

MARR B. OLSEN, INC.

EMPLOYMENT APPLICATION

Name/Nombre _____ Date/ Fecha _____

Address?Direccion _____

Social Security #/ Numero de Seguridad Social _____

Home Phone/Telefono de Casa (____) _____

Referred By/ Referido Por _____

Education/Educacion: High School/ Collegio _____ College/Universidad _____ Other/Otro _____

Special Skills or Training/ Habilidades Especiales o Entrenamiento: _____

Have you ever been discharged or requested to resign by an employer? Fuiste Ud. Terminando o corrido de un trabajo una vez? _____

Explain/Explique _____

Do you have a health or physical condition that might prevent you from performing all of the duties of this position?/ Tienes una condicion medica que podria preventarle de hacer todos los deberes de este trabajo? _____ Explain/ Explique _____

Have you ever received a permanent disability rating? Has recibido una dicibilidad permenente? _____

Have you ever had an on-the-job injury resulting in lost time from work?/ Has recibido una herida en el trabajo resultando en tiempo perdido del trabajo? _____

Explain/Explique _____

Have you ever been advised by a doctor to seek another profession due to medical reasons? Has recibido consejo medico que debieres conseguir otro trabajo? _____

Explain/Explique _____

If requested, will you undergo a company paid physical exam?/ Si nosotros queriamos que Ud. tomara un examen fisica que nosotros pagaramos lo hicieras? _____

Amount of work missed in the last three years for health reasons?/ Cuanto trabajo has faltado por los tres años pasado por razones de salud? _____

Do you have your own car?/ Tienes carro propia? _____

OVER/ AL OTRO LADO DE PAPEL

Employment/ Empleo (Start with most recent/Lo mas reciente):

From/De _____ To/Hasta _____ Employer/Patron _____

Phone#/Telefono _____ Address/Direccion _____

Starting rate/Paga de hora empeso \$ _____

Ending rate/Paga cuando sales \$ _____

Duties/Deberes _____

Reason for leaving/Razon de salida _____

From/De _____ To/Hasta _____ Employer/Patron _____

Phone#/Telefono _____ Address/Direccion _____

Starting rate/Paga de hora empeso \$ _____

Ending rate/Paga cuando sales \$ _____

Duties/Deberes _____

Reason for leaving/Razon de salida _____

From/De _____ To/Hasta _____ Employer/Patron _____

Phone#/Telefono _____ Address/Direccion _____

Starting rate/Paga de hora empeso \$ _____

Ending rate/Paga cuando sales \$ _____

Duties/Deberes _____

Reason for leaving/Razon de salida _____

Signature/ Firme _____ Date/ Fecha _____