



Phase 2 Company

Application for Employment

Solicitud por Empleo

FOR OFFICE USE ONLY
Reviewed By _____
Input By _____
Job Hired To _____
Wage Rate _____

An Equal Opportunity Employer: We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Instructions: Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Date/Fecha (mm/dd/aa) _____

Position Desired (mark all that apply)

- | | | |
|---|---|--|
| Framer / Armador <input type="checkbox"/> | Rocker / Tabla de Yeso <input type="checkbox"/> | Finisher / Acabador <input type="checkbox"/> |
| Laborer / Ayudante <input type="checkbox"/> | Acoustic / Mecánico Acústico <input type="checkbox"/> | Painter / Pintor <input type="checkbox"/> |
| Plasterer / Yeso <input type="checkbox"/> | Welder / Soldador <input type="checkbox"/> | Other / Otro _____ |

Social Security Number / Número de Seguridad _____ - _____ - _____			
Last Name / Apellido Paterno _____			First Name /Primer Nombre _____
			Middle Name /Segundo Nombre _____
Present Address / Dirección: _____	City / Ciudad _____	State / Estado _____	Zip Code / Código Postal _____
Permanent Address (if different): Dirección Permanente (si diferente) _____	City / Ciudad _____	State / Estado _____	Zip Code / Código Postal _____
Phone Number / Número de teléfono (_____) - _____ - _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home			
Email Address / Dirección de correo electrónico _____			
Emergency Contact / Contacto de emergencia _____		Relationship / Relación _____	
Emergency Contact Phone Number / Número de teléfono de emergencia (_____) - _____ - _____			

Date you can start / Feché que puede empezar _____	Hourly Wage Requested \$ _____ Ingreso por hora
Referred By / Referido Por: _____	
Have you ever worked for this company? ¿Ha usted trabajado por esta compañía?	Yes / Sí <input type="checkbox"/> No <input type="checkbox"/> When? / ¿Cuándo? _____

Are You 18 Years of age or Older? (If hired, you may be required to submit proof of age.)

Yes / Sí No

¿Ha usted 18 años o mas viejo?

If hired, you will be required to furnish proof of your eligibility to work in the U.S.

Have you ever been fired from a job or asked to resign?

Yes / Sí No

If yes, please explain:

QUALIFICATIONS / REQUISITOS

State why you feel you are qualified for the position for which you are applying. (Previous work experience, years worked, responsibilities, etc.)

Declare por qué usted se siente que usted es calificado para la posición para que usted aplica. (Experiencia de previos trabajos, cuantos años trabajados, responsabilidades, etc..)

EMPLOYMENT REFERENCES / Referencias de Empleo

Most Recent Employer / Empleador más reciente

Company Name / Compañía _____

Dates Employed / Fechas Empleadas From / De: _____ to / a: _____

Duties / Reponsabilidades _____

Second Most Recent Employer / Segundo más Reciente

Company Name / Compañía _____

Dates Employed / Fechas Empleadas From / De: _____ to / a: _____ Duties /
Reponsabilidades _____

Third Most Recent Employer / Tercer más Reciente

Company Name / Compañía _____

Dates Employed / Fechas Empleadas From / De: _____ to / a: _____ Duties /
Reponsabilidades _____

AFFIDAVIT, CONSENT, AND RELEASE

I certify that my answers to the above questions are complete and true to the best of my knowledge. I understand that any false information, omissions or misrepresentations of facts in this application may result in the rejection of my application or discharge at any time during my employment. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that this application will expire two months from the date completed.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

La CERTIFICACION Y LIBERA

Certifico que mis respuestas de preguntas previas son completas y verdaderas al mejor de mi conocimiento. Entiendo que información falsa, las omisiones o tergiversaciones de hechos en esta aplicación puede resultar en rechazo de mi aplicación o la descarga durante mi empleo. También entiendo que el uso de drogas ilegales se prohíbe durante el empleo. Estoy dispuesto a someterme a análisis para probar para el uso de drogas ilegales antes de y durante el empleo. Entiendo que esta aplicación expirará dos meses de la fecha completada.

Signature / Firma

Date / Fecha

INVITATION TO SELF IDENTITY

La invitación a Auto Identidad

Phase 2 invites applicants and employees to identify themselves. This information is voluntarily provided, and it will be kept confidential. Refusal to provide information will not subject any applicant or employee to any adverse treatment.

La compañía de Phase 2 pide a los solicitantes y empleados que se auto-identifiquen. Esta información es voluntario y también privado. Cualquier solicitante o el empleado que se niega a proveer esta información no será susceptible a ningún adverso tratamiento.

SEX / GÉNERO:

_____ Male / Masculino

_____ Female / Hembra

_____ Non-Binary / No-Binario

RACE / RAZA:

_____ African-American / Afro americano

_____ American-Indian / Indígena-Americano

_____ Asian-American / Asiático-americano

_____ Mexican-American / Mexicano americano

_____ Caucasian / Caucásico

_____ Other / Otro

VETERAN / VETERANO:

_____ Yes / Sí

_____ No

(Are you a person who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, other than special disabled veterans or veterans of the Vietnam era?)

VETERAN OF VIETNAM ERA:

_____ Yes / Sí

_____ No

VETERANOS DE LA ERA DE VIETNAM

(Are you a person who served on active duty for a period of more than 180 days any part of which occurred between 8/5/64 and 5/7/75 or active duty occurred in the Republic of Vietnam between 2/28/61 and 5/7/75 and was discharged or released there from with other than dishonorable discharge or a service connected disability?)

SPECIAL DISABLED VETERAN:

_____ Yes / Sí

_____ No

VETERANO MINUSVÁLIDO

(Are you a Veteran entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or rated at 10% or 20% in the case of a veteran who has been determined to have a serious employment disability, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty?)

Signature / Firma: _____

Date / Fecha: _____