



Application for Employment

Date (Fecha): _____

Personal Information (información personal)

First Name (Nombre)	Last Name (Apellido)	Middle Name (Segundo Nombre)	
Street (Calle)	City (Ciudad)	State (Estado)	Zip Code (código postal)
Social Security Number (número de seguro social)		Telephone Number (Número del telefono)	

Position applied for (puesto solicitado): _____

Hours/Shift Available (Horarios y turnos que usted está disponible): _____

Referred by (Referido por): _____

1. Do you have the legal right to work in the United States? (¿Tiene el derecho legal de trabajar en los Estados Unidos?) Yes No

2. Can you meet the physical requirements of the job? (Standing for long periods of time, lifting, working in very cold or very warm climates) ¿Se puede cumplir con los requisitos físicos del trabajo? (De pie durante largos períodos de tiempo, levantar, trabajar en climas muy fríos o muy calientes) Yes No

Employment History (historial de empleo):

List your last three employers, starting with the most recent one first:

(Por favor escriba sus tres últimos empleadores, empezando por el más reciente en primer lugar:)

Name of Employer	Supervisor Name:
Address of Employer	Telephone Number
Job Title	May we contact this employer?
Employment Dates	Job Duties
From	Salary
To:	Reason for leaving:

Name of Employer	Supervisor Name:
Address of Employer	Telephone Number
Job Title	May we contact this employer?
Employment Dates	Job Duties
From	Salary
To:	Reason for leaving:

Name of Employer	Supervisor Name:
Address of Employer	Telephone Number
Job Title	May we contact this employer?
Employment Dates	Job Duties
From	Salary
To:	Reason for leaving:

Education (Educación):

	Name of School	Years Attended	Did you graduate? Yes or no	Subjects studied
Highschool				
College				
Trade School				

List any additional skills which you think will be helpful in the job that you have applied for. (Haga una lista de las habilidades adicionales que crees que va a ser útil para el trabajo que usted ha solicitado.)

References (Referencias):

Give the names of three persons not related to you who can verify your employment history: (Indique los nombres de tres personas no relacionadas con usted que pueda verificar su historial de empleo:)

Name	Relationship	Telephone #	Years Known

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified documents on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and

release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws. It is the policy of this organization to consider all applicants for employment without regard to race, creed, color, religion, sex, national origin, age, disability, marital status, sexual orientation, genetic information, citizenship status or other protected characteristics.

Federal laws require that employers hire only individuals who are lawfully eligible to be employed in the United States. In compliance with such laws, all offers of employment are subject to verification of the applicant's identity and employment authorization.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment.

Date (Fecha)

Signature (Firma)

DO NOT WRITE BELOW THIS LINE

Date

Interviewed By:

Remarks:
