# APPLICATION FOR EMPLOYMENT
# SOLICITUD DE EMPLEO

EQUAL OPPORTUNITY EMPLOYER
IGUALDAD DE OPORTUNIDADES EN EL EMPLEO

## PERSONAL INFORMATION / INFORMACIÓN PERSONAL

DATE / FECHA _____

| NAME (LAST NAME FIRST) / NOMBRE (APPELLIDO PRIMERO) | | | SOCIAL SECURITY NO. / N° DE SEGURO SOCIAL — — |
|---|---|---|---|
| PRESENT ADDRESS / DIRECCIÓN ACTUAL | CITY / CIUDAD | STATE / ESTADO | ZIP CODE / CÓDIGO POSTAL |
| PERMANENT ADDRESS / DIRECCIÓN PERMANENTE | CITY / CIUDAD | STATE / ESTADO | ZIP CODE / CÓDIGO POSTAL |
| PHONE NO. / TELÉFONO ( ) | REFERRED BY / RECOMENDADO POR | | |

## EMPLOYMENT DESIRED / EMPLEO DESEADO

| POSITION / PUESTO | DATE YOU CAN START<br>FECHA QUE PUEDE EMPEZAR | SALARY DESIRED / SALARIO DESEADO |
|---|---|---|

| ARE YOU EMPLOYED NOW?<br>¿TRABAJA ACTUALMENTE? ☐ YES SÍ ☐ NO | ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.A.?<br>¿ESTÁ AUTORIZADO PARA TRABAJAR LEGALMENTE EN EE.UU.? ☐ YES SÍ ☐ NO | |
|---|---|---|
| EVER APPLIED TO THIS COMPANY BEFORE?<br>¿A POSTULADO A ESTA COMPAÑÍA ANTES? ☐ YES SÍ ☐ NO | WHERE? / ¿DÓNDE? | WHEN? / ¿CUÁNDO? |

## EDUCATION / EDUCACIÓN

| NAME & LOCATION OF SCHOOL / NOMBRE Y LUGAR DE LA ESCUELA | | YEARS ATTENDED<br>AÑOS QUE ASISTIÓ | DID YOU GRADUATE?<br>SE GRADUÓ? | SUBJECTS STUDIED<br>RAMOS ESTUDIADOS |
|---|---|---|---|---|
| HIGH SCHOOL<br>ESCUELA SECUNDARIA | | | | |
| COLLEGE<br>UNIVERSIDAD | | | | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL<br>ESCUELA DE OFICIOS, NEGOCIOS O POR CORRESPONDENCIA | | | | |

## GENERAL INFORMATION / INFORMACIÓN GENERAL

| SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK / ESTUDIO ESPECIAL O TRABAJO DE INVESTIGACIÓN | |
|---|---|
| SPECIAL TRAINING / CAPACITACIÓN ESPECIAL | |
| SPECIAL SKILLS / APTITUDES ESPECIALES | |
| U.S. MILITARY SERVICE / SERVICIO MILITAR (EE.UU.) | RANK / RANGO |

## FORMER EMPLOYERS / EMPLEADORES ANTERIORES

BEGIN WITH MOST RECENT EMPLOYER / EMPIECE POR EL MÁS RECIENTE

| DATE, MONTH AND YEAR<br>FECHA, MES Y AÑO | NAME & ADDRESS OF EMPLOYER<br>NOMBRE Y DIRECCIÓN DEL EMPLEADOR | SALARY<br>SALARIO | POSITION<br>PUESTO | REASON FOR LEAVING<br>RAZÓN DE SALIDA |
|---|---|---|---|---|
| FROM<br>DESDE | | | | |
| TO<br>HASTA | | | | |
| FROM<br>DESDE | | | | |
| TO<br>HASTA | | | | |
| FROM<br>DESDE | | | | |
| TO<br>HASTA | | | | |
| FROM<br>DESDE | | | | |
| TO<br>HASTA | | | | |



CONTINUED ON OTHER SIDE
CONTINÚA EN EL REVERSO

## REFERENCES / REFERENCIAS

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.
DÉ EL NOMBRE DE TRES PERSONAS QUE NO SEAN SUS PARIENTES, Y A QUIENES CONOZCA AL MENOS UN AÑO

| NAME / NOMBRE | PHONE / TELÉFONO | BUSINESS / PROFESIÓN | YEARS KNOWN AÑOS QUE LO CONOCE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY/NO CONTEST TO A CRIME?<br>¿ALGUNA VEZ HA SIDO CONDENADO, O SE HA DECLARADO CULPABLE DE ALGÚN DELITO? | ☐ YES SÍ | ☐ NO |
|---|---|---|
| IF YES, EXPLAIN.<br>SI ASÍ ES, EXPLIQUE. | | |
| | | |
| | | |

(A CONVICTION RECORD WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION. THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY LAW. / UNA PENA NO LO EXCLUIRÁ NECESARIAMENTE COMO POSTULANTE. LA INFORMACIÓN SE USARÁ SÓLO PARA FINES RELACIONADOS CON EL TRABAJO Y HASTA DONDE LA LEY LO PERMITA.)

## AUTHORIZATION / AUTORIZACIÓN

"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 statements 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 Americans with Disabilities Act (ADA) and other relevant federal and state laws."

"Certifico que los datos contenidos en esta solicitud son a mi mejor saber y entender verdaderos y completos, y entiendo que si me emplean, las declaraciones falsas contenidas en esta solicitud serán causal de despido.

Autorizo que se indaguen todos los datos, las referencias y los empleadores contenidos en esta solicitud, con el fin de recabar información relativa a mis empleos anteriores, y toda la información pertinente, personal o de cualquier otro tipo, que los mismos pudieran aportar, y libero a la compañía de cualquier responsabilidad por cualquier daño que pudiera resultar por la utilización de dicha información.

También entiendo y acepto que ningún representante de la compañía está facultado para hacer un contrato por algún período determinado, ni para hacer un contrato contrario a lo precedente, a menos que el mismo sea por escrito y firmado por un representante autorizado de la compañía.

Esta denegación no permite la divulgacion ni el uso de información médica o relacionada con discapacidades, tal como lo establece la ADA (Ley de Estadounidenses con Discapacidades) y otras leyes federales y estatales pertinentes."

DATE / FECHA _____ SIGNATURE / FIRMA _____

**DO NOT WRITE BELOW THIS LINE**
**NO ESCRIBA DEBAJO DE ESTA LÍNEA**

INTERVIEWED BY _____ DATE _____

## REMARKS

| | | | | |
|---|---|---|---|---|
| HIRED | FOR DEPT. | POSITION | WILL REPORT | SALARY WAGES |
| | | | | |

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER — DEPARTMENT HEAD — GENERAL MANAGER

# This Organization Participates in E-Verify


This SWA will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each applicant's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this SWA is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

**NOTICE:**

**Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.**

SWA and employers may not use E-Verify to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

If you believe that your SWA has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-7688 (TDD: 1-800-237-2515).

**Employment Verification.** E-Verify **Done.**

**For more information on E-Verify, please contact DHS at:**

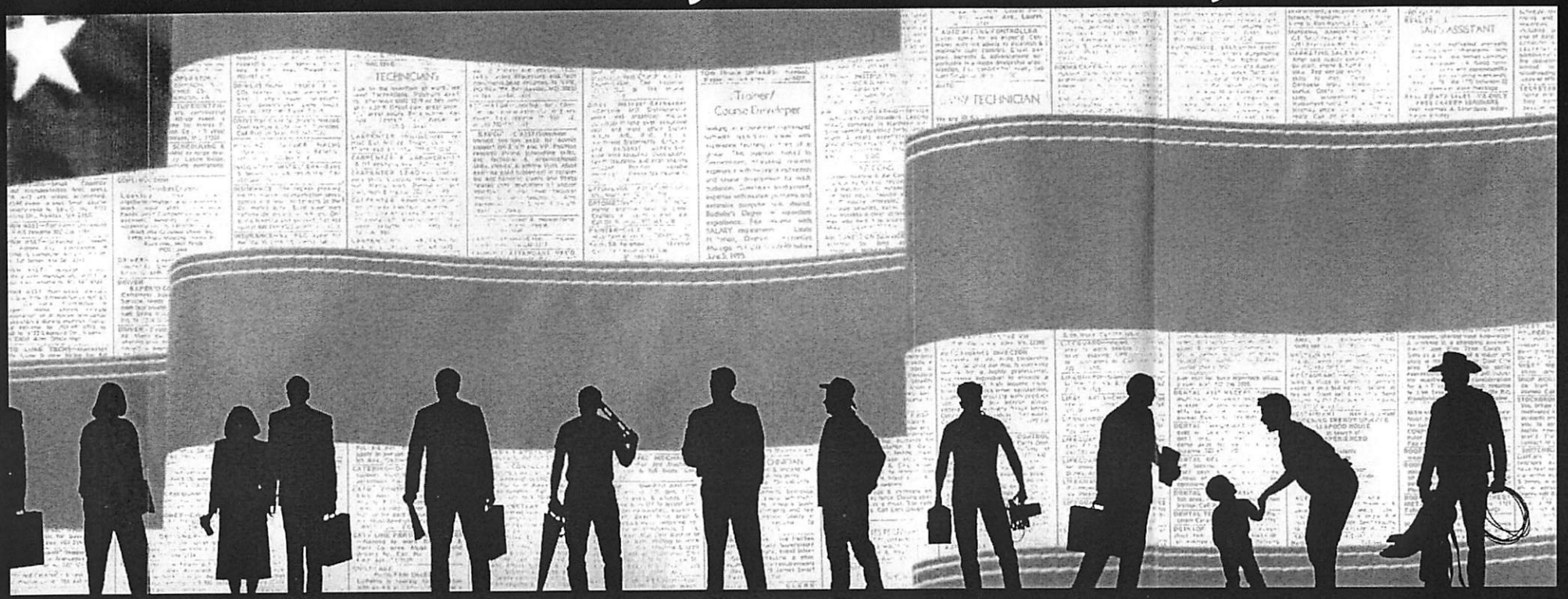
**1-888-464-4218**



E-VERIFY IS A SERVICE OF DHS AND SSA

M-780 (rev. 12/2010)

# IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.




**If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.**

**You should know that –**

No employer can deny you a job or fire you because of your national origin or citizenship status.

In most cases employers cannot require you to be a U.S. citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688. TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

Or write to:
U.S. Department of Justice
Office of Special Counsel - NYA
950 Pennsylvania Ave., N.W.
Washington, DC 20530

**U.S. Department of Justice**
**Civil Rights Division**

Office of Special Counsel for Immigration-Related Unfair Employment Practices

DEPARTMENT OF JUSTICE