fecha |  |  |
|  |  |  |  |  | |