



**EMPLOYMENT APPLICATION/APLICACION DE EMPLEO**

Name/Nombre \_\_\_\_\_ Social Security #/# Seguro Social \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address/Direccion \_\_\_\_\_  
 Street/Calle \_\_\_\_\_ City/Ciudad \_\_\_\_\_ State/Estado \_\_\_\_\_ Zip/Zona Postal \_\_\_\_\_

Phone/Telefono (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Day/De Dia \_\_\_\_\_ Night/De Noche \_\_\_\_\_ Beeper/Cell Phone \_\_\_\_\_

Drivers License or transportation / Licencia O Transportacion:  Yes  No Uniform Size  Med  Large  X-Large

Part Time/Parte De Tiempo  Full Time/Tiempo Competo  Day/Dia  Night/Noche

Available/Disponible:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday  
 Lunes Martes Miercoles Jueves Viernes Sabado Domingo

**WORK REFERENCES**

#1 Company Name/Nombre de la Compania: \_\_\_\_\_ Employed From \_\_\_\_\_  
 To \_\_\_\_\_

Supervisor Name/Nombre del Supervisor: \_\_\_\_\_ Phone #/Telefono (\_\_\_\_) \_\_\_\_\_  
 Empleado de \_\_\_\_\_ A

Position/Puesto \_\_\_\_\_ Reason for Leaving/Razon del Retiro \_\_\_\_\_

#1 Company Name/Nombre de la Compania: \_\_\_\_\_ Employed From \_\_\_\_\_  
 To \_\_\_\_\_

Supervisor Name/Nombre del Supervisor: \_\_\_\_\_ Phone #/Telefono (\_\_\_\_) \_\_\_\_\_  
 Empleado de \_\_\_\_\_ A

Position/Puesto \_\_\_\_\_ Reason for Leaving/Razon del Retiro \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation?  
 (A sido declarado culpable de un delito criminal u otra cosa que no sea una vilacion de trafic menor?)

No  Yes/Si  Please

Explain/Explique \_\_\_\_\_

(A criminal conviction will not necessarily be a bar to employment/Una conviccion delictiva o criminal no necesariamente represente un opstaculo para su empleo)

**Equal Employment Opportunity Policy: Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap./Politica de igualdad de empleo los solicitantes son coniderados para todas las posiciones sintener en cuenta raza, color, religion, sexo, nacionalidad, edad, estado o civil veterano la presencia de una condicion medica no relacionada con trabajo o impedimento fisico.**

I authorize investigation of all statements contained herein and the references listed above. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I also authorize a background check and Driver License Check to be performed on me, any cost of which will be deducted from my first paycheck. I further authorize Alliance Maintenance & Management, Inc. to provide employment references about me to future prospective employers.

*Yo autorizo la investigacion de las declaraciones hechas en esta aplicacion e completado a lo mejor de mi conocimiento y entiendo que si las declaraciones son falsas en esta aplicacion saran la causa de mi despido tambien autorizo que todos los gastos ocasionados por mi persona sean deducidos de mis primeros cheques tambien autorizo a Alliance Maintenance & Management, Inc. A proporcionar referencias de empleo a empleadores futuros.*

I understand that while under Alliance's employ and for 6 months after leaving Alliance's employ, employees are expressly prohibited from engaging in any activity that competes with Alliance's interest including but not limited to: performing services for Alliance's customers on non-working time, unauthorized use of confidential information, soliciting the customer's account, becoming an employee of the customer or unauthorized use of company tools or equipment.

Signature/Firma \_\_\_\_\_ Date/Fecha \_\_\_\_\_