



EMPLOYMENT APPLICATION (APLICACION DE EMPLEO)

Please Print
(Por Favor Use Letra de Molde)

HUMAN RESOURCES ONLY (Recursos Humanos Solamente)	
Position(s) applied for:	
Requisition Number:	
Requisition Date:	
Hiring Manager:	
Department:	

PERSONAL INFORMATION (Información Personal)		
Date (Fecha):		
Last Name (Apellido):		
First Name (Primer Nombre):	Middle Initial (Inicial de Segundo Nombre):	
Social Security Number (Numero de Seguro Social):		
Current Physical Address (Domicilio Actual):	Apartment Number (Número de Apartamento):	
City (Ciudad):	State (Estado):	Zip Code (Codigo Postal):
Mailing Address (If different from physical address) (Domicilio Postal si es diferente de la dirección actual)	Apartment Number (Número de Apartamento):	
City (Ciudad):	State (Estado):	Zip Code (Codigo Postal):
Phone Number (Número de Telefono):	Alternate Phone Number (Otro Telefono):	
Are you 18 years or older? <input type="checkbox"/> Yes (si) <input type="checkbox"/> No (no) (Mayor de 18 años?):		
Are you legally able to be employed in the United States? (Está legalmente autorizado para trabajar en Los Estados Unidos?): <input type="checkbox"/> Yes (si) <input type="checkbox"/> No (no)		
Are you either a US Citizen, or a Permanent Resident Alien of the United States? (Es usted Ciudadano Americano o Residente Permanente de Los Estados Unidos?): <input type="checkbox"/> Yes (si) <input type="checkbox"/> No (no)		
Proof of identity and eligibility will be required upon employment ***Se requiere comprobante de identidad y elegibilidad cuando se contrate***		

DESIRED EMPLOYMENT (Empleo Solicitado)	
Position(s) applied for – Up to 2 positions only: (Puesto(s) que Solicita – hasta 2 puestos solamente):	1) 2)
Please enter the requisition number and title of position (Favor de incluir el número de requisición y título de la posición)	
Applying for (Solicitando Para):	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time If Part time, number of hours _____ (Tiempo Completo) (Medio Tiempo) Si es medio tiempo, número de horas _____
Date you can start (Fecha Para Empezar):	Salary Desired (Salario Deseado):

Last Name _____

First Name _____

MI _____

DESIRED EMPLOYMENT continued... (Empleo Solicitado continuacion...)**Have you ever applied with this Company?**(Ha aplicado antes para esta compañía?): Yes (si) No (no)**Have you ever been employed by this Company?**(Ha sido empleado antes para esta compañía?): Yes (si) No (no)**What position?**

(Cual puesto?)

When?

(Cuando?):

Reason for leaving

(Razon para dejarlo):

Supervisor

(Supervisor):

Are any of your relatives presently employed by this company?(Tiene usted familiares actualmente trabajando para esta compañía?) Yes (si) No (no)**If yes, please give their name and relationship**

(Si es así, de sus nombres y relación):

Who referred you to this Company? (Quien lo recomendó a esta compañía?) **Employment Agency**

(Agencia de Empleos)

 Friend

(Amigo)

 Counselor

(Consejero)

 Walk-In

(Vino Por Si Mismo)

 Web site

(Internet)

 Hiring Event

(Feria de trabajo)

 Other

(Otro)

 ReadyOne Employee - Name _____

(Empleado de ReadyOne) - Nombre _____

EDUCATION (Educacion)

	Name & Address of School (Nombre y Domicilio de Escuela)	# of Years (# de anos)	Graduated (Graduado)	Major (Especializacion)
Grammar School (Primaria)			<input type="checkbox"/> Yes (si) <input type="checkbox"/> No (no)	
High School (Preparatoria)			<input type="checkbox"/> Yes (si) <input type="checkbox"/> No (no)	
College (Universidad)			<input type="checkbox"/> Yes (si) <input type="checkbox"/> No (no)	
Trade, Business or Correspondence School (Escuela Técnica o Comercial)			<input type="checkbox"/> Yes (si) <input type="checkbox"/> No (no)	

SKILLS OR TRAINING (Especialidades o Entrenamiento)

List any experience, skills, or qualifications including hobbies which you believe should be considered in evaluating your qualifications for employment for example subjects of special study, special training, and/or special skills

(Anote experiencia, habilidades y cualidades incluyendo hobbies que crea se consideren en su evaluación de empleo por ejemplo materias de especialización, entrenamiento especializado, y/o habilidades especiales):

List below the last 3 employers starting with the most recent one.
 (Anoté los últimos 3 empleos, empezando con el más reciente.)

EMPLOYMENT HISTORY(Historial De Empleo)

Company Name (Nombre de la Compania):		Telephone (Telefono)	
Address (Domicilio)	City (Ciudad):	State (Estado):	Zip Code (Codigo Postal):
Job Title You Held (Título de su Puesto):	Employment Dates (Fechas de empleo)		Weekly Salary (Salario semanal)
	From: (De)	To: (al)	Start: \$ (Inicial) End: \$ (Final)
Supervisor Name & Title (Nombre y Titulo de supervisor):		May we contact your supervisor? (Podemos contactar a su supervisor?) <input type="checkbox"/> Yes (si) <input type="checkbox"/> No (no)	
Describe your duties (Descripcion del trabajo):		Reason for leaving and explanation (Razon para dejarlo)	

Company Name (Nombre de la Compania):		Telephone (Telefono)	
Address (Domicilio)	City (Ciudad):	State (Estado):	Zip Code (Codigo Postal):
Job Title You Held (Titulo de su Puesto):	Employment Dates (Fechas de empleo)		Weekly Salary (Salario semanal)
	From: (De)	To: (al)	Start: \$ (Inicial) End: \$ (Final)
Supervisor Name & Title (Nombre y Titulo de supervisor):		May we contact your supervisor? (Podemos contactar a su supervisor?) <input type="checkbox"/> Yes (si) <input type="checkbox"/> No (no)	
Describe your duties (Descripcion del trabajo):		Reason for leaving and explanation (Razon para dejarlo)	

Company Name (Nombre de la Compania):		Telephone (Telefono)	
Address (Domicilio)	City (Ciudad):	State (Estado):	Zip Code (Codigo Postal):
Job Title You Held (Titulo de su Puesto):	Employment Dates (Fechas de empleo)		Weekly Salary (Salario semanal)
	From: (De)	To: (al)	Start: \$ (Inicial) End: \$ (Final)
Supervisor Name & Title (Nombre y Titulo de supervisor):		May we contact your supervisor? (Podemos contactar a su supervisor?) <input type="checkbox"/> Yes (si) <input type="checkbox"/> No (no)	
Describe your duties (Descripcion del trabajo):		Reason for leaving and explanation (Razon para dejarlo)	

Give the names of 3 persons you are not related to, whom you have known at least one year
(De 3 nombres de personas que no sean familiares, pero que conozca por lo menos un ano)

REFERENCES (Referencias)			
Name (Nombre)	Address (Domicilio)	Telephone (Telefono)	Years (Anos)

ADDITIONAL INFORMATION (Informacion Adicional)

Have you ever been convicted of a crime or received deferred adjudication for a crime?
(Failure to disclose a conviction of a crime or deferred adjudication for a crime will result in disqualification for employment)
(Ha sido usted encontrado culpable o a recibido un juicio diferido? El no revelar la convicción a un crimen o juicio diferido descalificará para el empleo de manera inmediata).

Yes (si) No (no)

If yes, please explain. Please note: a conviction of a crime is not an automatic bar to employment. All circumstances will be considered.
(De ser así, por favor explique. Por favor tome en cuenta: un crimen no es un obstáculo para el empleo, todas las circunstancias serán consideradas.)

DRIVING RECORD (Historial de Manejo)

Are you a licensed driver? (Tiene usted licencia de manejar?): <input type="checkbox"/> Yes (si) <input type="checkbox"/> No (no)	State of Issue (De que Estado):	Driver's License Number (Numero de licencia):
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Have you had any accidents or violations, which resulted in a conviction or a guilty plea in the last 5 years? If yes, explain below:
(Ha tenido usted accidentes o violaciones, los cuales hayan resultado en una convicción o culpabilidad en los últimos 5 anos? Si es así, de una explicación):

List all at-fault traffic accidents in the past 5 years.
(Anote todos los accidentes de tráfico en los últimos 5 anos):

By submitting this application, I authorize the company to request my driving record from appropriate state or local authorities.

(Al someter esta solicitud, autorizo a esta compañía pedir mi historial de manejo a las autoridades estatales o locales apropiadas.)

NOTIFICATION AND AGREEMENT

“I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, misleading information, falsified statements or failure to reveal any prior employer shall be grounds for termination from the company or its’ divisions.”

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. I fully understand that if hired, my employment is for no definite time and may be terminated any time without prior notice.

NOTIFICACION Y ACUERDO

“Yo certifico que los datos contenidos en esta aplicación son verdaderos y completos en lo mejor de mi conocimiento, y entiendo que, si se me contrata, cualquier información equivocada, declaraciones falsas o si no cumplo dando a conocer cualquier empleo anterior, serán base para terminación de empleo con la compañía y sus divisiones.”

Yo autorizo una investigación de todos los datos contenidos en este documento y las recomendaciones de los patronos anotados anteriormente a que les proporcione cualquiera y toda la información referente a mi empleo anterior, y cualquier daño que pueda resultar por la utilización de dicha información.

También entiendo y acepto que ningún representante de la compañía tiene ninguna autoridad de entrar en ningún acuerdo para empleo por cualquier periodo de tiempo, o de hacer ningún acuerdo contrataría a lo que este sucediendo, a menos de que se presente por escrito y firmado por un representante autorizado de la compañía. Entiendo completamente que si se me contrata, mi empleo es por tiempo indefinido, y puede terminarse en cualquier momento sin previo aviso.

ACKNOWLEDGMENT (Reconocimiento)

Signature (Firma)

Date (Fecha)



My treating doctor is:

Physician's Name _____ Office Phone No. _____

Address _____

I authorize my treating doctor to release my medical records to ReadyOne Industries for the purpose of determining whether or not I qualify for the program.

Employee Signature

DATE

Mi médico que trata mi discapacidad es:

Nombre de Medico _____ Numero de Oficina _____

Domicilio _____

Yo autorizo a mi médico a que otorgue a ReadyOne Industries copias de mi expediente médico como fin de determinar si califico para este programa.

Employee Signature

Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Affirmative Action Program Applicant Information Form

ReadyOne Industries, Inc. is an Equal Opportunity Employer. We will not discriminate against any employee or applicant because of race, color, religion, sex, age, national origin, marital status, disability, Vietnam Era veterans; status, disabled, veterans' status, or any other basis protected by law in regards to any position for which the employee or applicant for employment is qualified. The contractor agrees to take affirmative action to employ, advance in employment and otherwise treat qualified employees and applicants without discrimination in all employment practices.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond- this information is strictly voluntary. ; (b) responses will remain confidential except that a) necessary management and supervisory personnel may be informed in order to ensure proper placement and to accommodate a disability that you have identified, b) first aid and safety personnel may be informed when and to the extent appropriate, and c) government officials investigating affirmative action program compliance. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Name		Date
Position applied for		
Race or Ethnic Identity	Gender	**Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Disabled Veteran- veterans who are entitled to compensation under laws administered by the Secretary of Veteran Affairs, or persons who were discharged or released from active duty because of service-connected disabilities. <input type="checkbox"/> Special Disabled Veteran-veterans who are entitled to compensation under laws administered by the Secretary of Veteran Affairs for a disability rated at 30 percent or more, or rated at 10 or 20 percent in the case of a veteran who has been determined, under section 3106 of Title 38- Veterans Benefits, to have serious employment handicap; or a person who was discharged or released from active duty because of service-connected disability. <input type="checkbox"/> Recently separated veteran (1 yr) <input type="checkbox"/> Recently separated veteran (3 yr) <input type="checkbox"/> Vietnam era veteran- eligible veterans any part of whose active military, naval, or air service was during the Vietnam era. <input type="checkbox"/> Armed Forces Service Medal Veteran-veterans who, while serving active duty in the armed forces, participated in a Unites States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order No. 12985. <input type="checkbox"/> Other protected veteran-veterans who served on active duty in the Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized.
I speak the following languages: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other		
Signature _____		
<input type="checkbox"/> I do not wish to Self-Identify: Signature _____		

ANEXO A

READYONE INDUSTRIES, INC.

ACKNOWLEDGEMENT BY EMPLOYEES

To help ensure a safe, healthy and productive work environment and to protect the Employer its employees, and customers, the Employer has in effect a drug and alcohol abuse screening program.

Under this program, all employees may be required to undergo a drug and/or alcohol screening test at specified times or upon the occurrence of certain events. Employees who test positive for the use of illegal drugs or alcohol abuse, refuse to take the test, or tamper in any way with their specimen, will be terminated. Employees voluntarily admitting a drug or alcohol problem as described in the policy, prior to being asked to take a drug test, will be allowed the opportunity to enter a rehabilitation program in lieu of termination.

Prohibited drugs include, but are not limited to: alcohol, marijuana, hashish, heroin, cocaine, hallucinogens, and depressants or stimulants not prescribed for current personal treatment by a licensed physician.

Any amount of an illegal drug or alcohol which creates a positive test result is deemed sufficiently high to preclude employment or continued employment.

The actual testing will be done by an independent laboratory under conditions designed to protect employee personal privacy to the extent possible while ensuring the accuracy of the sample and test results. Test results will be treated confidentially.

Date: _____

Signature: _____

(Typed or Printed Name)