

SOLICITUD DE EMPLEO



EMPLEADOR DE OPORTUNIDADES IGUALES PARA TODOS: ES LA NORMA DE ESTA COMPANIA DE CUMPLIR CON LAS LEYES FEDERALES Y ESTATALES QUE PROHIBEN LA DISCRIMINACION DE EMPLEO BASADO SOLAMENTE EN LA RAZA, COLOR, CREDO, ORIGEN NACIONAL, RELIGION, EDAD (MAYOR DE 40), SEXO, ESTADO CIVIL, O DESABILIDAD FISICA, AMENOS QUE EXISTA UNA RAZONABLE CAULIFICACION DEL PUESTO.

Fecha ____ / ____ / ____

Informacion Personal

| | | | | | | | | | | | | | | |
|------------------------------------------|-----------------------------------------|------------------|---------------------------------------------------------|-------------|--------------|----|-----------------------------|-----------------------------|--------|-----------|--------|---------|--------|---------|
| Nombre (Apellido) | (nombre de pile) | (Segundo nombre) | No. de Seguro Social | | | | | | | | | | | |
| Domicilio (cane) | | Ciudad | Estado | Zona Postal | | | | | | | | | | |
| Telefono de Casa () | Telefono de Trabajo () | | Podemos llamarlo al trabajo? | | | | <input type="checkbox"/> Si | <input type="checkbox"/> No | | | | | | |
| Clase de posicion deseada | Fecha disponible para trabaja | | Quiere (Marque todo que quiere) | | Dias y horas | | | | | | | | | |
| <input type="checkbox"/> Tiempo completo | <input type="checkbox"/> Tiempo parcial | | | Que puede | trabajar | De | Hasta | Lunes | Martes | Miercoles | Jueves | Viernes | Sabado | Domingo |
| Como supo a Baby Acapulco | | | Si esta menos de 18 anos, que as su fecha de cumplanos? | | | | | | | | | | | |

Educacion

| Clase de escuela | Nombre y localidad | | | Campo de especializacion | Cuantos anos? | Graduacion |
|-------------------------------------|--------------------|-----------|-------------|--------------------------|---------------|-----------------------------|
| Escuela Secundario O Equivalente | Nombre | Domicilio | | | | <input type="checkbox"/> Si |
| | Ciudad | Estado | Zona Postal | | | <input type="checkbox"/> No |
| Universidad o Colegio | Nombre | Domicilio | | | | <input type="checkbox"/> Si |
| | Ciudad | Estado | Zona Postal | | | <input type="checkbox"/> No |
| Escuela tecnica o vocacional | Nombre | Domicilio | | | | <input type="checkbox"/> Si |
| | Ciudad | Estado | Zona Postal | | | <input type="checkbox"/> No |
| Otra | Nombre | Domicilio | | | | <input type="checkbox"/> Si |
| | Ciudad | Estado | Zona Postal | | | <input type="checkbox"/> No |

Servicio Militar

| | | |
|------------------|----------------------|--------|
| Ramo de Servicio | Especialidad Tecnica | Titulo |
| | | |

Idiomas que habla

| Lengua | Hablar | | Leer | | Escribir | | Sena | |
|--------|-------------------------------|------------------------------------|-------------------------------|------------------------------------|-------------------------------|------------------------------------|-------------------------------|------------------------------------|
| | <input type="checkbox"/> malo | <input type="checkbox"/> regular | <input type="checkbox"/> malo | <input type="checkbox"/> regular | <input type="checkbox"/> malo | <input type="checkbox"/> regular | <input type="checkbox"/> malo | <input type="checkbox"/> regular |
| | <input type="checkbox"/> bien | <input type="checkbox"/> excelente | <input type="checkbox"/> bien | <input type="checkbox"/> excelente | <input type="checkbox"/> bien | <input type="checkbox"/> excelente | <input type="checkbox"/> bien | <input type="checkbox"/> excelente |
| | <input type="checkbox"/> malo | <input type="checkbox"/> regular | <input type="checkbox"/> malo | <input type="checkbox"/> regular | <input type="checkbox"/> malo | <input type="checkbox"/> regular | <input type="checkbox"/> malo | <input type="checkbox"/> regular |
| | <input type="checkbox"/> bien | <input type="checkbox"/> excelente | <input type="checkbox"/> bien | <input type="checkbox"/> excelente | <input type="checkbox"/> bien | <input type="checkbox"/> excelente | <input type="checkbox"/> bien | <input type="checkbox"/> excelente |

Legal

| | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|----------------------------------------------------------------------|--|--|--|-----------------------------|-----------------------------|--------------------|
| Eres ciudadano americano? | <input type="checkbox"/> si | <input type="checkbox"/> no | Si no, puede someter prueba de ciudadanía o de su derecho a trabajar | | | | | | |
| permanente en los Estados Unidos Norteamericanos? | | | | | | | | | |
| Hancido terminado de otra compania? | <input type="checkbox"/> si | <input type="checkbox"/> no | Nombre de compania? | | | | | | |
| Razon de terminacion | | | | | | | | | |
| Ha sido Ud. en cualquier ocasion, convicto de un delito mayor o un delito menor que resultado en su encarcelacion? | | | | | | | <input type="checkbox"/> si | <input type="checkbox"/> no | Explicar por favor |
| | | | | | | | | | |

Empleo

List employment starting with your most recent position. Account for any time during this period that you were unemployed by the nature of your activities.

May we contact your present employer? Yes No Past employer? Yes No

Please indicate if you were employed under a different name.

| Dates | Name and Address of employer | Position held and Supervisor | Duties | Salary or Wages | Reason for Leaving |
|-----------|------------------------------|------------------------------|--------|-----------------|--------------------|
| From / | Name | Your Job Title | | | |
| To / | Address City State | Supervisor | | | |
| From / | Name | Your Job Title | | | |
| To / | Address City State | Supervisor | | | |
| From / | Name | Your Job Title | | | |
| To / | Address City State | Supervisor | | | |
| From / | Name | Your Job Title | | | |
| To / | Address City State | Supervisor | | | |
| From / | Name | Your Job Title | | | |
| To / | Address City State | Supervisor | | | |
| From / | Name | Your Job Title | | | |
| To / | Address City State | Supervisor | | | |
| From / | Name | Your Job Title | | | |
| To / | Address City State | Supervisor | | | |

Have you previously worked for Baby Acapulco? Yes No

Location: _____ Supervisor _____

Position Held: _____ Dates Employed: _____ From _____ To _____

Reason for Leaving _____

References

Business references: (do not list relatives) (please indicate if you were employed under a different name)

| Name | Address | Work Phone # | Title | Years Known |
|------|---------|--------------|-------|-------------|
| | | () | | |
| | | () | | |
| | | () | | |

Smoking Policy

Baby Acapulco does not allow employees to smoke at any time during a shift, nor are smoking breaks allowed.

Please read Carefully

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history. I authorize anyone possessing this information to furnish it to Baby Acapulco upon request and I release anyone so authorized and Baby Acapulco from all liability and damages whatsoever in furnishing, obtaining or using said information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Baby Acapulco.

I understand and agree that if employed, the employment will be "at will". That is either I or Baby Acapulco may end the employment relationship at any time, for any reason, and for no reason. I understand that receipt of this application by Baby Acapulco does not imply employment and that this application and/or any other Baby Acapulco documents are not contracts of employment.

Firma del solicitante: _____

Fecha: _____