



EMPLOYMENT APPLICATION

1. Name: _____ Last Name: _____ 		2. Telephone: _____ Cell: _____ Email: _____
3. Mailing address: 		5. This information is provided voluntarily, and will be used for statistical purposes. Age: Gender:
4. Residential address: 		
6. Position you are applying for: 	7. Minimum wage you would accept: 	8. Date of availability:
9. In case of emergency, state the name, relation, address and telephone number of contact person: 		10- If you are not a citizen of the United States of America, are you legally authorized to work in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, state the date of service, from _____ to _____		
Highest rank: _____ Disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Would you accept temporary work? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. For how long? _____
13. Have you been employed before by the Fiscal Agency and Financial Advisory Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, state the date: _____		
14. At present, do you or any relative of yours work for the Fiscal Agency and Financial Advisory Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, state the name and last names of your relative:		
15. Have you worked for the Government of Puerto Rico? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, state place and date: _____		





16- Are you presently employed? Yes No

If you are employed, do you authorize us to request information to your present employer?
 Yes No

Contact person: _____ Telephone: _____

FORMAL EDUCATION

17- Check the highest grade achieved 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Educational Institutions Name and Address	Date		Major (if any)	Degree obtained
	From	To		
Elementary and Middle (K to 8th)				
High School				
University (undergraduate)				
Graduate School				
Courses				

18- Professional licenses, credentials or certifications you possess. _____

19- State the languages that you speak, write and understand. Put an X next to the applicable level.

	Speak				Write				Understand		
	Good	Regular	Little		Good	Regular	Little		Good	Regular	Little
Spanish											
English											
Other											



WORK EXPERIENCE

20. Indicate your work experience, beginning with the most recent employment. State if the nature of the work relation was temporary, contract or part-time.

A. Employer:

Address:

Position:

Dates of employment: from _____ to _____

Reasons for leaving employment:

Brief description of your duties:

Name and title of supervisor:

Telephone:

B. Employer:

Address:

Position:

Dates of employment: from _____ to _____

Reasons for leaving employment:

Brief description of your duties:

Name and title of supervisor:

Telephone:



C. Employer:

Address:

Position:

Dates of employment: from _____ **to** _____

Reasons for leaving employment:

Brief description of your duties:

Name and title of supervisor:

Telephone:

D. Employer:

Address:

Position:

Dates of employment: from _____ **to** _____

Reasons for leaving employment:

Brief description of your duties:

Name and title of supervisor:

Telephone:



REFERENCES

21- Provide name, position, organization and telephone number of three persons who have been your supervisors or professors and know your skills, abilities, knowledge and prior experiences.

Name	Company	Telephone	Position
a)			
b)			
c)			

22. Answer Yes or No:

Have you been removed from Public Service? Yes No

Have you been habilitated by the Director of the Office for the Administration and Transformation of the Human Resources of the Government of Puerto Rico (OATRH, in Spanish)? If so, provide documentation to that effect. Yes No

Have you been convicted for a felony or for any crime involving moral depravity? Yes No

Do you use controlled substances or alcoholic beverages regularly or excessively? Yes No

Have you engaged in dishonorable conduct? Yes No

Do you have the obligation of complying with Act 168-2000, as amended, known as "Act for the Improvement of Family Assistance and for the Support of the Elderly"? If so, Yes No

Are you complying with the financial support payment or the obligation imposed? Yes No

Have you participated in any program in the Government of Puerto Rico, such as: Act 70, Act 211 or Incentivized Resignation Program? If so, state Yes No

Program: _____ Agency: _____

Date : _____

I CERTIFY that the statements made by me in this application are true, complete and correct to the best of my knowledge and understanding, and have been made in good faith. I understand that, if employed, any misrepresentation stated in this application will be sufficient cause to terminate employment. I further authorize an authorized representative of the Human Resources Department of the Authority to verify the information in the statements made by me in this application.

 Applicant's signature

 Date

