



**santafetamales.com**

## Empleo Solicitud

### Solicitante Información

Nombre Completo \_\_\_\_\_ Fecha \_\_\_\_\_  
*Apellido Primer Nombre M.I.*

Dirección \_\_\_\_\_  
*Dirección de Calle Departamento/Unidad#*

\_\_\_\_\_  
*Ciudad Estado Código Postal*

Teléfono: \_\_\_\_\_ Email \_\_\_\_\_

Fecha Disponible: \_\_\_\_\_ Número de Seguridad Social.: \_\_\_\_\_

Puesto que Solicita: \_\_\_\_\_

Eres un citezen de los Estados Unidos?  Sí  NO   Está autorizado para trabajar en los Estados Unidos?  Sí  NO

Alguna vez has trabajado para esta compañía?  Sí  NO Si Cuándo? \_\_\_\_\_

Si Explicar \_\_\_\_\_

### Education

Escuela Secundaria: \_\_\_\_\_ Dirección: \_\_\_\_\_

De: \_\_\_\_\_ A: \_\_\_\_\_ Te graduaste?  Sí  NO  Diploma: \_\_\_\_\_

Universidad: \_\_\_\_\_ Dirección: \_\_\_\_\_

De: \_\_\_\_\_ A: \_\_\_\_\_ Te graduaste?  Sí  NO  Título Universitario: \_\_\_\_\_

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Empresa: \_\_\_\_\_ Phone: \_\_\_\_\_

Dirección: \_\_\_\_\_

Nombre Completo: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Empresa \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Hourly:\$ \_\_\_\_\_ Ending Hourly:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Hourly:\$ \_\_\_\_\_ Ending Hourly:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**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: \_\_\_\_\_