



### EMPLOYMENT APPLICATION SOLICITUD DE EMPLEO

Referred by:  
Referido Por  
\_\_\_\_\_

#### APPLICANT INFORMATION / INFORMACIÓN DEL APLICANTE

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Nombre Completo Last First M.I. Fecha  
Apellido Nombre Inicial Del Segundo Nombre

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Número De Seguro Social Fecha De Nacimiento

Address: \_\_\_\_\_  
Dirección Street Address & Apartment/Unit#  
Dirección De La Calle Y Apartamento  
City State Zip  
Ciudad Estado Código Postal

Phone: \_\_\_\_\_ Email : \_\_\_\_\_  
Telefono Correo Electrónico

Position Applied For: \_\_\_\_\_ Desired Salary: \_\_\_\_\_ Date Available: \_\_\_\_\_  
Puesto deseado Salario Deseado Fecha Disponible

Are you a citizen of the United States?  yes  no If no, are you authorized to work in the U.S?  yes  no  
¿Es usted ciudadano de los estados unidos? sí no ¿Si no, ¿esta autorizado para trabajar en los estados unidos? sí no

Have you ever worked for this company?  yes  no If yes, when? \_\_\_\_\_  
¿Alguna vez has trabajado para esta compañía sí no ¿Si, cuándo?

Have you ever been convicted of a felony?  yes  no If yes, explain \_\_\_\_\_  
¿Alguna vez has sido condenado por un delito grave? sí no En caso afirmativo, explicar lo sucedido

#### DRIVER'S LICENSE INFORMATION / INFORMACIÓN DE LICENCIA DE CONDUCTORES

Do you have a valid driver's license?  yes  no State of Issue: \_\_\_\_\_  
¿Tiene una licencia de conducir válida sí no Estado de procedencia

Do you have a clean driving record?  yes  no  
¿Tiene El Record de manejo limpio sí no

List any moving violations and/or accidents from the last 3 years: \_\_\_\_\_  
Liste cualquier violación en movimiento y / o accidentes de los últimos 3 años

#### EDUCATION / EDUCACIÓN

	Name & Address Nombre Dirección	Years Attended Años De Estudio	Did you graduate? ¿Te Graduaste?	Diploma
Highest Level of Education Nivel De Educación				

## PREVIOUS EMPLOYMENT / EMPLEO ANTERIOR

Company #1 Empresa #1	Address Dirección	Dates of Employment Fechas De Empleo	Job Title Titulo Profesional	Salary
Responsibilities Responsabilidades	Reason for Leaving Motivo Por El Cual Dejo Su Empeo	Supervisor	Phone # Telefono #	May we contact? ¿Podríamos Contactor?
				<input type="checkbox"/> yes <input type="checkbox"/> no sí no

Company #1 Empresa #1	Address Dirección	Dates of Employment Fechas De Empleo	Job Title Titulo Profesional	Salary
Responsibilities Responsabilidades	Reason for Leaving Motivo Por El Cual Dejo Su Empeo	Supervisor	Phone # Telefono #	May we contact? ¿Podríamos Contactor?
				<input type="checkbox"/> yes <input type="checkbox"/> no sí no

## CERTIFICATION & LICENSES / CERIFICACION Y LICENCIAS

What certifications and licenses do you have? (Select all that apply)

¿Qué certificaciones y licencias tiene? Seleccione todas las que correspondan

Apprentice Electrician License  Journeyman Electrician License  Master Electrician License

Aplicación de Licencia Electrica

Licencia Electrica de Viajero

Licencia Electrica Principal

Include State and License Number for any licenses selected above, if applicable \_\_\_\_\_

Incluya el estado y el número de licencia para cualquier licencia seleccionada anteriormente, si es aplicable

Other Licenses & certifications held: \_\_\_\_\_

Otras licencias y certificaciones cumplidas

## MILITARY SERVICE / SERVICIO MILITAR

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rama Desde A

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
Rango a cargo Tipo de cargo

If other than honorable explain: \_\_\_\_\_  
Si no es honorable, por favor explique

## DISCLAIMER AND SIGNATURE / RENUNCIA Y FIRMA

*I certify that my answers are true and complete to the best of my knowledge.*

*Certifico que mis respuestas son verdaderas y completas a lo mejor manera de mi conocimiento*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

*Si esta solicitud lleva a mi empleo, entiendo que la información falsa o mala en mi solicitud o entrevista puede resultar en mi despido*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Firma Fecha

## OFFICE NOTES

Client Name- \_\_\_\_\_

## **BACKGROUND SEARCH RELEASE AUTHORIZATION**

**Please Print Clearly** (All fields must be completed in order to process application)

NAME \_\_\_\_\_ PHONE# \_\_\_\_\_  
ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIOR ADDRESS ( List all from past 7 years including dates, use back if needed )  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

I voluntarily consent to and authorize \_\_\_\_\_, herein referred to as company, and or their assigned agents, or consumer reporting agencies to request and receive any consumer reports, investigative reports, or information concerning me. Reports requested may include any of the following: Law Enforcement Records, Criminal Records, D.M.V. Records, Civil Records, Employment/Rental Verifications, Eviction Searches, Education verification and Consumer Credit Reports.

I authorize any persons, companies, corporations, consumer reporting agencies, courts of law, current or past employer to furnish company and or their assigned agents, associates or consumer reporting agencies with any or all information concerning me

I understand that I have specific prescribed rights as a consumer under The Federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant specific state laws. **This authorization does not include a release of my medical information.**

**The above is understood and agreed by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

# Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ▶ **Give Form W-4 to your employer.**  
 ▶ **Your withholding is subject to review by the IRS.**

**2020**

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):  Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____  Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____  Add the amounts above and enter the total here . . . . . <b>3</b> \$ _____		
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . <b>4(a)</b> \$ _____  (b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . <b>4(b)</b> \$ _____  (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . . <b>4(c)</b> \$ _____		

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ <b>Employee's signature</b> (This form is not valid unless you sign it.)		▶ _____ ▶ <b>Date</b>

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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